

Meeting of the Board of Directors

10:00 to 12:30 on Thursday 11 June 2026

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

AGENDA – MEETING IN PUBLIC

Item:1	10:00	Welcome and Apologies for Absence <i>Apologies: Rox Smith</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 14 May 2026	<i>To approve</i>	Enclosure	Presenter: Philippa Slinger
Item:4	10:05	Matters Arising from the Minutes	<i>None</i>	Verbal	Presenter: Philippa Slinger
Item:5	10:05	Questions from the public To receive and respond to questions submitted by the public at least 48 hours in advance of the meeting.	<i>To respond</i>	Verbal	Presenter: Philippa Slinger
Item:6	10:20	Staff Presentation	<i>To note</i>	Verbal	Presenter: Led by Helen Weatherill, Director of HR Management
Item:7	10:50	Report from Chief Executive	<i>To receive and note overview of the Trust's activities</i>	Enclosure	Presenter: Dr Andy Heeps
Item:8	11:00	One UHSussex / Integrated Improvement Plan	<i>To note</i>	Enclosure	Presenter: Helen Brown
	11:10	Short Break			

STRATEGY

Item:9	11:15	Strategy & Major Projects Update	<i>To receive and discuss</i>	Enclosure	Presenters: Joe Mills Trevor Fitzgerald Jackie Groves Martin Llewelyn Nigel Kee Jonathan Keeble
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REPORTS FROM COMMITTEES

Item:10	12:00	People & Culture Assurance Committee from the meeting held on the 2 June 2026	<i>To note and receive the appendices for assurance</i>	Enclosure	Presenter: Prof. Paul Layzell
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OTHER

Item:11	12:15	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
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Item:12	12:30	Date and time of next meeting: The next meeting in public of the Board of Directors is scheduled to take place at 10.00 on Thursday 17 September 2026.		Verbal	Presenter: Philippa Slinger
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Supporting Appendices:

Item:10	<ul style="list-style-type: none"> - Safer Staffing H2 2025-26 - Freedom to Speak Up Annual Report 2025/26
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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 14 May 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 (arrived at Item 10)
Bindesh Shah	Non-Executive Director
Professor Gordon Ferns	Non-Executive Director
Professor Jackie Cassell	Non-Executive Director (left during Item 9)
Lucy Bloem	Non-Executive Director
Dr Andy Heeps	Interim Chief Executive
Helen Brown	Interim Chief Corporate Affairs Officer
Jonathan Reid	Chief Financial Officer
Maggie Davies	Chief Nurse
Nigel Kee	Chief Operating Officer
Roxanne Smith	Chief Strategy Officer
Sarah-Jane Taylor	Interim Chief People Officer

In Attendance:

Maria Emmanuel	Managing Director Cancer & Specialist
Oliver White	Managing Director Women, Children & Clinical Support
David Coyle	Interim Managing Director Medicine
Emma Chambers	Director of Midwifery (until the end of Item 5)
Glen Palethorpe	Company Secretary
Tamsin James	Board and Committees Manager

TB/05/26/1 WELCOME AND APOLOGIES FOR ABSENCE ACTION

- 1.1 The Chair welcomed all those present to the meeting including the new Managing Directors both substantive and interim as a result of the recently launched Trust Operating Model.
- 1.2 The Chair noted apologies for absence were received from Professor Katie Urch, Mike Driver and Philip Hogan.

TB/05/26/2 DECLARATIONS OF INTERESTS

- 2.1 There were no interests declared.

TB/05/26/3 MINUTES OF THE MEETING HELD ON 31 MARCH 2026

- 3.1 The Board received the minutes of the meeting held on 31 March 2026.
- 3.2 The Board **APPROVED** the minutes of the meeting held on 31 March 2026.

TB/05/26/4 MATTERS ARISING FROM THE MINUTES OF THE PREVIOUS MEETING

- 4.1 There was one matter relating to the Values & Behaviours framework seeking progress and measurement be reviewed regularly by the People & Culture Assurance Committee. Lucy Bloem as a member of that Committee confirmed to the Board that assurance at its last meeting had been received

and the culture programme was progressing to plan, with strong governance, delivery and engagement; and the Committee at its meeting supported the programme's progression to the next phase of activation, including the rollout of the Manager Toolkit and Experimenteer programme.

- 4.2 As a result of the update the Board agreed for this item to be closed.

TB/05/26/5 QUESTIONS FROM THE PUBLIC

- 5.1 The Chair noted that 14 questions had been received from members of the public. In the interest of time, while all questions had been carefully considered and responses prepared, a selection were read out and addressed during the meeting. It was also confirmed that individual responses to all submitted questions would be provided directly to those who raised the questions and are available on the UHSussex Trust website:
<https://www.uhsussex.nhs.uk/about/board/board-meetings/>

TB/05/26/6 CHIEF EXECUTIVE REPORT

- 6.1 Dr Andy Heeps announced that senior midwife Donna Ockenden would be leading on an independent review of the circumstances and causes of a number of tragic baby deaths at our hospitals from 2018. We understand the review is likely to be published in 2029. This is separate to the national investigation into NHS maternity and neonatal care commissioned by the Secretary of State last June and undertaken by Baroness Amos. Andy reiterated our commitment to listening to and learning from the experiences of everyone in our care and continue to offer support through service user groups including the Maternity and Neonatal Voices Partnership. Andy restated that the Trust would continue to support all bereaved families as best it can and help the review provide the further answers the families involved are seeking.
- 6.2 Andy said that the Trust received confirmation last week that our Well-Led CQC rating had improved from Inadequate to Requires Improvement, and while this represented progress, the report highlighted areas for improvement in relation to organisational culture, speaking up, and aspects of leadership. Since the inspection, a number of initiatives had been introduced, including the launch of the Trust's Strategy, Excellent Care Everywhere and, most recently, the launch of the developed Values and Behaviours Compass. In further positive CQC news, inspections of Children and Young People's services at St Richard's and Worthing hospitals earlier this year resulted in ratings of Good across all domains. The Board shared their thanks to all teams involved, in recognition of the progress made since July last year.
- 6.3 Andy welcomed the new Managing Directors to the meeting, and advised that the Trust would be in a position to announce the Chief Delivery Officer in due course. Andy shared thanks to Board colleagues for their input during the recruitment processes.
- 6.4 Some sad news was shared regarding the passing of Malcolm Brett who was the long-serving chairman of the League of Friends of Southlands Hospital. Malcolm was a true and dedicated friend of Southlands for many years and a presenter on its Seaside Hospital Radio station across five decades. Andy added that he would like to extend the Board's sincere condolences to Malcolm's family and friends and share the Trust's gratitude for all his work on behalf of patients and staff.
- 6.5 Lucy Bloem asked Andy about building strong foundations for the future and creating a well-led organisation where people focus and are supported to move forward, and that as CEO for the last six months, what outcomes were required

to move the Trust to a Good well led CQC rating, and how would those ambitions translate into tangible improvements, and how would we measure progress? Andy shared that the CQC itself was moving towards a more comprehensive, organisation wide assessment model, and we are still learning what that would involve

- 6.6 Gordon Ferns asked about the potential impact of new maternity standards, including what changes would be required and the level of resources needed across the Trust. Emma Chambers responded that the new maternity care bundle, focused on improving outcomes for mothers, was published in March which sets out requirements across five key areas of care, and dedicated workstreams were already in place to enable the Trust to meet these. Emma explained that the changes were linked to the revised CNST requirements, and that this represented a significant quality improvement initiative, being delivered without additional funding, supported by strong engagement and buy-in from the ICB. Maggie Davies confirmed that implementation was progressing and the delivery was being coordinated through maternity and neonatal improvement governance groups, and it was also noted that in relation to CNST compliance, a significant number of actions had already been identified, and that progress would be reported through the Patient & Quality Assurance Committee, to maintain oversight of delivery.
- 6.7 Gordon also questioned the rationale for the harmonisation of Ophthalmology services, specifically why services and sites were being merged. Andy advised that variation in delivery across sites, and the struggling estate at RSCH, had led to inefficiencies, duplication and increased waiting times, and that this harmonisation, supported by GIRFT guidance and learning from exemplar models at Exeter, aimed to improve value for money, quality and access aligned with the Trust's strategy, noting similar changes in other specialties had delivered benefits over time. The Chair queried the patient impact of increased travel considerations. Rox Smith confirmed patient and public engagement was being embedded in this programme learning from previous programmes and this was informing this transformation.
- 6.8 The Chair sought assurance on the implications of the recent local Government election outcomes for the Trust. Andy Heeps shared the ongoing dialogue with local authority leads, noting that councils were currently operating in a transitional period pending the outcome of the Sussex local government review as proposals to reorganise into two unitary authorities were under consultation. Andy outlined the potential challenges, particularly the prospective expansion of adult social care and housing arrangements from three to five systems, however active engagement was underway through regional NHS and local authority forums to help mitigate these risks.
- 6.9 The Chair raised a question about maintaining public confidence in the Trust's maternity services in the context of the Ockenden Review, particularly given the ongoing scrutiny, likely negative media coverage, and the prolonged and challenging period ahead. It was acknowledged by Andy Heeps that the Trust's approach would prioritise transparency throughout the process, utilising support from Nottingham NHS Trust and NHSE, while recognising potential risks arising from potential wider system changes. Emma Chambers highlighted the close collaboration with the Maternity Voices Partnership and outlined key communication actions, including signposting to current data via the Trust website, issuing letters through the Maternity IT system to affected families with information about the review and how to access further data and provide feedback, along with delivering a social media campaign that had reached approximately 9,000 people. It was also noted that media coverage had largely reflected difficult experiences, although efforts were being made to ensure that positive patient experiences were also represented. Maggie

emphasised the importance of continuing practical improvement work, maintaining a strong focus on patient experience, and demonstrating ongoing commitment to families throughout the review process.

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

TB/05/26/7 ONE UHSUSSEX

7.1 Andy Heeps shared that the Trust was participating in the NHSE National Provider Improvement Programme (NPIP), which was designed to focus on four key areas: leadership, governance, staff engagement, and improvement, and would be delivered across five phases: mobilisation, assessment, planning, support, and transition. The Trust was nearing completion of the mobilisation phase, which had included a desktop review of key documentation, and a mobilisation report, setting out both national and Trust-specific key lines of enquiry, and the assessment phase was in train during which NPIP representatives would observe key governance meetings, engage with internal and external stakeholders, and undertake targeted sessions with staff to explore the KLOE's in greater depth.

7.3 Lucy Bloem stated that the paper provided good evidence of actions taken since the well led developmental review, but it was apparent that the Board would benefit from clearer evidence of the action's impact and outcomes to support a more focused discussion at Board level. Helen Brown advised that this specific update was due to be reported to the Board in September, and Rox Smith explained that a key focus of the strategy was on outcomes rather than delivery reporting, reflecting a shift towards a more robust model that was already showing progress and the progress made so far, particularly within the Big Conversation, which would be further outlined in the report coming to the Board in September.

TB/05/26/8 REPORT FROM AUDIT COMMITTEE FROM THE MEETING HELD ON THE 28 APRIL 2026

8.1 Glen Palethorpe, on behalf of Mike Driver as Chair of the Audit Committee updated the Board on the recent meeting and the assurances received drawing out that much of this meeting was receiving matters aligned to the financial year end.

8.2 Jonathan provided a overview of the significant work delivered particularly in relation to capital expenditure and estates and facilities, alongside an internal audit review, through which a number of recommendations were received. Through the Trust Operating Model, estates and capital had merged into a single directorate, led by Trevor Fitzgerald as Director of Infrastructure, and a workplan was in place to support the integration of these two teams.

8.3 In respect of the Estates and Facilities Improvement Plan, Jonathan noted the challenges highlighted within the internal audit report and shared that this was being overseen via through the Patient Quality Committee and the Chief Medical Officer had offered guidance to Trevor to help ensure more consistent progress.

8.4 The Chair observed that this was a timely discussion, reflecting ongoing conversations with Andy Heeps regarding the portfolio of assurance committees and the potential to restructure them to strengthen oversight of infrastructure and how roles and responsibilities might be adjusted to enhance focus in this area. Andy agreed, noting that this should be explored collectively at Executive level, particularly within CEO team discussions, emphasising that Estates and Facilities were key drivers of both operational effectiveness and

quality of care. The Board were assured by the internal audit plan and its reporting, noting that the plan remained flexible, with an open approach to in-year amendments to ensure audits could be managed proactively.

- 8.5 The Chair queried the reported delay in providing updates on the medical devices auditors' recommendations; Jonathan Reid advised that, although an improvement programme had been agreed, which included transferring all devices onto an asset register, the timeframe had been underestimated, largely due to staffing issues. Lucy Bloem added that the updates on the medical devices programme had since been reviewed through the Patient & Quality Assurance Committee, with triangulation across the relevant committees, however it did highlight the need for greater visibility of the estate infrastructure.
- 8.6 The Board also received the register of Board Member declared interests for 2025/26 and noted the slight alteration for Philip Hogan who had declared an additional Trustee role. The Board agreed for the report to be placed on the Trust's website as part of the Trust's year end procedures.
- 8.7 The Board **NOTED** the Report from the Audit Committee and the assurances from the Committee in respect of the financial accounts and annual reporting processes.

TB/05/26/9 REPORT FROM THE RESEARCH INNOVATION & DIGITAL STRATEGY ASSURANCE COMMITTEE FROM THE MEETING HELD ON THE 6 MAY 2026

- 9.1 Jackie Cassell, Chair of the Research Innovation & Digital Strategy Assurance Committee updated the Board on their recent meeting, and the assurances received highlighting strong progress in the research delivery plan and maintaining momentum through digital maturity, upcoming cyber exercises, and deeper exploration of research partnerships.
- 9.2 Rox Smith provided an update on IT resilience, confirming the data centre and its backup migration was expected to be fully operational by the end of May. It was also shared that cyber risk remained a concern, and there were plans in place to strengthen the team, including appointing a Deputy CIO focused on cybersecurity. It was also shared that legacy systems continued to pose cyber risks, particularly within the Sussex Pathology Network, and that this would be a major focus over the coming year.
- 9.3 The Board were assured regarding the Clinical Research Facility major project update noting that the pragmatic and affordable hub model had been agreed, supported by NIHR funding, and that this significantly mitigated the previously identified estates risk to research delivery. The work will remain subject to ongoing scrutiny through the Committee therefore the risk was agreed to be reduced.
- 9.4 The Board were assured regarding the work underway to consolidate to single UHSussex systems within the 2026/27 Workplan to support a smooth path towards the go-live of the significant technical solutions, namely the EPR (Electronic Patient Record) and Sussex Pathology Network solutions (Laboratory Information Management and Order Communications Systems) early in 2027; and that for assurance the Committee would receive regular progress updates.
- 9.5 The Chair shared an interest utilising Board time to receive an update on AI, including its current use across the Trust and future ambitions, particularly in relation to regulatory considerations and the organisational appetite as it was

clear that AI was being recognised as a major strategic theme requiring further debate and clarity.

- 9.6 The Board **NOTED** the Research Innovation and Digital Strategy Chairs report.

[Paul Layzell joined the meeting at this point.]

TB/05/26/10 REPORT FROM STRATEGY & MAJOR PROJECTS ASSURANCE COMMITTEE FROM THE MEETINGS HELD ON THE 7 MAY 2026

- 10.1 Paul Layzell, Chair of the Strategy & Major Projects Assurance Committee updated the Board by sharing the overall progress and stating there was a continued push to ensure strategic plans focused more clearly on tangible impacts, supported by measurable KPIs. Paul also shared that the Trust's Green Plan was also being presented for approval and drew out the progress in making measures such as carbon output more accessible and meaningful, with alternative metrics under discussion. He added that an update was provided on the acute floor reconfiguration and the importance of learning from the internal audit review into the capital programme to maintain progress.
- 10.2 The Committee **NOTED** the Strategy & Major Projects Assurance Committee Chairs report and **APPROVED** the Green Plan.

TB/05/26/11 REPORT FROM PATIENT & QUALITY ASSURANCE COMMITTEE FROM THE MEETINGS HELD ON THE 5 MAY 2026

- 11.1 The Chair invited the Chair of the Patient & Quality Committee, Lucy Bloem, to update the Board on their recent meeting and the assurances received which included the receipt of clearer assurance through supporting systems including Datix and the appropriate escalation of risks; learning from incidents was being applied across the Trust, with key themes well understood. Lucy added that while improvements were evident in areas such as deteriorating patients oversight, surgical site infections actions, mental health support but noted that the length of stay performance was not yet at target. Lucy shared the Committees focus on deeper dives into Ophthalmology, Endoscopy (JAG accreditation), stroke services, and antimicrobial stewardship principles.
- 11.2 The Board discussed the system pressures contributing to increased mental health attendance within the Trust ED's, and that whilst some progress had been made particularly within the Princess Royal and Royal Sussex County hospital sites there was shared agreement that risks remained significant and required sustained, system-wide support to prioritise the scale of local challenge. The Chair added that the ICB Chair was actively engaged in convening partners to accelerate both immediate and longer-term solutions.
- 11.3 The Board further recognised the importance of improving patient experience and engagement, noting the variability and need for consistent standards, including the welcome standards, and that work to strengthen triangulation of feedback, and outcomes, was encouraged to ensure improvements were systematically embedded through Committee oversight. Maggie added that the new TOM structure supported the ambition for an integrated quality report, with impact of actions becoming clearer and better aligned to drive integrated clinical governance.
- 11.4 The Chair raised a question about an apparent increase in delays to Early Learning Reviews and queried the Trust's expectation around timeliness for these reviews. Maggie advised that there was appropriate oversight through QGSG, noting that in some cases a cluster of patients may be reviewed under a single review. Maggie provided assurance that these reviews were

undertaken within a typical turnaround of 60 days, however it was acknowledged that implementation of the new TOM had caused some delays, and that further effort was required to ensure robust processes were maintained.

- 11.5 The Board **NOTED** the Patient & Quality Assurance Committee Chairs report and the appended Learning from Deaths quarterly report.

TB/05/26/12 REPORT FROM PEOPLE & CULTURE ASSURANCE COMMITTEE FROM THE MEETINGS HELD ON THE 5 MAY 2026

- 12.1 Paul Layzell, Chair of the People & Culture Assurance Committee updated the Board on their recent meeting and the assurances received and provided an overview of the workforce position, including the appraisal completion, job planning, vacancies, and ongoing sickness levels, with continued emphasis being placed on supporting staff to return to work. He added that workforce bank and agency usage was reviewed to validate and better understand workforce data. Paul added that progress on the culture programme was shared, including the launch of the Behavioural Compass, with attention given to its reach, accessibility, and inclusivity.
- 12.2 The Board considered the Annual Workforce Race Equality Standard and Workforce Disability Equality Standard and Gender Pay metrics, noting that while it highlighted that the organisation pays staff fairly, there remained distortions in gender pay and underrepresentation of diverse backgrounds at senior leadership level. Lucy Bloem focused on these metrics and shared the need to strengthen how these were embedded and applied more consistently across the organisation. The Board heard that there was a clear emphasis on addressing existing gaps, including securing appropriate resources to support this agenda and establishing accountability for delivery within the Annual Report. The Chair highlighted the importance of raising the profile of EDI at Board level which was being overseen by Non-Executive Director Bindesh Shah, but also there needed to be enhanced leadership focus, succession planning, and Board development, with consideration needing to be given on what constituted effective practice for the organisation.
- 12.3 Gordon Ferns noted a rise in reporting levels within the Guardian of Safe working Hours Annual Report and queried why Foundation Year 1 doctors' data was being reported differently from the wider workforce and how this should be triangulated to ensure it translated into improved quality of care outcomes. Andy Heeps referenced discussions from the undergraduate conference, that included evolving workforce expectations and working style perceptions and as a result further work was underway with the Guardian Lottie Ford and Chief Medical Officer Katie Urch to better understand the broader issues and emerging themes, and Gordon was encouraged to join those ongoing discussions with Katie.
- 12.4 Andy Heeps raised the importance of data triangulation with the Integrated Performance Report (IPR), noting improvements in turnover and sickness absence resulting in non-outlier status for the Trust, however he queried whether the Committee had sufficient clarity and understanding of the underlying data, particularly in relation to whether workforce deployment was reducing as expected. Paul Layzell acknowledged that the current position was not yet clearly articulated beyond the headline figures, and that there was a need for greater granularity, particularly in relation to workforce productivity.
- 12.5 The Chair noted that there were apparent concerns regarding the workforce data within the efficiency programme and it was acknowledged that these issues were unlikely to be fully resolved within a year, and emphasised the

need to better understand these challenges, determine appropriate actions, and ensure the Trust was placed on a more sustainable footing going forward.

- 12.6 The Board **NOTED** the People & Culture Assurance Committee Chairs report, including the Guardian of Safeworking Hours Annual Report and the Annual Workforce Race Equality Standard and Workforce Disability Equality Standard and Gender Pay Gap reports.

TB/05/26/13 REPORT FROM FINANCE & PERFORMANCE ASSURANCE COMMITTEE FROM THE MEETINGS HELD ON THE 7 MAY 2026

- 13.1 In the absence of Philip Hogan as Chair who was unable to attend today, Lucy Bloem as a member of the Committee, updated the Board on the recent meeting and the assurances received and drew out the acknowledgements received in respect of the financial planning process whilst noting the non-compliant plan submission. It was shared that a robust discussion had been undertaken regarding the risks surrounding the efficiency programme and Jonathan Reid reflected that discussions undertaken had emphasised the importance of delivering the plan through collective effort, and highlighted ongoing work to strengthen H2 processes, and to take a more strategic approach to capital planning, to further bolster the efficiency programme.
- 13.2 In respect of performance data, Nigel Kee noted the improved cancer performance over the past year, and that Diagnostic and RTT performance was improving. It was shared that UEC performance remained challenged and required a sharper focus on high-impact actions, particularly for frail patients. Andy Heeps commented about oversight and the scale of the challenge, including long lengths of stay, system complexity across multiple ED site configurations, and the risk this posed to elective activity, emphasising the need for collective action to deliver the required improvements.
- 13.3 The Board **NOTED** the Financial & Performance Assurance Committee Chairs report.

TB/05/26/14 MATERNITY ASSURANCE REPORT

- 14.1 The Board received the reports submitted via the Patient and Quality Assurance Committee and welcomed an update from Emma Chambers who drew out the following pertinent points; an update was provided on the Ockenden maternity review, and that the outcome of the recent Baroness Amos maternity inspection was awaited. It was noted that the Year 8 CNST Maternity Incentive Scheme had been released, with a reduction to six safety actions. While significant national and local improvement work was ongoing, it was recognised that some actions may need to be prioritised to support the national investigations. The Board also discussed the need for a streamlined and resourced approach to support the Ockenden review, and the Chair thanked Emma Chambers for the update.

TB/05/26/15 INTEGRATED PERFORMANCE REPORT

- 15.1 Andy Heeps reflected on the Integrated Performance Report, noting that the committee reports had demonstrated a high degree of consistency and clearly articulated the ongoing urgent and emergency care pressures and patient flow challenges, underpinned by length of stay issues. He highlighted the continued impact of operational, quality and workforce pressures, alongside the importance of delivering transformational change while maintaining a tightly managed financial plan. However, he did share that this position should not detract from the significant efforts being made across the organisation,

acknowledging the complexity of managing multiple priorities while remaining focused on delivering excellent care.

- 15.2 The Board **NOTED** the Integrated Performance Report.

TB/05/26/16 BOARD ASSURANCE FRAMEWORK

- 16.1 Glen Palethorpe shared an update on the Board Assurance Framework report highlighting that outcome and impact measures, alongside opening scores had been reviewed in detail by the relevant Board committees. It was confirmed that the framework reflected a strengthened approach to assurance, with clarity on controls, and that all 12 strategic risks were aligned to the Trust's ambitions
- 16.2 Glen shared an outline of the refinements to governance arrangements, including the movement of estates related assurance to the Patient & Quality Committee to strengthen scrutiny, while Finance & Performance would retain oversight of capital delivery, and that oversight of the urgent and emergency care remained a priority area. It was also noted that target scores for the strategic risks reflected the Trust's level of ambition, noting that the assessment of several risk's target scores were pending further evidence of impact and that these scores were expected to evolve as delivery progressed.
- 16.3 The Board acknowledged the ongoing work to embed a more mature and consistent approach to risk management, recognising that the BAF continued to evolve. The Audit Committee will review the risk appetite alignment and refer back to Board as required.
- 16.4 The Board **NOTED**:
- the assurance provided by the respective lead oversight committee review of their BAF segments.
 - the level of aggregate strategic risk held by the Trust and the actions in place to achieve the target score
 - the planned risk appetite workshop being arranged to ensure that the current risk appetite statements remain realistic and that should any changes be recommended that these will come to the Board for review and agreement.
- 16.5 The Board **APPROVED** the opening scores and target year end scores, supported by the relevant oversight committees' recommendations.

TB/05/26/17 COMPANY SECRETARIAL REPORT

- 17.1 Glen Palethorpe introduced the Company Secretary Report, which reflected the progress of nominations in respect of the governor elections, the success of the Non-Executive Director recruitment whereby the Governors had agreed to the appointment of Mr Jin Sahota and Mr Andy Hobart.
- 17.2 The Board **NOTED** the Company Secretarial Report

TB/05/26/18 OTHER BUSINESS

- 18.1 The Chair concluded the meeting by acknowledging the scale of work and level of improvements to be achieved across the Trust across a multi-year transformation journey, and whilst there was a clear focus on prioritisation for the year ahead there was a call for the Executives to align on this and engage openly with the wider organisation, recognising that attempting to do everything all at once posed significant risks. However, the Chair also recognised the significant achievements within performance and finance but stressed the

importance of getting the focus right this year, particularly within urgent and emergency care.

18.2 There were no further items raised for discussion.

TB/05/26/19 DATE OF NEXT MEETING

19.1 It was noted that the next meeting of the Board of Directors in Public was scheduled to take place at **10.00 on Thursday 11 June 2026 in Worthing**

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

Signed as a correct record of the meeting.

..... Chair

..... Date

Agenda Item:	7.	Meeting:	Trust Board Meeting in Public	Meeting Date:	11 June 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>	<p>This report provides the Board with an overview of key national, regional and local developments affecting UHSussex. It highlights the King's Speech, new Health Bill and maternity service review, as well as progress on Emergency Department digitisation, the new Sussex Cancer Centre and tackling violence and abuse aimed at hospital staff.</p> <p>The report also includes a summary of the main discussion points from the Executive Management Committees held since the last Trust Board.</p>					
Recommendation <i>(linked to What Next section)</i>	<p>The Board is asked to:</p> <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 – June 2026

The month since our last meeting has seen some significant changes to Government health policy and personnel, and important progress made on internal projects designed to improve the performance and culture of our hospitals. This report outlines these developments to provide some useful wider context for our discussions today.

National Policy and Regulation

NHS Modernisation Bill

The King's Speech set out the Government's priorities for the coming legislative year, which include a new NHS Modernisation Bill that will reform how the service is led and managed. The Bill aims to improve patient care through investment and modernisation, empowering patients, and shifting power to local leaders by cutting national bureaucracy. It also sets out to abolish NHS England and transfer its functions into the Department for Health and Social Care or the wider health and care system; establish a single patient record for everyone's health and social care; simplify regulation and consolidate patient safety bodies; and support integrated care boards (ICBs) in becoming strategic commissioners of all but the most specialised services. For acute trusts like UHSussex, these reforms are likely to lead to changes in reporting and governance, and a closer relationship with our commissioning ICB.

National mental health strategy

The King's Speech also included plans to develop a new 10-year national mental health strategy. This will align with the 10-Year Health Plan for England's focus on moving from treatment to prevention, and give mental health the same priority as physical. For acute hospitals such as those of UHSussex, the stronger community services and earlier interventions the new approach references should help reduce the number of mental health emergencies and admissions we receive. Our emergency departments, for example, regularly see more than 700 mental health attendances a month. We look forward to working with our partners in mental health services to improve pathways and develop more appropriate options for people seeking support in a crisis.

New Health Secretary

The reforms of the NHS Modernisation Bill and the new mental health strategy will be implemented by a new Secretary of State for Health and Social Care, James Murray, following the resignation of his predecessor Wes Streeting. The outgoing Health Secretary played a direct role in establishing independent reviews of maternity services at Trusts across the country, including UHSussex. Some families involved in these reviews have expressed concern about the change in leadership's potential impacts on their continuity. From a UHSussex perspective, we have pledged to support the Sussex element of this enquiry and remain fully committed to doing so.

Independent maternity review

Shortly before his resignation, Mr Streeting announced the scope of the independent Sussex maternity services review being led by senior midwife Donna Ockenden. This will now examine all cases of stillbirth, neonatal or maternal death, neonatal harm caused by severe brain injuries, and severe maternal harm occurring at our hospitals between 2018 and the review's expected conclusion in 2028. Over that 10-year period, these are likely to number more than 1,000 in total.

The loss of a baby is one of the most devastating experiences any parent can endure. As I said at the time of the announcement, to every family who has suffered such a loss, I offer my deepest and most heartfelt apologies. We welcome the announcement that a Chair has been appointed and are committed to working openly and transparently with the review team. We hope this step provides some reassurance to families and helps them get the answers they seek and deserve.

Regional and ICB update

Sussex Pharmacy Conference

We were pleased to join partner organisations from across the county at the 2026 Sussex Pharmacy Conference organised by our regional ICB and the Sussex Institute of Medical Education and Research. The event showcased advances in medicines optimisation and pharmacy practice, including leadership, research, digital innovations, expanding pharmacy roles, and adherence and polypharmacy. Pharmacy services have an important role to play at UHSussex in delivering excellent care everywhere – we have, for example, recently invested £1.2 million in creating a dedicated outpatient pharmacy at the Princess Royal Hospital – and I welcome opportunities like this for colleagues to gain new knowledge and share their own.

University Hospitals Sussex

Emergency Department digitisation

We have in the last month successfully introduced digital observations and electronic prescribing to our largest and busiest emergency department (ED), at the Royal Sussex County Hospital (RSCH). Moving away from paper systems improves ED colleagues' access to accurate patient information and enables them to escalate concerns faster and more easily. This supports safer, more joined up care in a setting where clinicians are working at pace and managing multiple priorities.

The County is our second ED to make the move from analogue to digital, following the Princess Royal Hospital in February. A&E services at Worthing and St Richard's will join them

during the second half of the year as part of the digital transformation at the heart of our strategy ambition to provide excellent care for the future.

Behavioural Compass launch

May also saw the launch of our Behavioural Compass, a practical new tool we've developed to help colleagues act on our values of compassion, inclusion and respect in their everyday interactions and make clear the behaviours we expect from one another. In using the Compass, we are committing to acting with kindness and care; including and involving others; working as One UHSussex; taking responsibility and following through; and learning, improving and speaking up about safety, quality and behaviour.

The Compass has been shaped by colleagues' voices and experiences, and will play a key role in delivering the improvements in organisational culture and leadership they want to see. Our people have told us that our values matter; the Compass is a simple tool everyone can use to act on them by making conscious choices in the moment: in team conversations, one-to-ones, decision-making and reflection. It will give us a clear, shared approach to how we show up for each other, for our patients and for our communities.

Violence prevention and reduction programme

Sadly, violence and aggression towards hospital staff continues to rise across the NHS. At UHSussex, nearly 2,000 incidents of verbal and physical abuse from patients and visitors were reported during the last year. This harmful behaviour is unacceptable, and we have committed to tackling it with the launch of a new violence prevention and reduction programme.

Key elements of the programme include enhanced security measures such as body-worn cameras and knife amnesty bins; new reporting procedures that make it easier for colleagues to speak up about what they have experienced or witnessed; a formal warning process for abusive patients and visitors; and a strengthened relationship with Sussex Police, who have been extremely supportive of UHSussex staff.

The programme featured on regional BBC News and across local media, asking people to act with kindness towards hospital staff and sending a clear message that we will not tolerate violence, abuse, threats or harassment of any kind.

STAR Awards launch

On a happier note, nominations for our staff recognition STAR Awards are now open to colleagues, patients and the public. The award categories have a new look this year to reflect the values behind our Behavioural Compass and at the heart of our new Trust strategy.

There are five awards that recognise teams and individuals providing excellent care for our patients, our people, our communities and our future, and who are doing it collaboratively as One UHSussex. Another five honour those who role model the behaviours of the culture we are working to build: showing compassion in action; making every voice matter; learning, improving and innovating; making things happen; and recognising our rising stars. Our Star

of the Year will be selected from our Stars of the Month and My Hospitals Sussex will honour a fundraiser or contributor whose generosity has fundamentally enhanced patient care or support for staff with the Charity Champion Award.

The final change will see our Chair and Governors present a new Courage to Speak Up Award to thank all those whose commitment to open dialogue and willingness to question assumptions thoughtfully is creating working environments in which constructive, respectful challenge is welcomed and safe for all.

Sussex Cancer Centre and major trauma centre helipad stakeholder event

We recently welcomed around 200 guests to RSCH for the laying of the new Sussex Cancer Centre's foundation stone and the formal opening of our new emergency helipad. The number of partners, politicians, stakeholders and patients who were keen to join us underlined the importance of these projects to our communities, the degree of collaboration it takes to deliver them, and how much support there is for the big ambitions of our new Trust strategy. As well as talking about the progress of our plans for a huge step change in cancer care for our region, we were also able to give our guests an immersive virtual look inside the new facility. It was very clear from the excitement and enthusiasm of colleagues in the room especially that the new Cancer Centre will be transformational for everyone who will use its services and all those who will be treating them.

New Executive Management Committee

As part of the change in leadership approach needed to support our new Trust operating model, we have established an Executive Management Committee (EMC) as our single executive decision-making forum. The EMC is attended by all executive directors, our four clinical divisions' managing directors, corporate service directors and the company secretary. It meets weekly with a rotating focus on strategy; transformation and recovery; risk and governance; and tactical operations. The committee is responsible for the organisation's collective executive leadership; Trust-wide prioritisation and trade-offs; decisions that cut across divisions; direction and support of divisions; and oversight of delivery against Trust objectives.

Chief Nursing Officer Awards

The Chief Nursing Officer (CNO) Award is one of the highest accolades available to NHS staff. It recognises individuals who go above and beyond the expectations of their roles, or who demonstrate excellence in clinical practice, education, research, leadership and focusing on diversity and health inequalities.

I'm therefore very pleased to report that six UHSussex colleagues have been honoured in this way, with a gold award for Senior Practice Educator for Multi-Professional International Recruitment Sam Elliott-Olechnowicz and silvers for Ward Manager Carmina Montefrio; Senior Clinical Educator Netce Sia; Deputy Director of Infection Prevention and Control Sharon Reed; Divisional Director of Nursing for Women, Children's and Clinical Support Claire Hunt; and Registered Nurse Bridget Nodes.

New Chief Delivery Officer

We have now concluded our new operating model leadership appointments with the announcement of Alex Shaw in the new role of Chief Delivery Officer, leading on operational performance, improvement and transformation across the Trust. Alex will join us in August from Epsom and St Helier University Hospitals NHS Trust, where he led significant improvements in urgent and emergency care, elective recovery, diagnostics, cancer and patient flow as Chief Operating Officer and Interim Managing Director.

Alex will work closely with the managing directors of our four new cross-site divisions, three of whom are also external appointments. Surgery's James Watts, Medicine's Wilson Dodzo and the Women's, Children's and Clinical Support division's Oliver White join us from Director of Operations roles at Kings College Hospital, Buckinghamshire Healthcare and in the private health sector respectively. Cancer and Specialist division MD Maria Emmanuel was one of our previous divisional directors of operations and brings 20 years' senior leadership experience across complex NHS acute and specialist services.

As well as welcoming our new leaders, I would also like to congratulate on the Board's behalf consultant urological surgeon and UHSussex Deputy Chief Medical Officer Suzie Venn on her appointment as Joint Clinical Lead of NHS England's Getting It Right First Time (GIRFT) urology programme. GIRFT improves patient treatment and care by reviewing health services in England and sharing best practice.

Jim Sewell

Finally, we received some more sad news from our supporters this month with the passing of Jim Sewell, the honorary vice-president of the Friends of Chichester Hospitals. Jim played a leading role in the Friends' work over many years, particularly in supporting St Richard's staff to achieve high standards of environment and catering. I would like to extend the Board's sincere condolences to Jim's family and friends, and put on record our gratitude for his dedication to patients and staff.

Dr Andy Heeps
Chief Executive
June 2026

Appendix: Executive Management Committee (EMC) Update

About the Executive Management Committee

The Executive Management Committee (EMC) is the Trust's senior leadership forum, bringing together executive directors, managing directors and senior corporate leaders to provide collective leadership of the organisation. EMC is responsible for overseeing delivery of the Trust's strategic, operational, quality, workforce and financial priorities, taking decisions within delegated authority and ensuring alignment across clinical, operational and corporate services.

A key purpose of EMC is to broaden leadership beyond the executive team, creating a forum where organisational challenges are discussed openly, accountability is shared and decisions are informed by a wide range of operational, clinical and corporate perspectives. EMC also incorporates regular listening and learning activity through site visits and walkarounds, ensuring leadership discussions remain connected to the experience of patients and staff.

Key matters considered by EMC since the last Board meeting

Organisational improvement and external oversight

EMC has noted the Trust's engagement with the National Provider Improvement Programme (NPIP), including the transition from mobilisation into assessment. Work has continued to develop a single improvement plan that brings together the requirements arising from provider capability reviews, regulatory recommendations, NHS Oversight Framework performance measures and the Trust's existing undertakings. Discussions have focused on ensuring that improvement activity is aligned, prioritised and translated into practical delivery plans.

EMC also reviewed the recent CQC Well-Led findings and considered how leadership visibility, communication and organisational learning can be strengthened across the organisation.

Maternity services and the independent review of maternity and neonatal services

EMC noted the announcement of the independent review into maternity and neonatal services, to be led by Donna Ockenden.

The Chief Executive stressed the importance of working openly and transparently with the review team, and of supporting families in seeking answers.

Discussion also covered the anticipated scale and duration of the review, the need to maintain continued and compassionate support for affected families and ensuring that maternity and neonatal teams are appropriately supported throughout the process.

Urgent and emergency care

The Committee continued to review urgent and emergency care performance, including patient flow, ambulance handovers and corridor care. Members discussed the impact on patients and staff, the actions being taken within the Trust and the contribution required from

system partners. Particular emphasis has been placed on identifying sustainable solutions rather than short-term interventions.

Financial recovery, productivity and efficiency

A significant proportion of EMC discussions have focused on the Trust's financial position and delivery of the 2026/27 efficiency programme. The Committee reviewed budget-setting progress, business case approvals, productivity opportunities and the actions required to strengthen financial grip and accountability.

Discussions recognised that delivery of the Trust's financial plan will require a greater focus on recurrent improvement, productivity and operational efficiency. EMC has emphasised the need for financial decisions to be considered alongside quality, performance and workforce impacts and has reinforced the importance of collective ownership of delivery across all parts of the organisation.

Performance delivery

EMC reviewed performance against national and local priorities, including planned care, cancer, diagnostics and urgent care standards. The Committee considered progress against NHS Oversight Framework measures and reviewed the emerging outputs from Divisional Accountability Meetings.

Positive progress in diagnostics and elements of planned care recovery was noted. EMC also reviewed areas requiring further attention and considered how divisional and corporate teams can work together to accelerate improvement where performance remains below the required standard.

Workforce and people

The Committee considered a number of workforce issues, including emerging national proposals relating to nursing career progression and the implications for workforce planning. EMC also reviewed the continued implementation of the Trust's Behavioural Compass and discussed how leadership behaviours, visibility and engagement can support delivery of the Trust's wider objectives.

Members reflected on the importance of creating an environment in which staff feel informed, involved and empowered to contribute to improvement.

Listening to staff and patients

A standing feature of EMC is the inclusion of feedback from listening and learning walkarounds undertaken at Trust sites prior to each meeting. During this period, leaders visited clinical and corporate services across a number of locations, including Southlands Hospital, the Sussex Eye Hospital and services at the Royal Sussex County Hospital.

Common themes included pride in local services, opportunities to improve communication and engagement, concerns relating to estate infrastructure and opportunities to modernise processes through greater use of digital technology. EMC has used this feedback to inform its work and to ensure that leadership attention remains focused on issues that matter to our patients and frontline teams.

Developing collective leadership

EMC has continued to evolve as a senior leadership forum. Alongside formal decision-making and assurance, the Committee has focused on strengthening collective leadership across the organisation, encouraging collaboration between divisions and corporate teams, and creating greater clarity around accountability and delivery.

The Committee has reinforced the expectation that organisational challenges are owned collectively and that leadership is demonstrated through action, follow-through and visible engagement with staff and patients.

Summary

The principal focus of EMC during this reporting period has been delivery of the Trust's improvement agenda, financial recovery, operational performance and regulatory oversight. Alongside these priorities, EMC has continued to develop its role as the Trust's senior leadership forum, bringing together leaders from across the organisation to support collective decision-making, shared accountability and delivery of the Trust's strategic ambitions.

Agenda Item:	8.	Meeting:	Trust Board Meeting in Public	Meeting Date:	11 June 2026
Report Title:	Building One UHSussex – our response to the 2025 developmental well-led review – Progress Update June 2026				
Sponsoring Executive Director:	Andy Heeps, Chief Executive				
Author(s):	Helen Brown, Interim Chief Corporate Affairs Officer				
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>This paper summarises progress since May 2026 in delivering the Trust’s response to the developmental well-led review (NICHE). It also provides updates in relation to CQC well led, NHS E Undertakings and the NPIP programme.</p>					
Recommendation <i>(linked to What Next section)</i>	For the Board to NOTE the progress undertaken.				
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	

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

Progress Update – June 2026

1. Purpose of this update

This paper summarises progress since May 2026 in delivering the Trust's response to the developmental well-led review (NICHE). It also provides updates in relation to CQC well led, NHS E Undertakings and the NPIP programme.

The CQC Well Led report from the July 2025 inspection has now been published. The CQC findings closely mirror those of the developmental well led review undertaken by NICHE in the six months prior to the CQC's visit.

The Trust is expecting to receive a revised / new set of regulatory undertakings from NHS England in June. These replace the previous undertakings and focus on improving the Trust's delivery against the NHS constitutional access standards (for planned and urgent and emergency care) and on continued work to strengthen leadership, governance and risk management.

The Trust entered the National Provider Improvement Programme in March 2026 and is currently in the assessment phase of the programme.

Both NPIP and NHS E undertakings place a requirement on the Trust to develop an integrated improvement plan, with an indicative timeline of September 2026 for a Board approved plan to be submitted to regulators.

A '12-month review' and closure report on the developmental well led review will be completed and a new improvement plan will be drafted for review and approval at the September Trust Board. The improvement plan will build on the work done over the past 12 months and set a refreshed set of priority actions to support continued improvement in the Trust's governance, culture and organisational effectiveness.

This report provides an update on progress on the various related strands of work since May, summarised below:

- Action plans in response to CQC Well Led findings submitted against the four key areas of focus identified in the report.
- Continued focus on progressing the Trust Values and Behaviours programme, formal communications launch and roll out of bitesize training sessions and managers toolkit.
- TOM Phase One now operational. CDO appointment confirmed and active recruitment to other key unfilled post within the Trust leadership team underway with a good level of interest. New TOM Programme Director in post and work to scope future phases underway, in dialogue with Divisions and Corporate teams.
- Continued development of trust governance, including the new EMC and reporting groups to clarify and streamline decision making and assurance routes.
- Response / action plan to Dearden HR review developed, aligned to existing People work plan priorities.
- A weekly programme of 'Listen and Learn' visible leadership visits has been established with visits to date at St Richards, RSCH and Southlands Hospitals. The programme has been very positively received by staff, providing valuable insights for our senior leaders.

2. Values and behaviours

The Trust has now launched the Values & Behaviours and the Behavioural Compass (early May), marking a significant milestone in the activation phase of the culture programme. Delivery continues to progress across all workstreams. The Manager's Toolkit is live, with 260 managers having attended two of the three introductory sessions to date, strengthening confidence and consistency in behavioural conversations.

Train-the-Trainer sessions for Try–Learn–Share have been delivered, with further sessions scheduled to expand Experimenteer capacity across clinical and non-clinical areas. A dedicated Try–Learn–Share session for the Executive Management Group is planned for early July, during which colleagues will also complete the self-reflection tool, reinforcing leadership accountability and behavioural alignment.

The Trust has also launched Compass Conversations, a new speaker series exploring culture and behaviours through expert insight. The first session will feature Helené Donnelly OBE, alongside Tori Cooper our Deputy Chief Nurse, discussing the development of the Behavioural Compass, its practical application, and the role of individual courage in shaping safer, more open cultures.

The next phase of work will focus on embedding the Manager's Toolkit, launching the Values & Behaviours vignettes, delivering additional Train-the-Trainer sessions, and commencing the next wave of behavioural experiments. The “Know the V&Bs” narrative will be rolled out alongside development of the measurement dashboard prototype, enabling the People & Culture Assurance Committee and Board to gain clearer visibility of behavioural indicators and cultural progress.

3. Trust Operating Model (TOM)

The Target Operating Model programme has entered its next phase, with increasing focus on strengthening programme capability and governance, embedding Phase 1 arrangements, and progressing the detailed design of Phase 2.

To strengthen delivery capacity, Kate Schroder MBE joined the Trust in May as Programme Director for the Target Operating Model. Kate brings significant experience leading complex organisational change and turnaround programmes across the NHS. Additional central programme and change resource is also being aligned to the programme to support both the embedding of Phase 1 and the delivery of Phase 2.

The programme team has focused on strengthening governance and programme controls, including the re-establishment of the TOM Programme Board and Technical Design Authority to provide enhanced oversight, assurance and decision-making. Work is also underway to develop a more detailed programme plan, providing greater visibility of key milestones, dependencies and risks.

Phase 1 leadership arrangements continue to be embedded successfully. Three of the Trust's four substantive Divisional Managing Directors are now in post, with the fourth due to join in the coming weeks. All remaining divisional and hospital leadership posts have either been recruited to or are progressing through active recruitment processes, providing increasing stability and leadership capacity across the new structure.

Good progress has also been made on Phase 2 design. Clinical Director posts for all new directorates have now been advertised, with interviews commencing w/c 8th June. Structured design sessions have been completed with each divisional leadership team, supported by HR

and Finance colleagues, to establish the baseline position and shape the structures required to support both the new directorates and divisional leadership teams.

Further design work will continue over the coming weeks before wider engagement and consultation activity begins. The current plan remains to complete this phase of work by the end of September 2026, followed by implementation, stabilisation and embedding. In parallel, plans for a comprehensive leadership development and organisational development offer are being developed to support leaders at all levels, including the Executive Management Committee, and to further embed the behaviours set out in our behavioural compass.

5. People systems – external review

Dearden HR were commissioned to undertake an independent review of the Trust's People Directorate between November 2025 and March 2026, in part responding to the Niche Well-Led recommendation to benchmark the People Directorate against organisations of similar scale and complexity.

The findings were received and discussed at the People & Culture Assurance Committee in May. The review incorporated detailed benchmarking using Model Hospital and professional comparator data. This identified that, whilst the Trust's HR function is relatively cost-efficient and below national median levels, it is also operating with constrained capacity and below optimal resourcing, particularly in the context of the scale, complexity, and ongoing impact of the recent merger.

Thirteen recommendations are made in the report covering the HR operating model, resources, systems, recruitment, employee relations, workforce planning, leadership development, OD, EDI, automation and governance.

An implementation plan has been developed and approved by the People & Culture Committee, aligned to existing UHSx People Plan priorities. Early priorities focus on vision setting, HRBP model redesign and OD capacity and capability building, alongside advancing key enabling programmes in recruitment, EDI and automation.

Business cases are being developed to support investment on a phased basis, with a first priority being to strengthen senior HR business partnering support to the four clinical divisions recently established with the TOM.

6. CQC well led review.

The CQC undertook an announced trust level well led review of UHSx in July 2025. The report from this inspection has now been published. The findings in the report align closely with the developmental well-led review findings and recommendations.

The report notes that the Trust continues to be in breach of Regulation 12 (Safety) and Regulation 17 (Good Governance). A formal notice has been issued in respect of Regulation 17, noting Not all staff felt there was a continued need for improvement in culture, WRES/EDI, governance and risk management, and learning from incidents.

The trust's well-led improvement plan already incorporates actions to address these concerns, and the updated BAF also captures the requirement for continued focus on culture and inclusivity, EDI and further work to strengthen our core quality governance and risk management processes.

A formal response / action plans have now been submitted to the CQC, with oversight of progress through established governance routes (P&C, P&Q, EMC and Audit Committee & Trust Board). These actions will be embedded into the integrated improvement plan referenced in section 7 below.

7. National Provider Improvement Programme (NPIP), NHS E Regulatory Undertakings and Integrated Improvement Plan.

The Trust is participating in the NHS England National Provider Improvement Programme (NPIP). The purpose of NPIP is to determine whether challenged NHS providers have the conditions in place to deliver sustainable improvement, supported by a clear improvement plan and defined 'exit criteria'. It has four key aims: assess key conditions of success, clarify issues and solutions, ensure deliverable improvement plans, and support sustainable improvement.

NPIP comprises five phases: mobilisation, assessment, plan, support, and transition. It focuses on conditions of success: board and organisational leadership, effective and insightful governance, staff engagement, and improvement approach.

A draft mobilisation report, based on the initial desktop review by the NPIP team has been received for review by the Trust. The report sets out a list of 'Key Lines of Enquiry' (KLOE) that align to the NPIP methodology and will inform the work of the team through the assessment phase of the programme.

Meeting observations have commenced and 1:1 discovery interviews are being scheduled.

A revised set of proposed 'Undertakings' have been now shared with the Trust. These are expected to be finalised and formally issued to the Trust in June. The Undertakings reflect priorities already identified within the NICHE developmental well-led review, the CQC well led report, the National Oversight framework and the Trust's provider capability self-assessment and entry into NPIP.

As set out above, the Trust will work with NPIP and the NHS E Regional team to develop an integrated improvement plan for review and approval by the Trust Board in September 2026.

The new BAF, the Trust Strategy Delivery Plan and the 2026/2027 Annual Plan identify the key actions in progress to address these priorities and will form the basis of the integrated Improvement Plan.

7. Strategy, Governance and Risk.

Board Assurance Framework: The 2026/2027 BAF was approved by the Board at its May meeting. The new BAF format will continue to develop throughout this year to strengthen assurance and ensure the Board has an overarching view of key risks to delivery. Board members will see this via the Q1 update to be brought through committees in the next committee cycle.

Risk: Expert advisory support to work alongside the Trust's internal risk management team to deliver a 'risk improvement sprint' has now been commissioned. Mobilisation has commenced, with focused work across Q1 and Q2 to improve the quality of operational risk register entries and ensure risks are being actively managed and mitigated at all levels of the organisation.

Governance: the new Executive Management Committee has been established, with positive feedback from participants. Work continues to clarify, streamline and strengthen trust wide and divisional governance to support clear and timely decision making and provide assurance through EMC and to Board Assurance Committees.

8. Next steps

Over the next two months, priorities are to:

- Continuing the roll out of the behaviour compass to embed our Values and Behaviours.
- Stabilising and embedding the new TOM, supporting new leadership teams in the transition to the new structures and ensuring all underpinning and enabling activities are completed.
- Developing and communicating a clear 'roadmap' for the next phase of the TOM for Divisions and Corporate teams.
- Actively engaging with the NPIP team through the assessment phase of NPIP.
- Completing the 12 month review of the developmental well led review (NICHE) recommendations and developing a new integrated improvement plan.
- Mobilising the 'risk improvement sprint' to strengthen operational risk management across the Trust.

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

Significant progress is being made in taking forward key priorities that respond to the well-led developmental review findings, together with more recent regulatory findings and recommendations.

This remains a priority focus for the year ahead, with an absolute recognition that there is significant work still to be done to further develop embed our new operating model, support and develop our leadership community, continue to strengthen governance and risk management and importantly, stay absolutely focused on building our culture in line with our values.

- **We are compassionate** – we communicate and act with kindness
- **We are inclusive** – our teams work collaboratively
- **We are respectful** – we behave professionally

Dr Andy Heeps
Chief Executive
June 2026

Agenda Item:	9.	Meeting:	Trust Board Meeting in Public	Meeting Date:	11 June 2026
Report Title:	Strategy and Major Projects Update				
Sponsoring Executive Director:	Rox Smith, Chief Strategy Officer				
Author(s):	Joe Mills, Director of Strategy Jackie Groves, Associate Director – Major Projects				
Purpose of the report: <i>(indicate as appropriate)</i>	For Decision	For Assurance	For discussion	For Information only	
	N/A	N/A	N/A	Yes	
Reason for not being taken in public <i>(indicate as appropriate)</i>	Commercial confidentiality	Staff confidentiality	Patient confidentiality	Other exceptional circumstances (please detail)	
	Yes	Yes	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>This report covers five of the ten major projects the Trust is currently implementing as part of the Trust's strategy of delivering 'Excellent Care Everywhere.'</p> <p>A project is agreed as a "Major Project" if it meets 3 or more from 5 key criteria that includes investment level, complexity e.g. cross site, significant change/benefits, external stakeholders & multi-year delivery.</p> <p>For the purposes of this report the major projects include:</p> <ul style="list-style-type: none"> • RSCH Acute Floor Reconfiguration • Ventilation Remediation • The Sussex Cancer Centre – 3Ts Stage 2 • RSCH Helipad • Clinical Research Facility (CRF) <p>The slides highlight to the Board the strategic objectives of each project and where we are now in terms of delivery of the major project. In addition, they describe a look ahead and delivery for this year in line with our Trust Strategy. The Strategy and Major Projects Committee was set up to drive forward improved confidence in the project to ensure professionalism, improvements in the way we make decisions, how we engage and showing the impact and benefits of the major projects portfolio.</p> <p>The slides also provide an update of the behaviour compass launch to provide colleagues with resources within this first intervention of the wider cultural programme. The objectives are:</p> <ul style="list-style-type: none"> • Ensure the workforce know there is a new practical guide for guiding decisions and behavior's • Ensure managers and leaders are aware of the compass/framework and are equipped to use it in their teams • Start to thread the Compass across our communications channels, projects and content 					

Recommendation <i>(linked to What Next section)</i>	The Board is asked to note the content of this report.					
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	Yes	Yes	Yes	Yes	Yes
Link to annual delivery plan	Yes					
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 Board Assurance Framework Risks:					
	Patient	YES	To ensure that all patients have a positive experience of the care they receive.			
	Sustainability	YES	For the Trust to consistently live within the resources made available to us.			
	People	YES	To be an NHS Employer of choice with the most highly engaged staff & students within the NHS, passionate about delivering the best care.			
	Quality	Yes	Providing best clinical outcomes.			
	Systems and Partnerships	Yes	Enabler of the Trust's strategy and partnerships			
	Research and Innovation	Yes	Project to support improvement of R&I			
Link to CQC domain	Safe	Caring	Effective	Responsive	Well-led	Use of Resources
	Yes	Yes	Yes	Yes	Yes	Yes
Other impacts	Equality and Diversity <i>(if yes has HEIA completed)</i>		Environmental	Legal	External Registrations <i>(if yes please indicate which)</i>	
	No		No	No	No	

We are compassionate
We are inclusive
We are respectful



University Hospitals Sussex
NHS Foundation Trust

Strategy & Major Projects Update

Public Board
Date: 11th June '26

Excellent Care Everywhere



Strategy and Major Projects

- Integral to the launch of the Trust's new strategy was the development of a comprehensive delivery plan
- This encompasses 59 key deliverables over the lifetime of the strategy and incorporates major and clinical transformation projects and Division/Directorate led change programmes.
- A project is agreed as "Major Project" if it meets 3 or more from 5 key criteria that include investment level, complexity e.g. cross site, significant change/benefits, external stakeholders & multi-year delivery
- The Trust is currently delivering 10 major projects:
 - Helipad
 - Sussex Cancer Centre
 - Stroke Reconfiguration
 - RSCH Acute Floor Reconfiguration
 - Ventilation Remediation
 - SRH RAAC Remediation
 - Clinical Research Facility
 - EPR
 - Southlands Theatres
 - Property Rationalisation
- Today we will deliver a status update on 5 of the current major Projects

RSCH Acute Floor Reconfiguration (AFR)



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NHS Foundation Trust

Strategic objectives



To improve environment for patients, families and staff



Modernisation of services to best practice models of care



Increase capacity in key clinical areas, including Resus and Majors



To improve patient safety and reduce clinical risk

Investment of £75m over the lifetime of the programme



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Where are we now?



Phase 1 completed in Dec 2025, the delivery of two assessment units.

- **Surgical Assessment Unit (SAU):** Rapid surgical review reducing time patients spend in main ED
- **Acute Medical Unit (AMU):** High turnover unit aiming to treat, discharge or transfer to specialists within 12 hours.

RSCH Acute Floor Reconfiguration (AFR)

Looking ahead

Phase 2 & 3 will double the footprint for our most critically unwell patients and expand UTC.

Phase 2: Majors & Resus (Spring 29)

Addition of two more treatment bays with improved clinical cubicles and a reconfiguration of mental health facilities

Phase 3: PAT and UTC (Summer 2030)

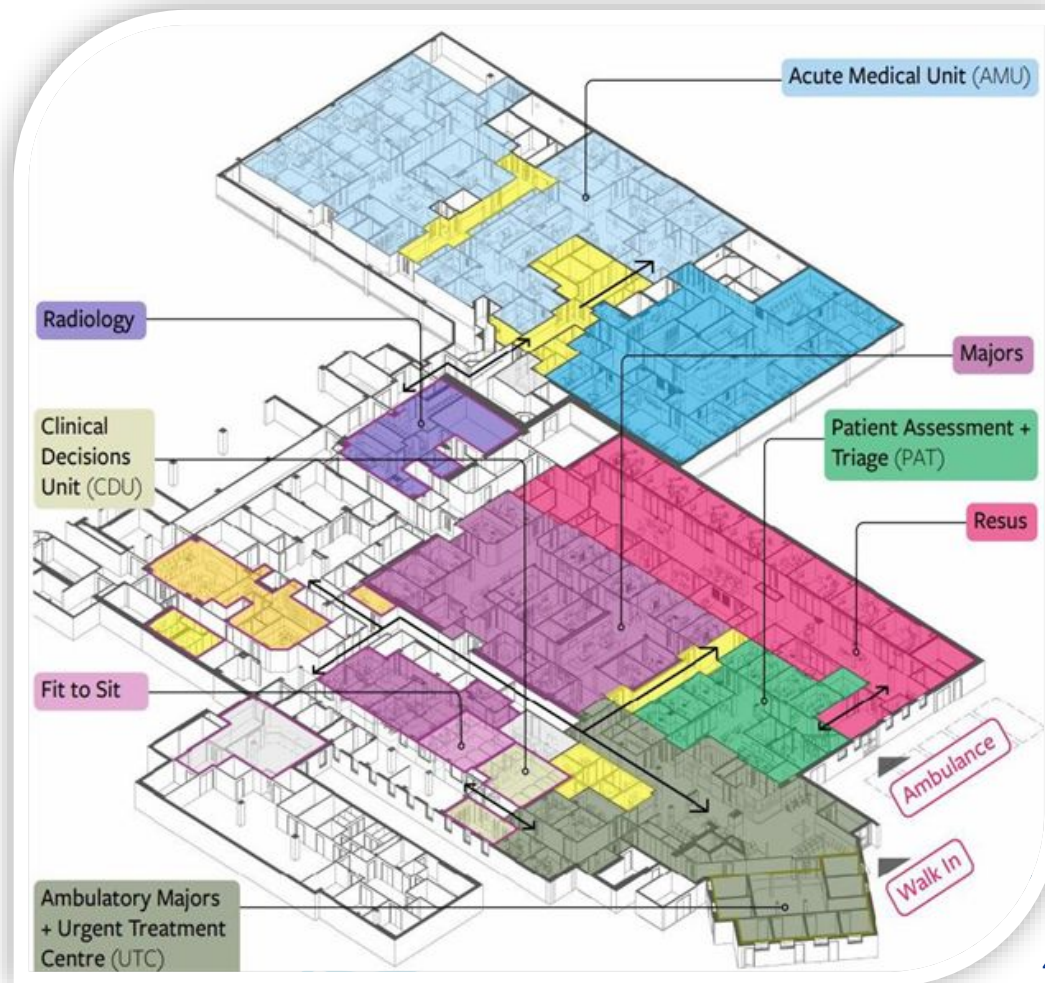
Increase capacity of with larger waiting rooms and increased clinical space.

Delivery this year

Pre Phase 2 works delivered in FY 26/27.

Critical infrastructure works including starting late summer and includes:

Catering facility, upgraded IT hub and staff rest facilities for the acute floor.



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Ventilation Remediation- UHSx

Strategic objectives



66% of UHSx theatres would benefit from investment into ventilation infrastructure. Strategic objectives are:



Ensure optimal use of funds to improve ventilation provision across UHSx specialised areas. Multi year agreement with NHSE for £10 million per year.



Minimise disruption to services through decant facilities



Works sequenced according to highest clinical risk



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Where are we now?

Decant facilities and plans agreed across RSCH, PRH and SRH.

- **Four mobile theatres onsite (PRH/SRH):** Activity to be decanted from main theatres to enable required remediation works.
- **Agreed decant capacity at RSCH:** Due to space constraints and acuity of activity internal decant plan agreed to enable remediation works.

Additionally **agreed priority order of first 15 theatres** for remediation

Ventilation Remediation- UHSx

Looking ahead



- NHSE to support **multi-year funding** to deliver ventilation programme.
- Development of a **multi-year ventilation maintenance programme** across all specialised areas in UHSx
- Increase **procedure room capacity** across UHSx to build flexibility in theatre capacity
- Explore **centralisation of SSD services** across UHSx

Delivery this year



- **Expedited theatre maintenance and validation** on all theatres not prioritised in first wave of remediation works.
- **Remediation works to commence** across theatre at UHSx in line with priority order.

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PRH site: prioritised theatres for remediation works



SRH site: prioritised theatres for remediation works



The Sussex Cancer Centre- 3Ts Stage 2



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NHS Foundation Trust

Strategic objectives



To consolidate fragmented cancer services and enable improved coordination of care.



Improve patient outcomes and quality of care by providing a high-quality clinical environment.



Replaced outdated and inefficient facilities.



Enable a modern model of care for patients with cancer across Sussex.



Where are we now?

- Granted £251.7 million following successful Full Business Case submission.
- Project has transitioned from design into delivery phase.
- Founding Excellence - ground-breaking ceremony held on 22 May 2026 celebrating progress with patients, staff, and external stakeholders
- Construction now underway on site (main build phase commenced).
- Clinical and operational readiness programmes underway to support commissioning.

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The Sussex Cancer Centre- 3Ts Stage 2



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Looking ahead



- Clinical and operational readiness planning underway
- Recruitment strategy being refined and implemented
- Procurement of LINACs and major medical equipment progressing for installation and commissioning

Delivery this year



- Commencement of off-site manufacture
- Commencement of on-site construction
- Major charitable donation secured to support delivery of the project to enhance the patient experience.



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RSCH Helipad



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Strategic objectives



To improve environment for patients, families and staff



Modernisation of services to best practice models of care



Increase capacity in key clinical areas, including Resus and Majors



To improve patient safety and reduce clinical risk



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Where are we now?

- 11 minutes saved for clinicians to deliver quicker life-saving care.
- Helipad fully operational at RSCH since 6 March 2026
- Highest NHS helipad in the UK (388ft / 118m AMSL)
- Critical link in Major Trauma Centre pathway
- Able to receive Hampshire & Isle of Wight, Children's and Kent, Surrey & Sussex Air Ambulances
- 28 operational flights received (as of 26th of May 2026)
- Operational 07:00–19:00, 365 days/year

RSCH Helipad

Looking ahead



- Recruit two substantive safety staff.
- Monitor utilisation
- Refinement of processes according to clinical feedback.

Delivered this year



- Helipad fully operational with trained staff
- Model in place for operations, firefighting, extrication, first aid and trauma response
- Tested clinical systems and pathways in place, supported by approved SOPs
- Helicopter test flights successfully completed, and CAA certification achieved
- Inpatient and critical care capacity in place to support increased trauma.



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Clinical Research Facility (CRF)

Strategic objectives



Opening of new CRF and Commercial Research Delivery Centre at RSCH



Opening of satellite research facilities in PRH and WGH



Facilitate the re-provision of suitable alternative accommodation and relocation of for any service displaced.



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Where are we now?



Project is in the design phase.

- **RSCH:** To be located on Level 6, LMB, in previous Café and some adjacent space, along with existing clinical space at Sussex House
- **PRH:** To be in Hurstwood Park, in previous Imaging area currently unoccupied
- **WGH:** To use existing capacity in the Amberley Unit (medical day case unit)

Clinical Research Facility (CRF)



University Hospitals Sussex
NHS Foundation Trust

Looking ahead



The project will help grow the Trust's research portfolio by broadening the range of clinical trials that are available to our patients.

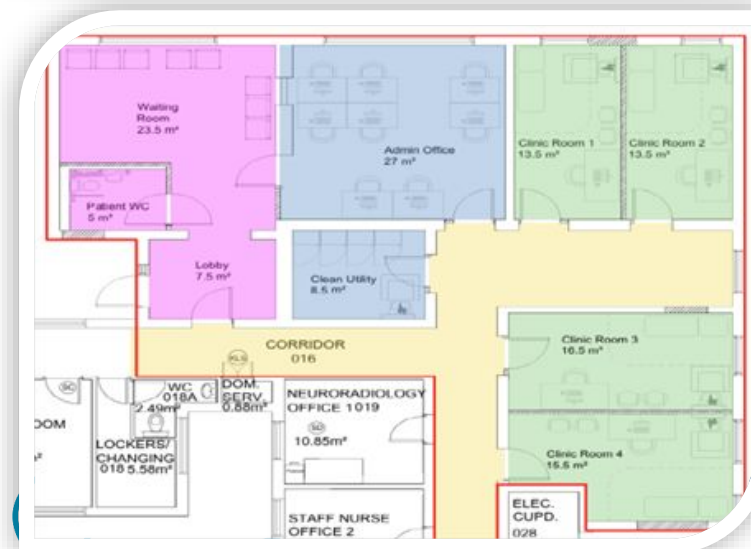
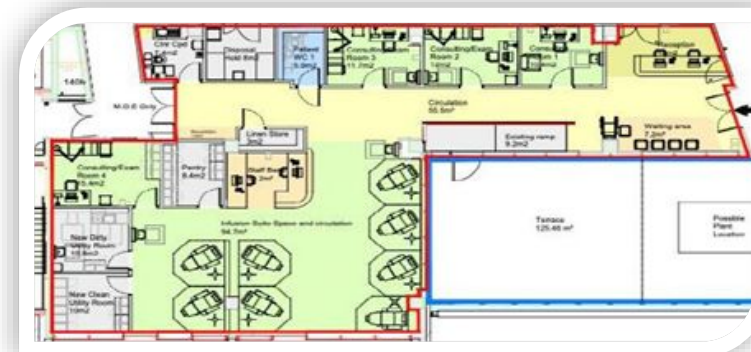
- **RSCH: Q4 FY 27/28 at approx. £5m-** Relocation and enhancement of main research facility to acute site allowing delivery of larger and more complex trials, including early phase and first-in-human studies, which require closer clinical monitoring.
- **PRH: Q4 FY 26/27 at approx. £1.5m-** Bring research opportunities closer to local communities, allowing more patients across Sussex to take part in clinical trials. PRH will also support the delivery of specialist research including mental and dementia studies in partnership with Sussex Partnership FT.

Delivery this year



- Secured funding from NIHR to support expansion of research facilities (£1.3m)
- RSCH Full Business Case due Q4 FY 26/27
- PRH ready by Q4 FY 26/27

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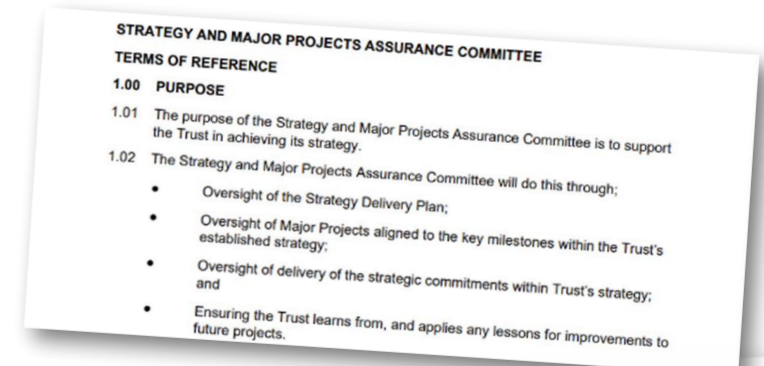


Learning Lessons and improving delivery confidence



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- **Strategy and Major Projects Assurance Committee** was set up in 2025 to drive improved delivery confidence. As well as looking individually at our biggest projects, it driving improvement in the way that we deliver. For example:
 - Ongoing **professionalisation** of the Major Projects and new Clinical Transformation Portfolio – continuous improvement of reporting, delivery- and budget-management and governance.
 - Improvement in the way **we make decisions** – better use of evidence, data, learning from elsewhere and transparent options appraisal.
 - Improvements in the way **we engage** patients, staff and external stakeholders in change – learning lessons from contentious projects.
 - Improvements in the way we **demonstrate impact** – we are evolving the Strategy Delivery Plan to show impact measures and improving tracking of benefits for projects which have delivered.
 - Development of more **strategic approaches to communicating** our strategy and delivery – shifting the narrative about UHSussex; promoting confidence in our future.



And for another day!

- Regular reporting is provided by the Executive Management team to Committee of progress on overall strategy delivery progress and in detail for major projects
- Future progress updates will be offered on:
 - Wider strategy delivery plan
 - Clinical transformation projects
 - Embedding of Behavioural Compass

Major Projects Portfolio Overview

Project Programme	Portfolio Health					Overall
	Prog	Time	ER	EC	Only	
Stages 2&3						
Helideck						
EPR						
Stroke Reconfiguration						
RSCH AFR						
CRF						
Southlands Theatres						
SRH RAAC Remediation						
Theatre Ventilation						
Property Rationalisation						

Delivery plan Q4 update: Summary

- Q4 performance shows 71% of our programmes are on track, this is a 2% decrease on last quarter
- Based on feedback from the last SMPC discussion, the Q4 Strategy Deliver Plan has been rationalised from 81 programmes to 68 in this update
- Our performance this quarter represents good progress given significant concurrent challenges facing the organisation, specifically:
 - The impact of the consultation, development and implementation of the new Target Operating Model (TOM)
 - the biggest impact of winter pressures across our Hospitals, with strikes also putting additional strain on our staff and services
 - The development and finalisation of the 2026/27 Annual Plan has required significant strategic support from all areas of the Trust, clinical and non-clinical
 - Increasingly constrained financial environment where recruiting to existing vacancies (let alone investment) is unaffordable
- We are also seeing the impact of changes at ICB level on many of our programmes where we have external dependencies
- Despite these challenges, we continue to make meaningful progress, demonstrating delivery against and embedding the Strategy and Delivery plan. Significant milestones achieved this quarter include the opening of the Helideck, securing NHSE Full Business Case Approval for EPR, delivered a decision on Cath Lab reconfiguration and commenced the phased introduction of our new values and behaviours compass.
- We are continuing to develop the maturity which we can interrogate delivery assurance against the strategy, to support the organisation to manage this alongside critical immediate operational pressures, and to prioritise effectively and transparently within resourcing constraints. The SDP will continue to be iterated throughout 2026/27 based on our lessons learned and feedback received from this committee.

Key

- On track
- At risk
- Off track
- Not started



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Culture launch: Communications and engagement highlights

2026-2027

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Launch objectives: "I know"

Aims

Our communications activity at launch aimed to introduce the Compass and resources to colleagues as the first intervention in our wider cultural programme (I know).

We focussed on creating awareness around what the Compass is and why it has been developed, while starting to build understanding around how it can be used to help shift the cultural dial.

Our approach aligns to the Kin & Co change model - I Know, I Believe, and It's My Story - recognising behaviour change takes time.

Objectives

- Ensure the workforce know there is a new practical guide for guiding decisions and behaviours
- Ensure managers and leaders are aware of the compass/framework and are equipped to use it in their teams
- Start to thread the Compass across our communications channels, projects and content

Highlights: Internal

The Compass was launched via leadership channels, including monthly briefings and the weekly Chief Executive note, reinforcing our commitment from the top. We've also kept it highly visible across digital platforms, from the intranet to screensavers and lock screens. Alongside this, we've introduced creative ways to bring the Compass to life, from mirror stickers in staff toilets to weekly team huddle challenges, helping embed the messages in everyday moments of reflection.

Events and briefings

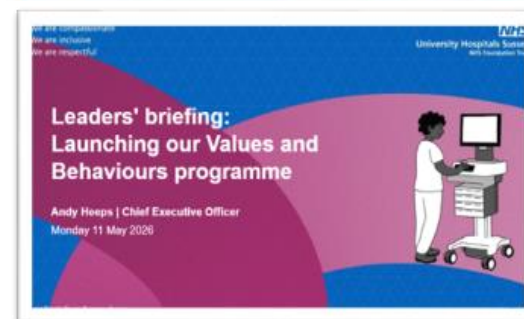
The launch week Leaders Briefing generated **190 attendees** (the usual range is 80-120)
 The All Staff Briefing generated **475 attendees**
 2 manager training sessions have had **242 attendees** – with **830 visits** to the toolkit so far

Digital channels

The values and behaviours page on Staff Hub has received **1688 overall views**
 The external website page has had **846 views**
 The launch video and Experimenteer videos have generated over **1,000 views**
 Our launch post on the staff Facebook group achieved nearly **1,000 views**

Products

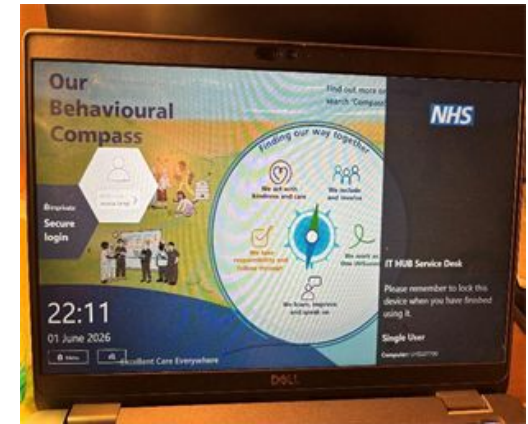
Our three weekly team huddle challenges have achieved nearly **600 views**
 The Compass edition of Theme of the Week had **831 opens**



Highlights: Brand

To reinforce the strategy across our systems, channels and hospital sites we have:

- Started disseminating **500+ posters** across sites with ongoing distribution at events/roadshows
- Added new digital promotional panels across our high traffic website pages and shared values-led digital signage in patient areas across sites.
- Created digital assets to raise the visibility of the Compass visual identity such as screensavers (generating **13k views**), lock screens (deployed to **16k PCs**), intranet sliders, and banners for use on all staff emails.
- Begun rolling out mirror stickers in staff toilets and produced branded merchandise for distribution at staff events
- Embedded the Compass into our Everyday Stars initiative – with **604** Everyday Stars sent since launch. In addition, **five** of our STAR Award categories this year are based on our new behavioural commitments.



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Coming up...

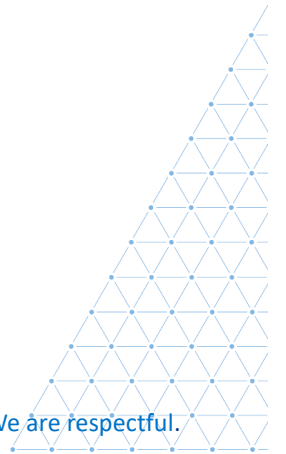
Over the next few months, we will look to build trust and credibility through real examples and leadership modelling. These proof points demonstrate that this is more than an initiative - it is a cultural direction led by the organisation's most senior people, guiding us into the "I Believe" and "It's My Story" phases.

Activities planned

- Launch our 'Compass Conversations' series with experts who bring insights on values and behaviours
Helene Donnelly OBE 5 June and Prof Robin Banerjee 10 June
- Start to plan promotion for the next iteration of manager toolkit sessions (modules 3 to 5)
- Continue to deploy posters, collateral and merchandise across sites and via supporting Trust events
- Inspire leaders and experimenters to share reflective diary videos – and staff to tell their stories - around using the Compass
- Support leaders to evolve the conversation on the Compass at briefings and Hospital Forums
- Monitor progress via the monthly Pulse Survey (questions live 1 June)



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Agenda Item:	10.	Meeting:	Trust Board Meeting in Public	Meeting Date:	11 June 2026
Report Title:	People & Culture Committee Chair's Report				
Author(s):	Paul Layzell – NED & Committee Chair				
Purpose of the report: <i>(indicate as appropriate)</i>	For Decision	For Assurance	For Discussion	For Information only	
	Yes	Yes	N/A	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	<p><i>The report provides information over the business undertaken and the People and Culture Committee in June 2026.</i></p>				
What <i>(summary of current position / issue & why it matters and evidence to support that position etc)</i>	<p><i>The Committee meeting was quorate at each of these meetings and received its scheduled business and had a positive discussion on the Trust's cultural improvement programme.</i></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><i>The Board can take assurance through the work of the Committee that focus is being provided to the areas of culture and workforce including the processes supporting the reporting of workforce KPIs. The Committee agreed to provide feedback on the People scorecard to enable this to be iteratively improved for 2026/27.</i></p> <p><i>The Committee took the following actions:-</i></p> <ul style="list-style-type: none"> - <i>Considered the Nursing Safer Staffing 6 Monthly Report and recommended them to the Board for final approval for its publication</i> - <i>Considered the Freedom To Speak Up Guardian Annual Report and recommend this be presented to the Board for information</i> - <i>Agreed the employee relations annual report</i> 				
What Next <i>(summary of intended action and benefits supporting the choices and recommendation(s) being made)</i>	<p><i>The Board can approve the Nursing Safer Staffing 6 Monthly Report and note that the Committee has received and discussed the Freedom to Speak Up Guardian's Annual Report</i></p>				
Recommendation <i>(linked to What Next section)</i>	<p><i>The Board is asked to NOTE</i></p> <ul style="list-style-type: none"> - <i>the Committee met and received the expected assurance reports</i> - <i>the freedom to speak up guardian's annual report</i> <p><i>The Board is asked to APPROVE the Nursing Safer Staffing 6 Monthly Report and agree for its placement on the Trust's website</i></p>				



Assurance / Scrutiny route already undertaken (<i>please explain where matter previously considered, and assurance provided</i>)	<i>A number of items presented to the Committee had been considered by the Committees reporting groups.</i>					
Link to Trust Strategy (note which theme)	Patients	People	Future	Communities	One UHSussex	Culture
	Yes	Yes	Yes	Yes	Yes	Yes
Link to annual delivery plan	<i>The People and Culture Committee provide oversight of the Trust's delivery of many aspects that link to the delivery of the Trust's annual plan, not least those covered by the people promises, workforce wellbeing actions and those linked to staff training and development</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>The Committee has oversight for the allocated people related strategic risks, these being risks 8, 10 and 11</i>					
Link to CQC domain	Safe	Caring	Effective	Responsive	Well-led	Use of Resources
	Yes	N/A	N/A	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>)	
	N/A		N/A	Yes	<i>The Trust is required to maintain an effective council of governors (FT Code of Governance / FT Licence)</i>	

People and Culture Committee Chair's Report

The People and Culture Committee met on 2 June 2026. The Committee was quorate as there was at least two Non-Executive Directors and two Executives Directors present for this meeting. In attendance at this meeting was the respective report presenters including the Director of HR Management, the Director of HR Operations, the Director of Integrated Education, the Associate Director of Leadership, Culture and Development, the Deputy Chief Nurse and for the Guardian of Safe Working Hours for her annual report.

This meeting was focused on receiving a number of routine reports, including those on Employee Relations, Freedom to Speak Up, Nursing Safer Staffing along with a report on the delivery of the *Excellent Care Everywhere* People ambition delivery plan for the period quarter 2 of 2026/27 to quarter 1 of 2027/28, the cultural programme delivery plan, a learning needs analysis and educational plan update.

The key areas of focus for the Committee at its meeting are listed below, noting the full breadth of the meeting's activity is included in a table at the end of this paper.

People and Culture Strategy Delivery Plan for quarter 2 2026/27 to quarter 1 2027/28.

The Committee **received** its scheduled report providing an update on the work programmes underpinning the People and Culture Strategic delivery plan for the next 12 months, up to the end of quarter 1 2027/28.

The Committee **noted** that the work programmes show a mapping to other key documents including: to the Trust's strategic ambitions, the NHS People Promise pillars, the cultural improvement work aligned to the Trust's well led developmental review and the subsequent CQC well led review, the most recent external review of the Trust's people function and processes and the 2025 staff survey results. The result is a plan that addresses the key people requirements of these input document.

The Committee **discussed** the plan and its structure noting the delivery milestones and outcome measures. The Committee **requested** that the outcome measures were accompanied by relevant impact measures to provide assurance to the committee of the effectiveness of the work.

The Committee **approved** the plan and endorsed this item be a standing item at future meetings with the inclusion of the requested impact measures in future reports.

Nursing Safer Staffing Six Monthly Report

The Committee **received** the six monthly nursing safer staffing report. The Committee was **assured** over the system in operation to ensure robust data capture and the quality of the data assessed by the tool, through robust staff training, a series of peer reviews / audits and a random sample check of data by the deputy chief nurse.

The Committee **discussed** the findings of the safer staffing review and were provided with **assurance** that overall, the wards are safely staffed against the patient acuity and where there are shortfalls in the roster these are addressed using temporary staffing.

The Committee was provided with **assurance** on the use of the daily safer tool which allow staff to be deployed dynamically on the day to deal with short term absence of changes in demand / acuity on any one shift.

The Committee **agreed** to recommend the 6 monthly report to the Board for final agreement for the data to be placed on the Trust's website.

Freedom to Speak Up Guardian's Annual report

The Committee **noted** the report from the Freedom to Speak Up Guardian and the assurance provided by the external guardians on the Trust processes and support they receive to deliver their work.

The Committee **noted** that overall awareness of the guardian service as measured by the staff survey had improved last year and the plans for those areas where awareness is lower than other that a targeted series of awareness and engagement events has been developed.

The Committee **noted** that prior year recommendations had been actioned. Also **noted** were actions to address new recommendations in this year's report, including improved and more timely feedback to concerns raised, ensuring people raising concerns felt supported and understood the action taken, and continuing to communicate the process and support available.

The Committee **agreed** that this report should be shared with the Board for their awareness of the progress being made in this area, and the improvement recommendations made.

Employee Relations

The Committee **noted** the Employee Relations Annual Report and the positive improvements that had been achieved in sickness absence and a shift from formal to informal case resolution placing the Trust's performance in line with benchmarks.

The Committee **noted** improvements planned for the current year, including triaging early decision-making on employee relations cases to ensure proportionality of response and reduce disparities in progression to formal processes, the implementation of a new employee relations case management system to improve case handling consistency and a continued focus on reducing case timescales and improving the experience for managers and staff involved in processes.

Apprenticeship Plan

The Committee **received** a presentation on the national apprenticeship reforms and the work the Trust is undertaking to promote and support apprentices.

The Committee **noted** the pivotal role apprentices play in allowing staff to build a career with the Trust, built internal staffing capacity and resilience along with supporting the Trust's ambition to be an anchor institution for our communities.

The Committee **noted** the work the Trust is conducting with system partners to enable apprenticeships to be accessible and relevant to a changing workforce.

The Committee also heard about the work the Trust is undertaking to support and develop with colleges complementary “T level” qualifications to enable students to secure real life work experience opportunities.

Referrals to other Committees

The Committee having considered the reports it received at its meeting **agreed** there were no matters it needed to refer to any other Committees.



Appendix 1

COMMITTEE HIGHLIGHTS REPORT TO BOARD

Meeting Details					
Meeting Date	2 June 2026	Chair	Paul Layzell	Quorate	Yes
Declarations of Interest	No declarations were raised				
Items received at the Committee meeting					
Apprenticeship plan for the next 12 months	Presenter Director of Integrated Education supported a number of apprentices	Purpose For discussion	Outcome /Action taken The Committee received a presentation on the national apprenticeship reforms and the work the Trust is undertaking to promote and support apprentices. The Committee noted the pivotal role apprentices play in allowing staff to build a career with the Trust, built internal staffing capacity and resilience along with supporting the Trust's ambition to be an anchor institution for our communities. The Committee noted the work the Trust is conducting with system partners to enable apprenticeships to be accessible and relevant to a changing workforce.		
Employee Relations Annual Report	Presenter Chief People Officer / Director of HR Management	Purpose For discussion and assurance	Outcome /Action taken The Committee received the report and The Committee received and considered the employee relations annual report and noted the positive impact the previously reported improvement work on sickness management has had over the latter part of the year.		

			<p>The Committee also noted the work supporting managers to engage early with staff was having a positive impact with earlier resolution of matters.</p> <p>The Committee endorsed the plan to provide further leadership training along with dedicated senior HR business partners aligned to each of the newly created divisions.</p> <p>The Committee discussed the work being done to ensure through induction that staff have clarity of the expectations of their work and behaviours. The Committee sought an update on the Trust's induction processes come to a future committee meeting.</p>
Nursing Safer Staffing Annual Report	Presenter Deputy Chief Nurse	Purpose For discussion, assurance and to recommend to the Board for approval	<p>Outcome /Action taken The Committee received the report was assured that the tool confirmed that all wards are safely staffed, and were there are gaps on the day these are managed through a robust and dynamic workforce deployment process.</p> <p>The Committee also noted the improved fill rates and the development of the enhanced support workers has seen a reduced reliance on registered mental health nurses.</p> <p>The Committee agreed that this should flow to the Board for their awareness and approval for the publication of this data on the Trust's website</p>
People and Culture Strategy Delivery Plan for quarter 2 2026/27 to quarter 1 2027/28	Presenter Director of HR Management	Purpose For discussion and assurance	<p>Outcome The Committee received its scheduled report providing an update on the improvement</p>



			<p>delivery and how these align to the Trust’s Strategic Ambitions and weave in well led developmental review recommendations and the outcome of the external review of the HR function.</p> <p>The Committee discussed the plan and its structure noting the structured set of delivery milestones and outcome measures. The Committee requested that alongside these outcome measures a series of impact measures or metrics be developed to aid with the tracking of the benefits of this work whilst recognising that some of these impact measures or metrics may not show the expected impact for some time to come.</p> <p>The Committee approved the plan.</p>
HR review and priorities plan	Presenter Chief People Officer	Purpose For discussion and assurance and to recommend to the Board	<p>Outcome /Action taken The Committee received the update on the developing action plan focusing on improving the Trust’s workforce processes.</p> <p>The Committee asked that at a future meeting to secure information on the longer term delivery and those outcomes. It was agreed that the reporting of the delivery will come to the Committee and integral to this be a report on the impact of their delivery.</p> <p>The Committee agreed that this should be shared with the Board at a future meeting.</p>
Culture Programme Update including the cultural steering task and finish group	Presenter Chief Strategy Officer and Director of	Purpose For information	<p>Outcome /Action taken The Committee received a formal report showing the mapping of work from the</p>





	Communications and Engagement		initial cultural task and finish steering group and was assured that all actions are within the respective current work programmes aligned to the strategy and the people and culture strategy delivery plan specifically.
Freedom To Speak Up Guardian's Annual report	Presenter The Guardian Service	Purpose For assurance	<p>Outcome /Action taken The Committee received the report and supporting discussion with the guardian service.</p> <p>The Committee noted the Guardian's assurance over the established processes for raising concerns.</p> <p>The Committee noted that overall awareness of the guardian service as measured by the staff survey had improved last year and the plans for those areas where awareness is lower than other that a targeted series of awareness and engagement events has been developed.</p> <p>The Committee agreed that this report should be shared with the Board for their awareness of the progress being made in this area, and the improvement recommendations made.</p>
Learning Needs Analysis & Education Plan Update	Presenter Director of Integrated Education	Purpose For discussion	<p>Outcome /Action taken The Committee noted how this work is aligned to apprenticeship plan and the workforce development plan.</p> <p>The Committee endorsed the move from a training needs basis to that of a learning basis and noted that this will assist with ensuring we have workforce sustainability</p>



			<p>supporting operational changes.</p> <p>The Committee noted the embedding of learning needs analysis into the respective divisional workforce development plans.</p> <p>The Committee was reassured that through the placing of a learning needs analysis within the workforce planned will support the alignment of these plans align to both the Strategy and annual operational plans.</p>
Progress report on allocated CQC actions	Presenter Associate Director of OD	Purpose For assurance	<p>Outcome /Action taken The Committee received the report and noted the management of these is considered in detail at the CQC steering group who have tested the delivery.,</p> <p>The Committee took assurance over that scrutiny process which supported the recommended closure of the tactical actions.</p> <p>The Committee noted that the same process will be applied to the latest recommendations from the CQC well led review.</p>
People Scorecard for May 2026	Presenter Taken for information without wider discussion	Purpose For information	The Committee noted this paper.



Trust Board of Directors Meeting in Public

Thursday 11 June 2026

APPENDICES

Safer Staffing Paper

By Annette Gericke,
Deputy Chief Nurse for Workforce and
Aoife Donoghue, Head of Nursing for Workforce
April 2026

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Safer Staff Paper July 25- March 26

1. Introduction

1.1 Executive Summary

This report provides the Trust Board and the People and Culture Committee with an overview of ward staffing levels across University Hospitals Sussex, in accordance with guidance from the National Quality Board (NQB). The NQB emphasises that Trust Boards are ultimately responsible for the quality and safety of care delivered to patients, with the capacity and capability of the nursing, midwifery and care workforce being key determinants of this quality.

The purpose of this report is to provide assurance that ward staffing levels remain safe and that robust processes are in place to monitor staffing, mitigate risks and escalate concerns when staffing falls below optimal levels. It also highlights any areas of workforce pressure and identifies where further action or investment may be required.

1.2 Board Assurance

The Board is asked to:

- Note the report and the processes in place to monitor and maintain safe staffing levels.
- Receive assurance that appropriate governance arrangements and escalation mechanisms are in place to support safe patient care.
- Approve establishment changes recommendations within the paper to progress to financial approval

2. Key Summary

Table 1 outlines the key performance workforce indicators for Nursing and Midwifery mapped against the trust target in three increments throughout the year. Note the vacancies increased in May 25 following investment in registered nursing and Health Care Assistant (HCA) posts because of establishment setting in April 25.

Staffing Measure	Feb-25	Jul-25	Feb-26	Mar-26	Target	Trend	RAG
Vacancy Band 5	9.7%	14.1%	9.0%	7.3%	10%	Improving	□
Vacancy Band 2/3	8.8%	15.2%	12.6%	10.8%	10%	Pressure but improving	□
Annual Turnover Band 5	6.8%	6.4%	5.6%	–	5%	Improving	□
Stability (12 month)	89.0%	89.9%	92.5%	–		Improving	□
Agency (% of staffing)	2.4%	2.2%	1.7%	–		Improving	□

Table 1

3. Expectation one – the right staff

3.1 Evidence Based Workforce Planning

The Deputy Chief Nurse (DCN) for Workforce along with the clinical workforce team undertook nursing establishment reviews (NER) using the Safer Nursing Care Tool (SNCT) for all 76 inpatient areas (Excluded from this review was Albourne ward in PRH and AAU in RSCH due to moving units) plus all Emergency departments. Those not included within the SNCT audit were neonatal, theatres, and critical care. These specialist areas were all reviewed in July 2025 in line with trust metrics and guidance from relevant associated bodies i.e. Intensive care society. Safer Nursing Care Tool Findings are as follows.

3.1.1 Specialist Division

Within the division all areas except 3 meet the acceptable level of staffing for the acuity and dependency of patients. SNCT recommended moving 6.37 wte HCA within the division to balance establishment and meet dependency level.

3.1.2 Surgical RSCH/PRH

All areas within surgery met the required staffing for the acuity and dependency of the patients.

3.1.3 Surgery Worthing/ SRH

All areas within surgery met the required staffing for the acuity and dependency of the patients. There is unfunded posts on 2.59wte RN on both Middleton and Wittering ward. These posts are being added to divisional budgets projection for 26/27

3.1.4 Medicine RSCH/PRH

All area within medicine RSCH/PRH except for AMU ward at PRH met the required staffing needs for the acuity and dependency of the patients. AMU ward is being currently reviewed in terms of the set up for acute admission unit. The activity and staffing requirement is being monitored, reviewing resource within the division as a first step and a business case considered if required once further exploration of the service needs is established.

3.1.5 Medicine Worthing/ SRH

Staffing across the Medicine divisions at Worthing and St Richard's Hospital (SRH) remains a risk requiring Board oversight. Where budgeted CHPPD was lower actual CHPPD during the audit was higher where temporary staffing was used to maintain safety.

Whilst vacancy levels have been a contributory factor, and recruitment trajectories are forecast to improve from March onwards. Risk is mitigated daily through use of SafeCare to deploy staff and where risk cannot be mitigated temporary workforce is used appropriately with Divisional Director of Nursing oversight. Demand is further intensified by a high-acuity patient cohort, with enhanced therapeutic observations. This represents a significant and recurrent draw on workforce capacity, limiting the ability of ward teams to flex staffing.

SNCT recommends an increase of 2.72 wte RN and 17.28 HCA, a business case will be required to fund the change. The HCA requirement is directly linked to where there are a reduced number of HCAs in the afternoons and nights at Worthing hospital. This short fall results in an over reliance on additional HCA's to maintain safety for confused frail patient. The RN short fall is indicated in two ward areas where the acuity of the patient requires a strengthened RN hours to provide safe care.

3.1.6 Birthrate Plus

Birthrate Plus is a recognised workforce planning tool used within maternity services to assess staffing requirements based on birth numbers, case mix and the acuity of women and babies. It supports safer staffing recommendations by aligning workforce capacity with clinical activity and complexity across the service.

A Birth Rate Plus (BR+) assessment was completed in summer/Autumn 2025, with the final report received in January 2026, assessing the midwifery and maternity support worker workforce. Current staffing models for maternity reflect the previous BR+ recommendations in 2023.

3.1.7 RSCH/PRH

Overall, annual birth activity has decreased by 680 births; however, case mix acuity has increased significantly, by 12.8% at PRH and 11.7% at RSCH, alongside rising rates of induction of labour and operative deliveries. Both antenatal and postnatal wards continue to demonstrate significant levels of activity. Postnatal wards are seeing increased demand for extra care and longer lengths of stay for babies, for both clinical and social reasons, with 168 cases at PRH and 304 at RSCH. Taking these factors into account, the overall workforce position shows a deficit of 3.6 WTE, and a 25% headroom uplift is recommended.

3.1.8 SRH/WH

At SRH and WH, annual birth activity has decreased by 642 births; however, case mix acuity has increased significantly, by 17.5% at SRH and 21.8% at WH, alongside higher rates of induction of labour and operative deliveries. Both antenatal and postnatal wards continue to show significant levels of activity. In addition, postnatal wards are experiencing increased demand for extra care and longer lengths of stay for babies, for both clinical and social reasons, with 122 cases at SRH and 120 at WH. Taking these factors into account, the overall workforce position indicates a deficit of 24.81 WTE, and a 25% headroom uplift is recommended.

The recommendations from BR+ does not include neonatal services or reflect the co-dependency within the tool and a further review is required to evaluate the implications for neonatal services.

3.1.9 Neonatal All sites

There has been a significant improvement in neonatal nursing vacancies over the past 12 months. The neonatal nursing workforce trajectory includes both registered staff (Bands 5–7) and unregistered staff (Band 4), reflecting that both groups contribute to the clinical staffing numbers required to safely deliver ITU/HDU and SCBU care. Vacancy rates for April is below 5% at TMBU/PRH & SRH and below 10% at WGH driven by a Band 7 vacancy arising from an internal promotion (chart 2).

TMBU Band 6 Qualified in Speciality (QIS) remains static at 42% (national recommendation is 70% of qualified workforce is to be QIS) and continues to be one contributory factor affecting admission because it does not have sufficient QIS staff on shift. Resilience will improve in May with 10 staff due to complete their training and a positive trajectory into 2027.

Neonatal services provide quarterly (January/April/July/October) workforce returns to their relevant Operational Delivery Networks (TVWODN and KSS ODN).

These returns provide essential assurance on safety, standards compliance and service sustainability, while also supporting regional workforce planning, investment decisions and national reporting requirements.

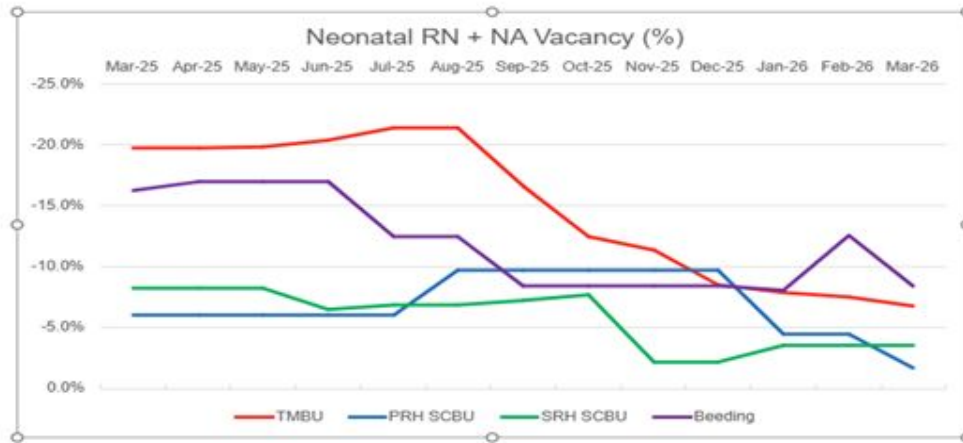


Chart 2

3.2 Recruitment and Retention

Over the past year the Trust has undertaken significant recruitment activity to strengthen both the registered and non-registered nursing workforce. For Band 5 Registered Nurses, focused recruitment activity has resulted in improved vacancy levels, with 568 offers made across the year. This includes newly qualified students, experienced nurses joining from other organisation, and internationally educated nurses progressing internally from Band 3 Healthcare Support Worker roles following successful OSCE completion and NMC registration. The vacancy rate saw an increase due to investment at the start of the financial year which increased our vacancy rate from 9.7% to 14.1% however with the momentum in recruitment the vacancy rate sits at 7.3% (March 2026).

Since October 2025, based on current templates, all midwifery posts are fully recruited to, compared to a regional and national vacancy rate of 3.2%. This is in part due to a strategy of offering all 3rd year students an automatic offer of employment (subject to checks) in 2024 and 2025. Whilst this initiative has been incredibly successful and was recognised nationally with a nomination at the Nursing Times Workforce Awards in 2025, it is not a sustainable recruitment model. Instead, this year maternity intends to offer fixed term Band 5 Preceptorship contracts to 3rd year students who have completed their training at UHSx, with competitive interview for available Band 6 roles on completion of competencies (subject to financial approval). Very high rates of parental leave at some sites (peaking at 9% at both RSCH and SRH in 2025) remain a challenge, however fixed term cover and bank is used to fill these gaps

The Band 2/3 Healthcare Support Worker workforce has experienced greater variation during this period. As illustrated in table 1, vacancy levels increased significantly from April 2025, reflecting the investment to the substantive establishment. The uplift of Band 2 roles to Band 3 also coincided at this time which added to vacancy gap. The government changed the sponsorship arrangements on the 7th of April which significantly reduced the recruitment talent pool. During this period, vacancy levels peaked before gradually reducing as recruitment

activity increased and staff were appointed into posts, the vacancy rate in March was 11.6%. Despite these pressures, recruitment pipelines remain strong.

The Trust continues to work in partnership with the Department for Work and Pensions (DWP) and other local initiatives to attract individuals new to care, supporting a sustainable pipeline into both Band 3 support roles and future registered nursing posts.

3.3 Fill rate

Charts 3 to 6 present the average staffing fill rates for both registered and non-registered nursing staff across day and night shifts from February 2025 to February 2026. Overall, the data demonstrates a positive trend in staffing stability and workforce deployment across the Trust.

For registered nurses and midwives during day shifts, the average fill rate has gradually improved over the reporting period. Starting at approximately 89% in February 2025, the fill rate increased steadily, peaking at around 94% in November 2025, before stabilising at approximately 93% by February 2026. The non-registered care staff day fill rate shows a similar upward trend. Beginning at around 79% in February 2025, fill rates improved consistently throughout the year, reaching approximately 84% by early 2026. This improvement reflects targeted recruitment activity and improved workforce deployment of Healthcare Support Workers.

For night shifts, fill rates are consistently higher across both staffing groups. Registered nurse and midwife night fill rates increased from around 92% to 96%, indicating strong overnight coverage and effective rostering. Non-registered night fill rates also demonstrate improvement, rising from approximately 91% to 93%, despite some short-term fluctuation during the summer period. Overall, these trends demonstrate strengthening workforce stability across both registered and non-registered roles.

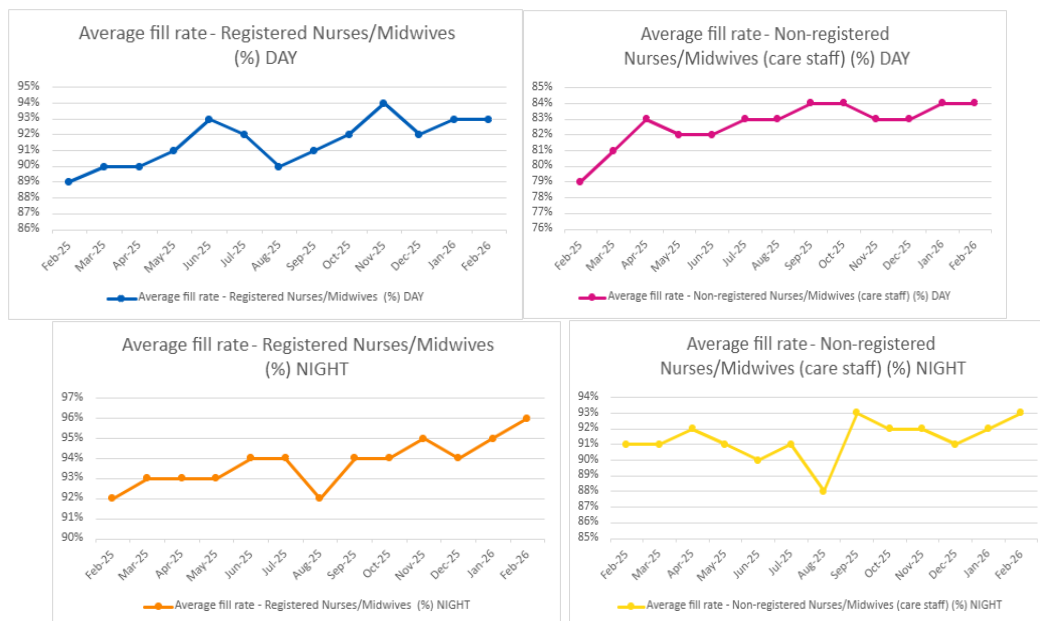


Chart 3-6 – Average fill rates for Reg Nurses and Non-registered (HCA)

3.4 CHPPD

Since May 2016, NHS Trusts have been required to submit monthly Care Hours Per Patient Day (CHPPD) data to NHS Improvement to support national oversight of nursing workforce deployment. This data enables leaders to monitor staffing trends, compare performance with peer organisations and make informed workforce decisions.

When used alongside quality and safety indicators, CHPPD supports the identification of variation and promotes safe, high-quality patient care. Note from April 2026 maternity including NICU, all children inpatient areas and intensive care have been added to CHPPD reporting resulting in a higher CHPPD of 9.4, this enables more robust benchmarking with like sized organisations.

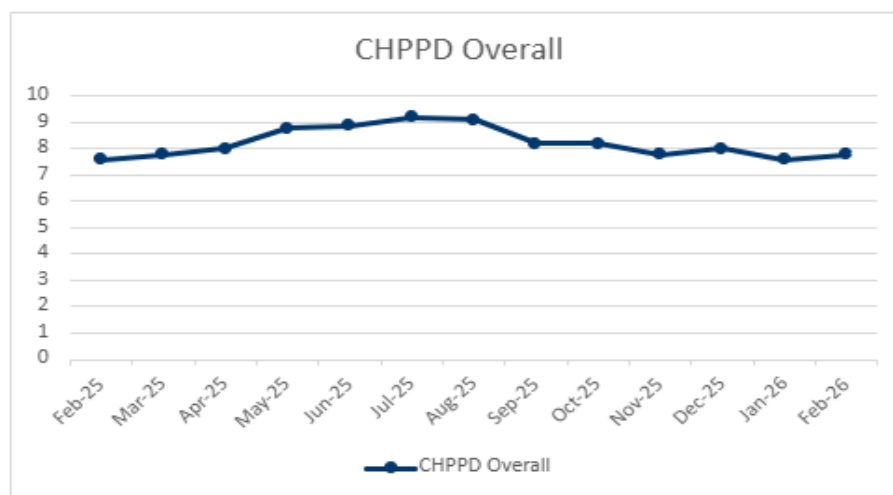


Chart 7- Overall CHPPD

4. Expectation two – the right skills

4.1 NMAHP Workforce Development and Education

Building on last year's progress, the Nursing, Midwifery and Allied Health Professional (NMAHP) Education Teams have continued to develop comprehensive career pathways across University Hospitals Sussex. Over the past year, the focus has been on increasing staff awareness of development opportunities and enhancing the quality of the learner experience through the triangulation of education, patient safety, learner feedback and patient experience data.

These pathways ensure that clinical staff can access high-quality education and apprenticeship routes, supporting progression from Healthcare Support Worker through to Registered Nurse, Midwife or Allied Health Professional, and onward into advanced practice roles underpinned by continuing professional development.

4.1.1 Healthcare Assistant Development

During the past year, our Healthcare Assistants have successfully transitioned from Band 2 to Band 3. The NMAHP Education Team has supported this uplift by facilitating the extension of skills in clinical practice and formalising further development pathways. This has improved retention and strengthened the role profile, diversity and calibre of the HCA workforce.

4.1.2 T Level Partnership and Workforce Pipeline Development

The NMAHP Education Team continues to work collaboratively with the Chichester College Group, whose geographical footprint aligns closely with UH Sussex. Joint planning has focused on governance, placement experience and clear career routes into the Trust for T Level students. T Level learners, aged 16–21, complete a curriculum equivalent to three A Levels and undertake 20% of their programme in clinical placement.

The knowledge, skills and behaviours acquired through the T Level Health pathway directly align with the Band 3 HCA role, offering UH Sussex a high-quality pipeline of future staff. This work strengthens our local workforce planning, promotes local employment opportunities and reinforces the Trust's commitment as an anchor institution.

4.1.3 Preceptorship

The Trust continues to provide Preceptorship programmes for all Nurses, Nurse Associates, Midwives and AHP's. The programme was awarded the NHSE National Multi-Professional Preceptorship Quality Mark, recognising the exceptional quality of its preceptorship programmes for newly qualified professionals that's helping ensure the delivery of excellent care. This gold standard accreditation benchmarks NHS trusts against national best practices and is awarded to organisations providing high quality support to their workforce of nurses, midwives and Allied Health Professionals (AHPs). This achievement reflects the teams' dedication to nurturing and retaining staff through high-quality support and development. This not only boosts recruitment and retention but also directly benefits patient outcomes by ensuring a confident, well-supported workforce that delivers safe, consistent, and compassionate care.

4.1.4. Continuous Professional Development (CPD)

The Trust's academic partnership with the University of Chichester enables us to:

- Provide academically accredited training opportunities.
- Support career development and workforce retention.
- Offer staff access to university facilities, resources and research-led teaching.

The partnership will support the delivery of the UHSussex Trust strategy 2030 and the Trust Education plan. By integrating accredited education with in-house expertise, the aim is to create a sustainable, high-quality learning environment that supports both professional growth and excellence in patient care, representing a significant step in advancing staff development within UHSussex.

£1.9 Million was spent on CPD for Nurses, Midwives and AHPs in 2025/26 of which 60% of the CPD was delivered in house. A suite of clinical modules has been developed supporting staff with leadership, clinical skills and specialist knowledge. Alongside this the new clinical skill competency platform has been launched which will ensure standardisation and a record of assessment for Nursing and midwifery staff.

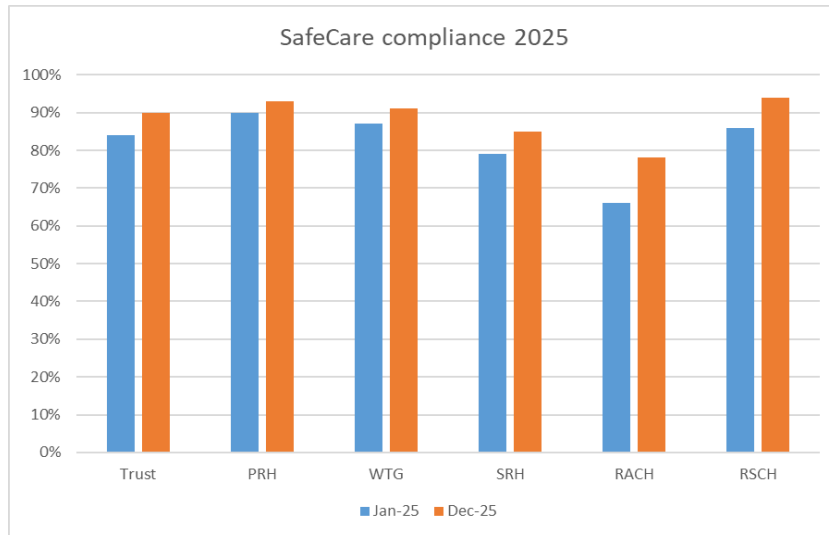
5. Expectation three - the right place and time

5.1 SafeCare

SafeCare live (acuity and dependency staffing tool) is the clinical workforce management tool used across the Trust to help match staffing levels to real-time patient care needs by measuring patient acuity and dependency and comparing those needs to available staff on the ward or unit.

Throughout 2025, SafeCare has been embedded as the primary tool to support safe staffing deployment, alongside the application of professional judgement.

Trust-wide teaching sessions were delivered to emphasise the importance of timely patient census data entry as a key enabler of safe, acuity-based decision-making. Graph 8 demonstrates an improvement in compliance with twice-daily SafeCare data entry. Further work is underway to strengthen compliance with evening data submissions to ensure continued assurance around safe staffing and patient care.



Graph 8

5.2 Red Flags

Targeted training has been delivered to staff on the appropriate use of red flags within the SafeCare tool. Red flags are used to highlight potential risks to patient safety and act as a prompt for timely escalation and review by the Matron. This supports proactive identification of emerging concerns and enables the implementation of appropriate mitigation actions to maintain safe care delivery. Table 9 demonstrates an improvement in red flags across all the NICE reportable red flags. Where red flags are raised for shortfalls in RN time mitigations are put in place using SafeCare to maintain safe staffing.

Red Flags	Sep-25	Reviewed	Resolved	Mar-26	Reviewed	Resolved	Trend	RAG
Less than 2 Rn's per shift	169	19	17	100	38	12	Pressure but improving	□
Missed intentional rounding	1046	190	56	332	145	21	improving	□
Shortfall in RN time	2896	396	178	1952	869	234	Pressure but improving	□
Unplanned omission in providing medication	165	79	3	17	5	0	Improving	□
Vital signs not assessed or recorded	550	120	16	244	133	18	Improving	□
Delay 30 mins or more in providing pain relief	701	114	23	156	80	8	Improving	□

Table 9

5.3 Efficient Deployment and Flexibility

The Trust is embedding a coordinated approach to workforce deployment, supported by e-rostering systems and centralised staffing oversight via SafeCare. This enables real-time visibility of staffing levels and facilitates the efficient redeployment of staff to areas of greatest need and adapting to fluctuations in demand.

Use of the internal staff bank and pool continues to be prioritised, reducing reliance on agency staffing and supporting continuity and quality of care.

Deployment data demonstrates a continued improvement in workforce flexibility across the Trust. In 2024, a total of 5,659 staff moves were recorded between wards, increasing to 5,824 moves in 2025. This represents a year-on-year increase, indicating a strengthened ability to redeploy staff dynamically in response to patient acuity and service demand.

5.4 Agency Exit

5.4.1 RN Agency reduction

Agency usage is subject to weekly review through the Agency Control Meeting, with the aim of achieving full exit. As demonstrated in chart 10, there has been a sustained reduction in weekly RN agency shifts since mid-2025, with a significant step change following the implementation of enhanced agency control measures in January 2026 and ongoing onboarding to vacant band 5 posts.

Strict governance controls have been introduced to ensure agency use is only authorised where necessary for patient safety. All agency shifts require Divisional Director of Nursing (DDoN), Director of Midwifery (DoM), or an approved deputy sign-off. Where agency is required as a break-glass safety measure in areas where agency is otherwise prohibited, approval must be obtained from the Deputy Chief Nurse (DCN), DDoN, DoM, or their nominated deputy, with Director on Call approval required out of hours. Access to create agency shifts on HealthRoster has also been restricted to authorised approvers only, supported by the Temporary Staffing Office (TSO), strengthening oversight and supporting the Trust’s ambition to become agency-free wherever possible.

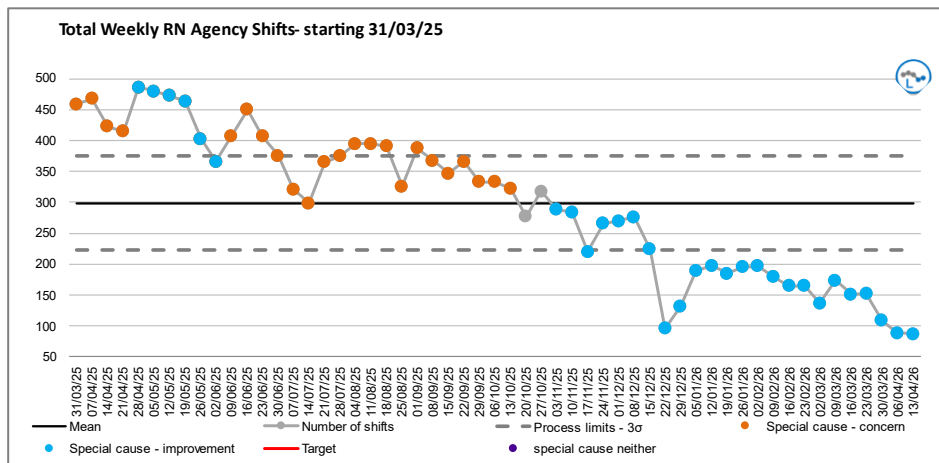


Chart 10 – Agency Shifts

5.4.2 RMN usage

There has been variation in RMN agency use and recent improvements in reliance on temporary staffing. During this period (Feb 25-Feb 26), agency usage fluctuated around the expected range, with some weeks exceeding the upper threshold, indicating increased demand for agency staff to maintain safe care for mental health patient in the acute setting.

These peaks reflect periods of operational pressure and higher mental health demand. More recently, the data demonstrates a period of improvement, with several weeks falling closer to or below the expected average. This suggests increasing stability within the substantive workforce and improved workforce deployment across services.

Overall, the trend from February 2025 onwards indicates a gradual reduction in reliance on agency staffing. This improvement is likely associated with targeted recruitment activity of ECSW's, increased HCA fill rate, improved rostering practices and strengthened workforce controls. Continued monitoring of these trends will support the Trust in maintaining safe staffing levels while reducing dependency on agency staff and associated financial pressures (chart 11).

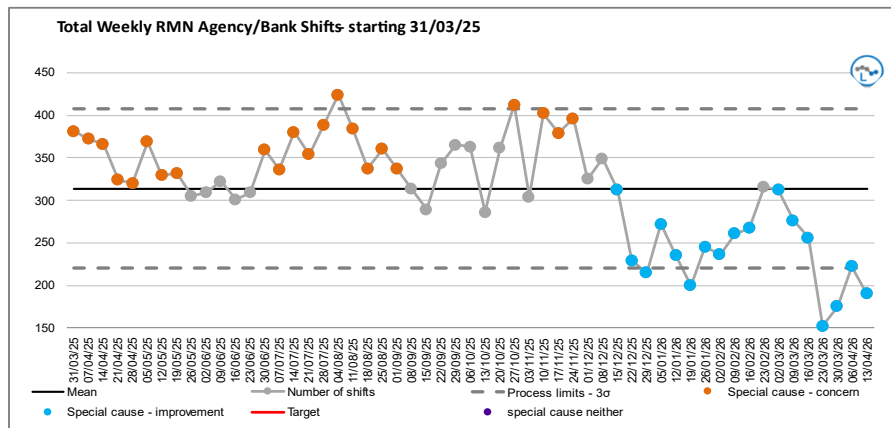


Chart 11 – RMN Agency Shifts

5.4.3 Bank Deployment

Bank registered nurses and midwives have seen an increasing trend the coincides with reducing agency use and switch to substantive posts (chart 12). In more recent week there has been a significant reduction in bank coinciding with onboarding of staff, end of supernumerary periods and close monitoring of usage as part of workforce controls.

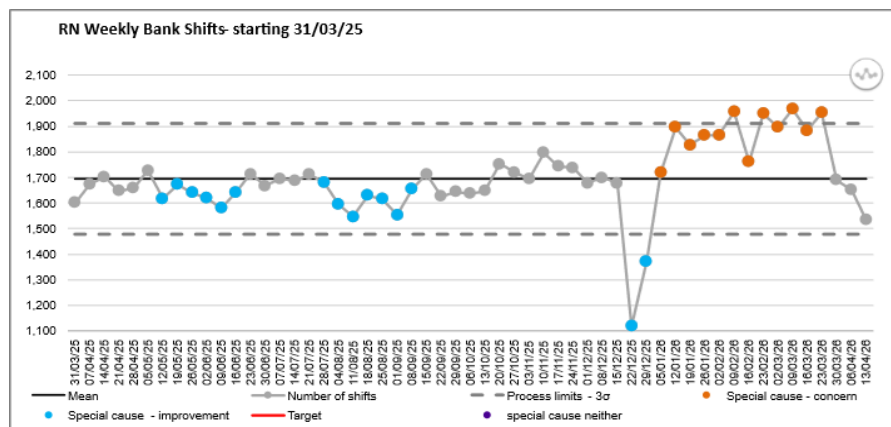


Chart 12 – RN/RM bank

HCA bank has seen an increasing trajectory throughout the year which mirror the improved fill rate for HCA's (Chart 13). In the period from January onward the increase in HCA back aligns with a reduction in RMN shifts. All enhanced care is risk assessed to ensure the most appropriate level of care is given to patients accessing care at UHSussex.

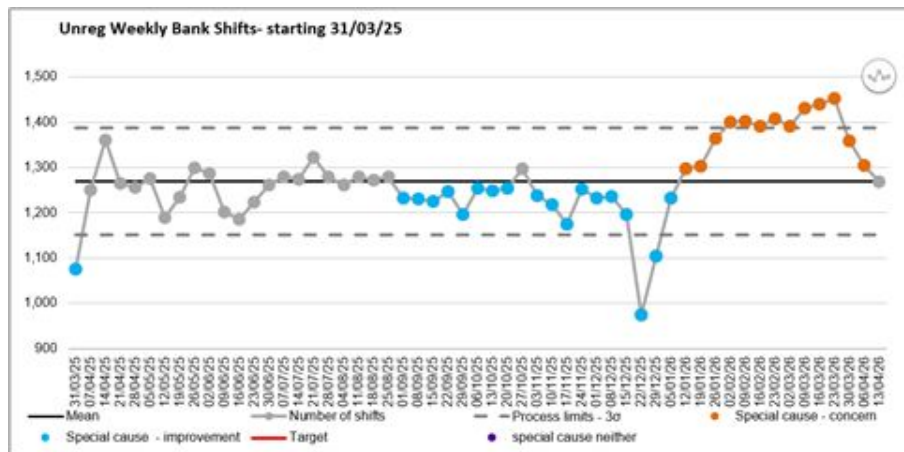




Chart 13 – HCA Bank

6. Uplift and Supervisory Time

- Variation remains across UHSussex regarding budgeted uplift, 20.5% headroom at the Royal Sussex County and Princess Royal sites and 23.16 % at Worthing and St Richards.
- Ward managers supervisory time across the legacy organisations is varied.
- Standardisation aligned to the Trust Strategy, will be worked through as the new cross site divisions are being formed to standardise across One UHSussex.

7. Request to the Board of Directors

- Note the report and the processes in place to monitor and maintain safe staffing levels.
- Receive assurance that appropriate governance arrangements and escalation mechanisms are in place to support safe patient care.
- Acknowledge the variation across UHSussex regarding budgeted uplift, ward managers supervisory time and that there are plans in place to address this.
- Note the improving fill rate and reduction in agency deployment
- Note that SNCT will be repeated in May ahead of establishment reviews in September.
- Support the on-going recruitment and retention workforce initiatives

<p style="text-align: center;"> University Hospitals Sussex NHS Foundation Trust</p> <p>University Hospitals Sussex NHS Foundation Trust (UHSx)</p> <p>Annual Report 1 April 25 to 31 March 26</p>	<p style="text-align: center;"> The Guardian Service Here to listen</p> <p>Circulation: Sarah-Jane Taylor - Chief People Officer</p> <p>Prepared by: Claire Bridges Emily Barber Guardians The Guardian Service Ltd.</p> <p>Date: 15.05.2026</p>
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1. Executive summary

This report covers the period from 1st April 2025 – 31st March 2026. It summarises activity, key themes, and learning arising from concerns raised by staff through speaking up to the Guardian Service.

During this period, 264 new concerns were raised, representing a modest increase compared to the previous year. This continued level of engagement indicates that staff remain willing to use the Guardian Service as an independent and confidential route to speak up.

Key findings from the reporting period include:

- A shift in the nature and complexity of concerns, with cases increasingly involving multiple interrelated factors rather than single issues.
- System and process concerns emerging as the most common primary theme, often alongside management and behavioural factors.
- Continued reliance on the service for independent and impartial support, alongside a significant proportion of staff reporting previously unresolved concerns.
- Ongoing influence of fear of reprisal and perceptions of futility, affecting how staff choose to raise concerns.

During 2025–26, three cases of detriment were identified. All remain open and relate to individuals who perceived they were treated differently after previously raising concerns.

Regular engagement between the Guardians and senior leaders has enabled the Guardians to identify and raise emerging themes with the Trust throughout the year, allowing issues to be considered at an early stage. The Trust continues to promote the Guardian Service and strengthen awareness of speaking up routes.

Overall, the findings suggest that while access to speaking up routes is well established, the key challenge remains confidence in organisational response and consistency of experience when concerns are raised.

2. Purpose of the paper

The purpose of this report is to supplement the monthly cumulative numerical reports by providing annual insight into the activity, progress and development of the service, and a summary of themes arising from the cases received by the Guardians during the reporting period.

This report provides an overview for the 12 months- 1st April 2025 to 31st March 2026. The report follows the guidance from the National Guardian Office (NGO) on the content that Guardians should include when reporting to their board. Assessment of cases; Potential patients' safety or worker experience issues; action taken to improve FTSU culture and Recommendations.

3. Background to Freedom to Speak Up



Following the Francis Inquiry¹ 2013 and 2015, the NHS launched 'Freedom to Speak Up' (FTSU). The aim of this initiative was to foster an open and responsive environment and culture throughout the NHS enabling staff to feel confident to speak up when things go or may go wrong; a key element to ensure a safe and effective working environment.

4. The Guardian Service

The Guardian Service Limited (GSL) is an independent and confidential staff liaison service. It was established in 2013 by the National NHS Patient Champion in response to The Francis Report. The Guardian Service provides staff with an independent, confidential 24/7 service to raise concerns, worries or risks in their workplace. It covers patient care and safety, whistleblowing, bullying, harassment, and work grievances. We work closely with the National Guardian Office (NGO) and attend the FTSU workshops, regional network meetings and FTSU conferences. The Guardian Service is advertised throughout the Trust as an independent organisation. This encourages staff to speak up freely and without fear of reprisal. Freedom to Speak Up is part of the well led agenda of the CQC inspection regime. The Guardian Service supports the Trust's Board to promote and comply with the NGO national reporting requirements.

The Guardian Service Ltd (GSL) was implemented in University of Sussex Trust on 7th August 2023.

Communication and marketing have been achieved by meeting with senior staff members, joining team meetings, site visits, the Intranet and the distribution of flyers and posters across the organisation. All new staff will become aware of the Guardian Service when undertaking the organisational induction programme.

5. Access and Independence

Being available and responsive to staff are key factors in the operation of the service. Many staff members, when speaking to a Guardian, have emphasised that a deciding factor in their decision to speak up and contacting GSL was that the Guardians are not NHS employees and are external to the Trust.

6. Categorisation of Calls and Agreed Escalation Timescales

The following timescales have been agreed and form part of the Service Level Agreement.

Call Type	Description	Agreed Escalation Timescales
Red	Includes patient and staff safety, safeguarding, danger to an individual including self-harm.	Response required within 12 hours
Amber	Includes bullying, harassment, and staff safety.	Response required within 48 hours

¹ <https://www.gov.uk/government/publications/report-of-the-mid-staffordshire-nhs-foundation-trust-public-inquiry>



Green	General grievances e.g. a change in work conditions.	Response required within 72 hours
White	No discernible risk to organisation.	No organisational response required

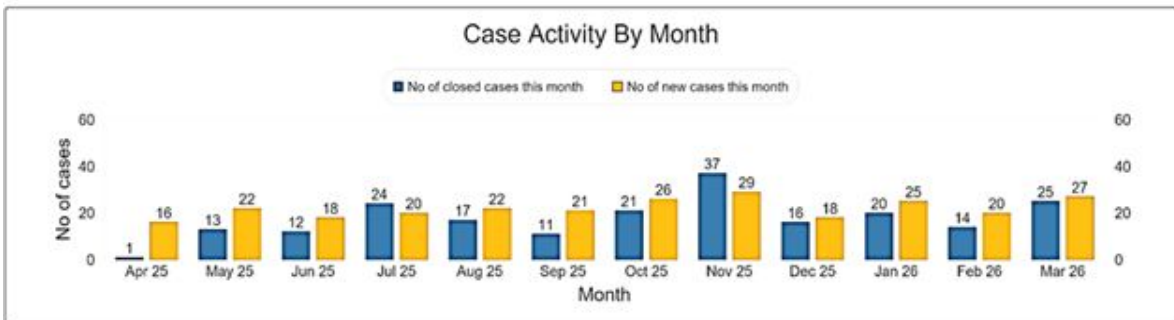
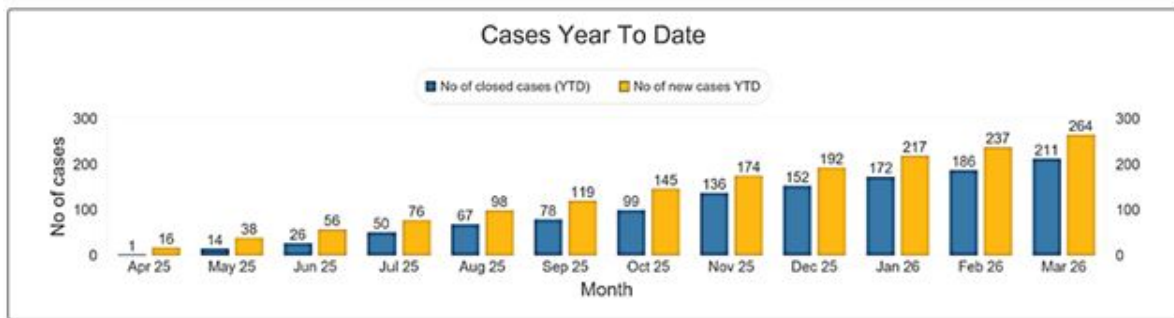
Open cases are continually monitored, and regular contact is maintained by the Guardian with members of staff who have raised a concern to establish where ongoing support continues to be required. This can be via follow up phone calls and/or face to face meetings with staff who are in a situation where they feel they cannot escalate an issue for fear of reprisal. Guardians will also maintain contact until the situation is resolved or the staff member is satisfied that no further action is required. Where there is a complex case, setbacks or avoidable delays in the progress of cases that have been escalated, these would be raised with the organisational lead for the Guardian Service at regular monthly meetings.

Escalated cases are cases which are referred to an appropriate manager, at the request of the employee, to ensure that appropriate action can be taken. As not all employees want their manager to know they have contacted the GSL, they either progress the matter themselves or take no further action. There are circumstances where cases are escalated at a later date by the Guardian. A staff member may take time to consider options and decide a course of action that is right for them. A Guardian will keep a case open and continue to support staff in such cases. In a few situations contact with the Guardian is not maintained by the staff member.

7. Number of concerns raised.

Overview

During the 2025–26 reporting period, the Freedom to Speak Up Guardian Service received 264 cases, an increase from 248 cases in 2024–25.





At the point of reporting, 216 cases (81.8%) had been closed, with 48 cases (18.2%) remaining open. Open cases include those, awaiting organisational response, or where ongoing Guardian support is being provided at the request of the individual, for those cases not yet resolved.

Case volumes fluctuated on a monthly basis, with no significant peaks or anomalies. This suggests consistent use of the service throughout the reporting period, rather than activity driven by isolated events.

Change in Activity

Staff have access to a range of internal and external routes for raising concerns, including line management, Datix reporting systems, and HR processes. The Guardian Service provides a confidential and independent alternative where staff choose not to use these mechanisms. As such, this report reflects only concerns raised through the Guardian Service and does not represent the totality of speaking up activity across the Trust.

Reflecting on the increase in concerns things to be considered are:

- sustained awareness of the Guardian Service
- continued accessibility and visibility
- ongoing engagement activity across the Trust

Rag Rating Cases 2025/26 v 2024/25

Most cases were assessed as Green or Amber, with a small proportion assessed as Red.

Rag rating	2025 - 26	2024 - 25	Change	Change %
Red Cases	8	11	-3	-27%
Amber Cases	62	51	+11	+22%
Green cases	194	180	+14	+8%
White Cases	0	3	-3	-100%
Total cases	264	245	+19	-

While there has been a modest increase in Amber and Green cases in line with overall activity, the number of Red-rated cases has decreased.

The rise in Amber-rated cases (+22%) indicates more moderate or mid-level concerns being raised earlier, which can reflect healthy awareness and confidence in using the service before risks escalate.

How Staff engage with the service

Initial contact continues to be primarily via email, supported by telephone and in-person engagement where appropriate:



- Emails: 1,436 contacts
- Telephone calls: 443 contacts
- In-person meetings: 210 contacts

These figures represent contact points rather than individual cases, as multiple interactions may occur within a single case. The method and frequency of contact are agreed with the individual, reflecting a flexible and responsive approach.

8. Confidentiality

Confidentiality is a core principle of the Guardian Service and is discussed with individuals at the point of initial contact. Staff are supported to understand how their concern may be managed, the options available for escalation, and the limits of confidentiality, particularly where issues relate to patient safety, safeguarding, or immediate risk.

Where escalation is required, it is explained that anonymisation may limit the Trust's ability to fully investigate or act. However, individuals retain choice over whether their identity is shared, and this may change over time as confidence in the process develops.

Confidentiality preferences are therefore dynamic, reflecting both the nature of the concern and the individual's level of confidence in escalation.

March 2025 – April 2026, confidentiality and escalation preferences were recorded as

Confidentiality	25/26 No. of concerns	Percentage	24/25 No. concerns	Percentage
Keep confidential within Guardian Service remit	199	75.40%	181	73%
Permission to escalate with name	35	13.30%	37	15%
Permission to escalate without name	18	6.80%	24	10%
Permission to escalate anonymously	12	4.50%	6	2%
Total	264	100%	248	100%

Definitions: "Anonymous escalation" refers to cases where the Guardian does not hold the individual's identity. "No-name escalation" refers to cases where the Guardian holds identity but withholds it at the individual's request. Note: Percentages shown are rounded to the nearest 0.1%; totals may not add up exactly to 100 due to rounding.

Most concerns (75.4%) remained within the Guardian Service, with no escalation to the Trust. This reflects the role of the service as a confidential space for staff to seek support, explore options, and consider next steps before deciding whether to escalate.

Where escalation does occur, it is undertaken with the individual's consent, with a smaller proportion of cases escalated without identity or anonymously.

Confidentiality patterns remain broadly consistent with the previous reporting period. There has been a small increase in anonymous escalation, which may indicate increased caution in a minority of cases, although overall volumes remain low.



These patterns provide important context for understanding staff behaviour when speaking up.

The high proportion of concerns remaining within the Guardian Service suggests that many staff initially seek a psychological safe space to discuss their concern and consider their options.

At the same time, the use of anonymous and no-name reporting routes indicates that confidence in escalation is variable, with some staff choosing to limit identification due to perceived risk or uncertainty about outcomes.

Taken together, this suggests that while staff are willing to speak up, confidence in how concerns will be handled after escalation remains a key influencing factor.

Case outcomes

Case outcomes provide insight into how concerns raised through the Guardian Service progress and are resolved.

During the 2025–26 reporting period, outcomes were recorded as follows:

- Written or verbal outcome: 153
- Chose not to pursue: 19
- No further contact: 44
- Open at data cut: 48

Overview

- resolution through informal routes
- changes in individual circumstances
- or uncertainty or lack of confidence in progressing concerns

This may reflect the Guardian Service's role as a confidential space for reflection and support. In some cases, an initial conversation with a Guardian helps a staff member feel able to take their concern forward themselves. It may also indicate variable confidence in organisational processes or outcomes, particularly where staff have previously raised concerns without resolution.

Taken together, outcomes data reinforces the importance of:

- **clear communication**
- **consistent follow-up**
- **and visible action following escalation**

as key factors influencing staff confidence in speaking up.

9. Themes

Concerns raised to the Guardian Service are categorised in line with National Guardian Office guidance. Each case is assigned a primary theme, representing the main issue identified at the point of contact.



In addition, cases may include multiple contributing themes, reflecting the fact that concerns are often experienced as a combination of factors rather than a single issue.

This distinction allows:

- primary themes to provide a high-level view of the main issue raised.
- all themes to provide a more detailed view of the complexity and underlying drivers of concern.

Primary Theme Comparison 2024-25 vs 25-26

Primary Theme	2025 - 26	2024 – 25	Variations
A Patient and Service User Safety / Quality	8	13	-5
B Management Issue	51	80	-29
C System Process	91	62	+29
D Bullying and Harassment	41	35	+6
E Discrimination / Inequality	14	22	-8
F Behavioural / Relationship	45	18	+27
G Other (Describe)	0	2	-2
H Worker Safety	13	16	-3
I Sexual Misconduct	1	NA*	+1
Grand Total	264	248	-16*

Comparison of primary themes shows a change in the type of concerns most frequently raised.

The most notable shift is:

- a reduction in concerns recorded as management issues, and
- an increase in system and process concerns, which became the most common primary theme in 2025–26.

Behavioural and relationship concerns also increased, indicating continued focus on interpersonal dynamics within the workplace.

Reductions were observed in patient safety, discrimination and worker safety.

While system and process issues are more frequently identified as the primary concern, this does not necessarily indicate that issues are purely operational.

Instead, it suggests that staff are increasingly framing concerns in terms of how work is organised and delivered, rather than solely in relation to individuals or management.



All Theme Comparison 2024-25 vs 2025-26

Theme	All themes 2025 - 26	All themes 2024 - 2025	Variation
A Patient and Service User Safety / Quality	19	25	-6
B Management Issue	138	123	+15
C System Process	126	85	+41
D Bullying and Harassment	44	43	+1
E Discrimination / Inequality	34	33	+1
F Behavioural / Relationship	88	45	+43
G Other (Describe)	0	3	-3
H Worker Safety	38	49	-11
I Sexual Misconduct	5	NA*	+5
Grand Total	492	406	+86

*Sexual misconduct was not recorded as a theme in 2024–25 and is therefore not directly comparable year on year.

Analysis of all recorded themes provides further insight into the complexity of concerns raised.

There has been an increase in the total number of themes recorded across cases, indicating that concerns are more likely to involve multiple interacting factors.

Across all directorates, system and process issues were the most common primary theme and often overlapped with management and behavioural concerns, confirming the organisation-wide nature of these patterns.

The most significant increases were observed in:

- system and process issues
- behavioural and relationship concerns
- management issues (as contributing factors)

In practice, issues identified as system or process-related are often closely linked to:

- how they are implemented
- how they are communicated
- and how concerns are responded to by managers.

This suggests that while the nature of concerns is evolving, the underlying experience for staff is shaped by how these factors interact in practice.



10. Assessment of Cases

Cases by professional level 2024/25 vs 2025/26

Professional Level	2024/25	2025/26	Variation
Worker	189	186	-3
Senior Leader	2	4	+2
Manager	48	66	+18
Not Disclosed	9	8	-1
Total	248	264	+16

Workers continue to represent the largest proportion of concerns raised, reflecting their overall representation within the workforce and continued engagement with the Guardian Service at an operational level.

The most notable change in 2025–26 is an increase in concerns raised by managers, compared with the previous reporting period. While overall volumes remain lower than those raised by workers, this represents a shift in the distribution of speaking up activity.

The number of concerns raised by senior leaders remains low and consistent with previous reporting periods.

The increase in concerns raised by managers may reflect a number of factors, including:

- greater awareness and accessibility of the Guardian Service
- increased confidence among managers to use independent routes.
- or exposure to similar system, process, and behavioural challenges identified across the wider workforce.

This suggests that concerns are not confined to a single staff group but may be experienced across different levels of the organisation.

Taken together with the thematic analysis in Section 8, this reinforces the finding that concerns are often systemic and relational, rather than isolated to individual roles or teams.

Systems and Process (All themes: 126)

Systems and process issues were the most frequently recorded Primary theme across all categories during the reporting period.

These concerns relate to staff experiences of how organisational systems operate in practice, including clarity, consistency, timeliness, and ease of access to services, processes, and decision-making routes.

When analysed across all themes, system and process concerns were often identified alongside management and behavioural factors. This indicates that issues are rarely experienced in isolation, but instead reflect how systems are implemented, communicated, and responded to at a local level.



Feedback from staff suggested concerns commonly reflected uncertainty or frustration where processes were not clearly followed, or where expectations and outcomes were not consistently communicated.

Common examples included:

- delays in receiving responses, updates, or formal outcomes.
- difficulties accessing internal services or support functions.
- unclear escalation routes or uncertainty about decision-making responsibility
- inconsistent communication during formal or informal processes

Management Issues (All themes: 138)

Management issues remain a significant feature of cases when all themes are considered.

While less frequently identified as the primary theme compared to the previous reporting period, management-related factors continue to appear regularly as contributing elements, often alongside system/process and behavioural concerns.

These concerns relate to staff experience of management behaviour and approach, including communication, consistency in decision-making, and how concerns are responded to and followed up.

Common examples included:

- perceived inconsistency in decision-making or application of policy
- quality, clarity, or tone of communication from managers
- delays in responding to concerns raised.
- perceived gaps in management capability affecting resolution of issues.
- limited follow-up or feedback following escalation.
- impacts on psychological safety linked to management approach.

Behavioural / Relationship (All themes: 88)

Behavioural and relationship concerns relate to how staff experience day-to-day interactions within teams, including communication, interpersonal behaviour, professional boundaries, and wider team dynamics.

There is a significant proportion of these cases overlap with management and system/process themes, reinforcing that concerns are often experienced as interconnected issues.

Common examples included:

- breakdowns in communication within teams or between colleagues
- communication within the trust
- perceptions of unprofessional, dismissive, or disrespectful behaviour
- difficulties maintaining appropriate professional boundaries.
- interpersonal conflict impacting team relationships and working environment.
- perceptions of inconsistency or preferential treatment
- concerns raised in contexts where previous attempts to escalate issues had not been resolved.



Bullying and Harassment (All themes: 44)

Concerns under this theme relate to behaviours experienced by staff as intimidating, undermining, or inappropriate, which may impact dignity, wellbeing, and psychological safety at work.

These cases often reflect patterns of behaviour rather than isolated incidents and frequently overlap with management and behavioural themes, particularly where staff experience repeated or sustained interactions perceived as negative or disproportionate.

Common examples included:

- communication perceived as intimidating, aggressive, or confrontational.
- behaviours experienced as dismissive, belittling, or undermining.
- micromanagement perceived as punitive or excessive in nature.
- perceptions of unfair or inconsistent treatment compared with colleagues
- lack of consideration or support for reasonable adjustments
- experiences of exclusion or difficulty raising or challenging concerns

Discrimination / Inequality (All themes: 34)

Discrimination and inequality concerns relate to perceived unfair or inconsistent treatment in the workplace, including access to processes, opportunities, support, or reasonable adjustments. These concerns may be linked to protected characteristics or to perceptions of inequity in how policies and decisions are applied.

In many cases, concerns reflect experiences of inconsistency or delay in organisational processes, particularly where staff feel that access to support or adjustments has not been applied fairly or in a timely way.

Examples included:

- perceived inconsistent or unequal application of policies or decision-making processes
- concerns relating to reasonable adjustments, including delays, barriers, or variability in implementation.
- perceived inequitable access to support, opportunities, or workplace processes

Worker Safety / Wellbeing (All themes: 38)

Concerns relating to worker safety and wellbeing primarily reflect staff experiences of psychological safety, workload pressures, and the impact of organisational demands on health and wellbeing at work.

These concerns frequently intersect with management and system/process themes, particularly where staff experience limited support, unclear expectations, or difficulty raising concerns without perceived fear of detriment.

Examples included:

- concerns relating to psychological safety.
- workload pressures or organisational demands impacting wellbeing and sustainability at work.



- perceived lack of support and mechanisms during periods of ill health, stress, or reduced capacity

Patient Safety / Quality (All themes: 19)

Concerns under this theme relate to staff perceptions of risks to the delivery of safe, effective patient care.

These concerns frequently overlap with system and process themes, particularly in relation to staffing levels, resourcing, and the clarity of operational and clinical pathways. This indicates that perceived risks to patient safety are often linked to how systems function in practice rather than isolated clinical incidents.

Examples included:

- staffing levels and perceived impact on the ability to deliver safe care.
- uncertainty or lack of clarity around clinical processes or escalation pathways
- concerns regarding the identification, communication, or mitigation of risk
- impact the consistency or safety of care delivery.

Sexual Misconduct (All themes: 5)

Sexual misconduct was recorded in a small number of cases during the reporting period, with this theme newly tracked in 2025–26. Alongside this, the Trust has continued to strengthen its support arrangements through sexual misconduct awareness training, introduced as essential learning from April 2026 and due to become mandatory from April 2027, alongside signposting to support and resources.

The cases that were reported were managed in line with agreed Freedom to Speak Up escalation processes and, where appropriate, safeguarding and HR procedures.

Summary of Case Assessment

Analysis of cases during 2025–26 indicates an increase in complexity rather than a change in overall volume.

Patient safety and worker safety themes remained a smaller proportion of overall cases. Where such concerns were raised, they were appropriately escalated and managed in line with agreed processes.

There was also an increase in concerns raised by managers, indicating a broader pattern of engagement with the Guardian Service across different staff groups and suggesting that speaking up behaviours are not limited to frontline staff.

Overall, this suggests that organisational experience of speaking up is shaped less by isolated incidents and more by how systems, leadership, and workplace culture interact in practice.



11. Statistical Graphs

Concerns raised by Directorate

Summary of Concerns by Directorate (Primary and Secondary Themes)

Directorate	Total Cases	Top Theme (Primary)	Second Theme (from All Themes)
CSS Division	38	System / Process (15)	Management (9)
Corporate Services	34	System / Process (12)	Worker Safety / Wellbeing (6)
Medicine (Worthing & St Richard's)	33	System / Process (14)	Bullying & Harassment (7)
Surgery (RSCH & PRH)	32	Management (12)	Behaviour / Relationships (9)
Surgery (Worthing & St Richard's)	24	System / Process (10)	Bullying & Harassment (4)
Medicine (RSCH & PRH)	24	Behaviour / Relationships (8)	System / Process (6)
Women's & Children's	19	Bullying & Harassment (7)	System / Process (5)
Facilities & Estates	17	System / Process (7)	Worker Safety / Wellbeing (4)
Specialist Division	16	System / Process (6)	Bullying & Harassment (3)
Cancer Division	13	Worker Safety / Wellbeing (5)	Behaviour / Relationships (3)

Counts based on case-theme distributions from the "Primary Theme" and "All Themes" database.

Key Findings

- The CSS Division recorded the highest number of concerns (38), followed by Corporate Services (34) and Medicine (Worthing & St Richard's) (33).
- Surgery (RSCH & PRH) also recorded a high volume of concerns (32).
- Women's & Children's showed a different profile, with Bullying & Harassment as the leading primary theme rather than system and process issues.
- System and process issues were the most common primary theme across most divisions, followed by behavioural or management-related factors.

Across all divisions, the data suggest that staff concerns are increasingly multi-factorial, shaped by how systems, management behaviours, and team relationships interact in daily practice. This reinforces earlier findings that improving consistency of managerial response remains central to strengthening staff confidence in raising concerns.

Concerns by Location

Royal Sussex County Hospital	82	31.1%
Worthing Hospital	76	28.8%
St Richard's Hospital	45	17.0%
UHSx (non-site specific)	21	8.0%
Princess Royal Hospital	18	6.8%
Brighton General Hospital	6	2.3%



Southlands Hospital	5	1.9%
Sussex Eye Hospital	4	1.5%
Lewes Victoria Hospital	3	1.1%
Royal Alexandra Hospital	3	1.1%
Not Disclosed	1	0.4%
Total	264	100%

Key Findings

- Royal Sussex County Hospital recorded the highest number of concerns (82; 31.1%), followed by Worthing Hospital (76; 28.8%) and St Richard's Hospital (45; 17.0%).
- A smaller proportion of concerns (8.0%) were recorded as non-site specific (UHSx), indicating issues spanning multiple departments or Trust-wide services.

Concerns by job group 2025 – 26

Job Group	Number of Cases	% of All Concerns
Nursing & Midwifery	71	26.9%
Administrative & Clerical	57	21.6%
Medical & Dental	33	12.5%
Additional Clinical Services	30	11.4%
Allied Health Professionals	26	9.8%
Estates & Ancillary	15	5.7%
Healthcare Scientists	8	3.0%
Additional Professional Scientific & Technical	7	2.7%
Students	4	1.5%
Not Disclosed	13	4.9%
Total	264	100%

Key Findings

- Nursing & Midwifery staff formed the largest group of reporters (26.9%)
- Administrative and Clerical (21.6%) and Medical & Dental (12.5%) groups together accounted for more than one-third of concerns.
- Consistent engagement was also observed among Allied Health Professionals and Additional Clinical Services.
- Estate and Ancillary, Students, and Not Disclosed recorded low volumes.

Escalations

Key Points

- Staff continue to use a range of escalation routes, including Datix, HR, and direct line management.
- The Trust are reviewing how data can be triangulated across reporting systems.

The Guardian Service remains a confidential, independent route for staff who might not feel safe or confident using internal channels.



During the reporting period, escalation behaviour varied by individual preference and perceived psychological safety. Many staff used the Guardian Service to gain clarity before deciding whether to escalate internally, while others requested direct escalation by a Guardian.

While this report does not include detailed performance data, Guardian feedback indicates that escalated concerns are acknowledged within the agreed timeframes, with many receiving prompt attention.

12. Why do staff use The Guardian Service?

The Guardian Service records the primary reason staff choose to speak up, selecting from five categories: impartial support, fear of reprisal, belief they will not be listened to, having previously raised concerns without resolution, or other.

Reason	2025–26 (No.)	2025–26 (%)	2024–25 (No.)	2024–25 (%)
Impartial support	128	48.48%	142	57.26%
Fear of reprisal	26	9.85%	19	7.66%
Believe they will not be listened to	27	10.23%	10	4.03%
Raised concern before but not listened to	82	31.06%	76	30.65%
Other	1	0.38%	1	0.40%
Total	264	100%	248	100%

Key Findings

- The primary reason for contact continues to be impartial support (48.5%), confirming the value of the Guardian Service as a trusted, independent channel.
- 31.06% reported having previously raised concerns without resolution.
- Staff believing they will not be listened.
- Fear of reprisal also rose marginally, from 7.7% to 9.9%, indicating persistent anxiety about potential consequences of speaking up.

The most frequent motivation - seeking impartial support, emphasises that employees primarily view the Guardian Service as a safe, neutral environment for initial discussion. However, the combined rise in categories related to fear and futility signals reduced trust in internal resolution routes. A significant share of issues previously raised directly with the Trust still remain unresolved, indicating that visible organisational follow-through continues to shape confidence.

In practice, most staff report more than one underlying reason for contacting the service. Fear of repercussion, limited feedback, and previous negative experiences frequently intersect, influencing how and when employees choose to speak up.

13. Detriment

During 2025–26, three cases of detriment were identified. All remain open and relate to individuals who perceived they were treated differently after previously raising concerns.



This increase follows the introduction of revised National Guardian Office guidance, which now recognises perceived and indirect detriment, as well as detriment arising from any speaking-up route.

Although confirmed cases remain low, broader indicators suggest that the perception of risk associated with speaking up continues to influence staff behaviour.

During the period:

- 9.9% of concerns cited *fear of reprisal*.
- 6.8% were raised *without the individual's name*.
- 4.5% were raised *anonymously*.

While these do not confirm detriment, they provide valuable insight into how staff perceive speaking-up safety.

Detriment can be subtle, cumulative, or unintentional, and may arise from either actions or omissions following a concern being raised. The perception of the individual, alongside Guardian assessment, remains central to understanding and addressing potential detriment.

Examples of Staff Concerns Linked to Detriment

- Fear that speaking up could negatively affect working relationships.
- Speaking up could impact negatively on career.
- Concern about being labelled as “difficult” or a “troublemaker.”
- Perceived exclusion from communication or opportunities after raising a concern.
- Lack of feedback or follow-up following escalation.
- Changes in managerial behaviour or perceived difference in treatment.

Though the confirmed level of detriment remains low, the continued presence of fear and perceived risk highlights the importance of maintaining a culture where staff feel both safe and heard when raising concerns. The Trust's commitment to zero tolerance towards detriment should remain highly visible, supported by ongoing collaboration between Guardians, HR, and Senior Leaders to detect, address, and learn from any emerging signs.

Fear & Reprisal

Fear of reprisal and perceptions of futility are closely linked and often influence how staff choose to speak up. They are distinct but overlapping concepts. Fear of reprisal anxiety of negatively affecting relationships and careers

- Futility – no action or change that has made a difference.

Patterns in the data reflect these experiences.

- A small increase in staff who said they do not believe they will be listened to.
- Ongoing reports from staff who previously raised concerns without resolution.



- Continued use of anonymous or no-name routes, suggesting some staff still feel unsafe to be identified.

While these factors do not necessarily indicate confirmed detriment, they give an important insight into how safe staff feel to raise concerns. Both fear and futility influence confidence and the overall speaking-up culture.

Building trust in the organisation's response to concerns, and showing clear, visible outcomes when staff do speak up, will be key to reducing these perceptions and encouraging a more open and supportive culture.

14. Action taken to improve the Freedom to Speak Up Culture

During 2025–26, the Guardians continued to work with senior leaders and staff groups to strengthen awareness, visibility, and confidence in speaking up. Actions supported or advised by the Guardian Service during this period included:

- Embedding Freedom to Speak Up training within induction and management development programmes, increasing visibility of expectations around listening and response.
- Regular engagement with senior leadership, including monthly meetings with the Chief People Officer, CEO and NED
- Regular attendance at network forums, to share learning themes.
- Targeted communication and site-based engagement, such as drop-in sessions, team visits, and attendance at departmental meetings to raise awareness of the service.
- Joint work with HR and Engagement Teams to support wellbeing initiatives for staff involved in complex or formal processes.
- Collaboration with Equality and Diversity leads to ensure staff from all backgrounds have equitable access to speaking-up routes.
- Participation in the emerging triangulation meeting (Guardians, HR, Datix and Patient Safety leads) to align learning and improve cross-system reporting.
- Established engagement plan with resident doctors through the education teams and Nursing Education team fellows
- Regular attendance at band 7 & 8 development programmes
- Regular meetings with comms contact

These actions have focused on building visibility, consistency, and trust in how the organisation listens and responds to concerns. The Guardians' role has been to provide independent insight and advice to strengthen the system, while remaining impartial and separate from internal management routes.

15. Learning and Improvements

Building on the actions taken to improve Freedom to Speak Up culture, the Guardians have identified further learning through casework activity and ongoing staff engagement. These insights highlight what is working well, where barriers remain, and how the Guardian Service can continue to support positive change.



Key Learning

- Manager response and follow-up remain the strongest factors shaping staff confidence.
- Timely communication and regular feedback reduce repeat contacts and feelings of futility.
- Clear explanation of next steps at first contact helps manage expectations and encourage continued engagement.
- Early Guardian involvement can prevent escalation by supporting constructive, local resolution of concerns.
- Psychological safety continues to underpin effective speaking up, influencing both willingness to raise concerns and confidence in organisational response.
- Service Development and Insight Sharing

The Guardians continue to participate in regional and national Freedom to Speak Up networks and peer-learning forums. Insights from these sessions have informed local practice and strengthened alignment with NGO guidance.

Guardian learning this year contributed to:

- Improved messaging on confidentiality and escalation options within staff communications.
- Closer working with HR, Employee relations and Wellbeing teams for an aligned and connected approach to Speaking up activities.
- Development of clearer communication pathways and feedback loops between staff and management.
- Ongoing support for awareness campaigns and site-based engagement to maintain visibility of the service.

Freedom to Speak Up Guardian Development

Guardians continued to invest in their own professional development to maintain consistency, confidence, and quality of support for staff. All Guardians:

- Completed the National Guardian Office mandatory learning modules – *Speak Up*, *Listen Up*, and *Follow Up* – ensuring practice is aligned with national standards.
- Completed accredited Mental Health First Aid England training to better recognise and respond to wellbeing issues raised during casework.
- Took part in regular “Listen and Learn” reflective sessions to review casework themes and strengthen consistency across the team.
- Attended regional Freedom to Speak Up network meetings to share insight, benchmark activity, and exchange effective approaches with peers.
- Contributed to joint sessions with the Trust’s senior leadership to share learning and promote a shared understanding of the Guardian role.

This programme of development ensures that the Guardian Service maintains the skills, resilience, and reflective practice required to provide a high-quality, independent route for staff to raise concerns.



16. Comments & Recommendations

The Guardians have identified several areas of focus for the coming year based on themes. While awareness of Freedom to Speak Up routes remains high, continued progress depends on reinforcing confidence, timely feedback, and consistency of response.

- The Trust has recognised recommendations from previous GSL reports and responded proactively through a structured Action Plan. This plan assigns actions to the appropriate staff members and tracks progress. A continuation of this action plan would be welcomed.
- The regular review meetings remain an important mechanism for early identification of emerging themes, timely shared learning and consistent communication. The broader engagement with additional areas of the Trust established this year has been particularly valuable, and continued Trust support for this approach would be beneficial in maintaining ongoing improvement.
- Following a Guardian Service recommendation, the Trust added two questions to the 2025 staff survey on awareness of, and confidence in, speaking up to a Guardian. This informed targeted engagement with teams where additional support and visibility would be beneficial, resulting in increased Guardian contact and improved engagement. The in-reach programme will continue in 2026/27, with continued learning used to inform its delivery.
- Strengthening a coordinated communications approach with the Trust's communications team, by implementing an annual engagement strategy will further enhance visibility and understanding of the service across all staff groups.
- Developing consistent leadership practice remains key to embedding a positive speaking up culture and ensuring a consistent experience for staff across different teams and services. The Trust could consider continuing to strengthen leadership and management development by embedding Freedom to Speak Up principles within leadership programmes and onboarding for new managers.
- This should align with the National Guardian Office's *Speak Up, Listen Up, Follow Up* framework and support managers to build confidence in responding constructively, role modelling positive behaviours, and creating psychologically safe team environments.
- Freedom to Speak Up activity across 2025–26 shows strong engagement and continued trust in the Guardian Service. The next step is building consistent confidence, ensuring every concern raised receives a timely, transparent, and fair response.
- Although confirmed cases of detriment remain low, perceived risk continues to affect staff willingness to speak up. The Trust could reinforce and advertise its zero tolerance approach to detriment through consistent leadership messaging, supported by visible examples of positive outcomes when concerns have been raised.
- Good progress is being made in joining data across Freedom to Speak Up, HR Datix and patient safety systems. Regular triangulation meetings and consistent data sharing will help identify themes early and conduct a more coordinated response. Given the differences in recording systems between the GSL and the Trust, the focus should continue to be on qualitative data sharing with a consideration to statistical comparison.
- The Guardian Service will continue to work closely with the EDI and staff engagement teams to strengthen inclusive access to support through staff network forums and



continue to promote GSL's diverse network of Guardians – giving staff access to a Guardians with whom they feel comfortable.

17. Staff Feedback

Feedback from staff continues to highlight the value of the Guardian Service as a confidential, independent space, while also reflecting the wider organisational challenges in resolving concerns.

When a case is closed, the staff member receives a voluntary GSL feedback form. Below is a small selection of some of the comments received on the survey.

"The Guardian was very supportive during this time and understood the issues with my concern. The service provided was excellent."

"I felt safe, supported and understood. I didn't feel pressured to progress the concern but was encouraged to consider my options."

"It was good to talk through my issue with someone independent. This helped me organise my thoughts."

"The service provides a crucial platform to express concerns and feel heard when other routes have been difficult."

"It was great to have someone independent who listened and supported me."

"I felt comfortable knowing my concerns would be heard."

"Having an impartial ear helped me realise I was not alone and gave me a different perspective."

"I would speak up again. I received valuable advice and felt supported rather than alone throughout the process."

"Using the service has empowered my voice which was previously unheard."

Closing Statement

The Guardian Service continues to play an active role in developing a culture where concerns are raised early, responded to constructively, and used to support organisational learning. Insights from this year's themes reinforce that consistency, communication, and psychological safety remain the foundation for continued improvement.

The Guardians would like to thank all staff who have chosen to speak up during the past year. Every conversation contributes to a more open and compassionate workplace.