NHS
East Sussex Healthcare
NHS Trust

Annual Report

2024/25

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Contents

Welcome from our Chair

Welcome to the annual report for 2024/2025.

This year has been one of both challenge and success for the trust, within an operating environment that has been the toughest I can recall in my 40+ year career in the NHS.

The 2024/2025 winter was one of the busiest ever with high numbers of patients in our emergency departments and a substantial impact from flu on both patients and staff. This meant we had to come together to prioritise frontline treatment to ensure that our patients received the care that they needed both in hospital and at home despite these challenges.

This resilient team-working has been a motif across the year. At the time of our last annual report, births at the Eastbourne Maternity Unit (EMU) had been suspended due to staffing issues. This year, thanks to the hard work of our maternity team, a new staffing model that saw the merging of our EMU and community midwifery teams in Eastbourne and meant that the unit was able to reopen – while still providing the community support local mums needed.

Our teams also came together to reduce the number of patients who had been experiencing long waits for non-urgent surgical procedures. Colleagues in our Diagnostics, Anaesthetics and Surgery division had such success in this area that the trust was able to support the wider Sussex system by taking on long-waiting patients from a neighbouring trust and still have reduced the number of patients waiting more than 65 weeks for a procedure to single figures going into the new financial year.

Despite the devastating news that government funding for the New Hospitals Programme (NHP) has been delayed, our teams have worked together to take forward significant service improvements to improve patient care. Alongside this, we continue to escalate the issue of the much-needed investment into our estate – particularly at Eastbourne DGH – working to ensure we can maintain and improve facilities before the NHP funding is due to arrive in 2035.

We have strengthened our role as a key partner in the delivery of care, and continue to support our most vulnerable residents with targeted services. Over the year we have forged new partnerships with Active Sussex to improve stroke rehabilitation and with Horder Healthcare to create the East Sussex MSK Service. We have established a smoking support function for all inpatients affected, and our Alcohol Care Team continues to help patients, particularly from our more deprived communities around the Hastings area.

Further investment in high tech equipment has also supported improved services, thanks in many cases to the donations from our fantastic hospital Friends groups. This has also included the launch of the Care Coordination Centre so that staff can make decisions based on up-to-the-minute clinical data and preparing the way for a contract for our new Electronic Patient Record system to be signed in early 2025/26.

I began by sharing the significant challenge that we face collectively across the health economy, and with that challenge comes opportunities. I have shared just a few of the improvements that we made in 2024/25, and we go into the new year financial year with confidence thanks to this ongoing dedication and hard work from our colleagues, our Friends and our community. I want to pay tribute to our former CEO, Joe Chadwick-Bell who left for pastures new in November and to Steve Aumayer who led the Trust superbly for the remainder of the financial year. Our new Chief Executive, Jayne Black, joins us in April 2025 to lead the organisation as we seek to build on our strong foundations and to provide care for the residents of East Sussex.

Thank you all for your ongoing support.

Steve Phoenix
Chair

Overview and Performance

Social Media

Facebook: @ESHTNHS | Instagram: @ESHTNHS | YouTube: @ESHTNHS

About the Trust

East Sussex Healthcare NHS Trust provides safe, compassionate and high-quality hospital and community care to the half a million people living in East Sussex and those who visit our local area.

We are one of the largest organisations in East Sussex with an annual income of £720 million, and we are the only integrated provider of acute and community care in Sussex. Our extensive health services are provided by over 8,700 dedicated members of staff working from two acute hospitals in Hastings and Eastbourne, three community hospitals in Bexhill, Rye and Uckfield, over 100 community sites across East Sussex, and in people's own homes.

In 2020 the Care Quality Commission (CQC) rated us as 'Good' overall, and 'Outstanding' for being Caring and Effective. Conquest Hospital and our Community Services were rated 'Outstanding' and Eastbourne District General Hospital was rated 'Good'.

Our two acute hospitals have Emergency Departments and provide 24 hour a day care, offering a comprehensive range of surgical, medical, outpatient and maternity services, supported by a full range of diagnostic and therapy services. Our centre for trauma services and obstetrics is at Conquest Hospital while our centre for urology and stroke services is at Eastbourne DGH.

At Bexhill Hospital we offer a range of ophthalmology, outpatients, rehabilitation and intermediate care services. At Rye, Winchelsea and District Memorial Hospital we offer outpatients, rehabilitation and intermediate services.

At Uckfield Community Hospital we currently provide outpatient care. We also provide rehabilitation services jointly with East Sussex County Council Adult Social Care.

In the community, we deliver services that focus on people with long term conditions living well outside hospital, through our Integrated Locality Teams working with District and Community Nursing teams. Community members of staff also provide care in patients' homes and from clinics, health centres and GP surgeries.

To provide many of these services we work in partnership with East Sussex County Council and other providers across Sussex, as part of a locally focused and integrated health and social care network. We aspire to provide locally-based and accessible services that are outstanding and always improving and our values shape our everyday work. Working together we drive improvements to care, services and the experience of local people and members of staff.

ESHTNEWS

NHS East Sussex Healthcare NHS Trust

Tuesday 23 September 2025 | Annual Report 2024/25 | www.esht.nhs.uk

Jayne Black confirmed as our new Chief Executive

We are pleased to announce that, following a competitive and open recruitment process, Jayne Black has been appointed as our new Chief Executive.

Jayne will take over in April 2025 from Steve Aumayer, who has been Acting Chief Executive at the trust since November 2024, following the departure of Joe Chadwick-Bell. Jayne was previously Chief Executive at Medway NHS Foundation Trust in Gillingham, Kent and brings a wealth of experience from her previous leadership positions across operations and transformation within London, Kent and Sussex, spanning acute and community service provision and strategic commissioning.

New Chief Executive

Highlights of the year 2024/25

Sussex Surgical Centre passes major milestone

The Sussex Surgical Centre, our new surgical facility currently under construction at Eastbourne DGH, passed a major milestone this year with the completion of the frame of the building.

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New Da Vinci robot delivers Sussex first

A new Da Vinci robot at Conquest Hospital, which was bought thanks to a generation donation from the Friends, was used to undertake the first colorectal robot surgery in Sussex.

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Infusion Team – improving patient care and flow

The Infusion Unit based at Eastbourne DGH is now operating a seven-day service to help ease the pressure on Same Day Emergency Care as well as opening up more available appointments supporting our chronically unwell patients lifestyles, whilst providing an enhanced patient experience and satisfaction.

The unit is nurse-led and offers biological therapies along with many different medical and surgical referral pathways. Infusions regularly undertaken include blood transfusion, IV iron infusions and IV magnesium.

The infusion unit facilitates proactive treatments that keep people well and help prevent unplanned admissions, relieving pressure on other services in the trust and ensuring patients get the right treatment in the right place.

The team prides themselves on being able to provide patients with a comfortable, safe and effective environment to carry out their individual treatment plans, providing more efficient care and a better quality of life.

Celebrating Awards

Dawn Woodgate – Chief Nursing Award

Congratulations to Dawn Woodgate, Clinical Support Worker, Emergency Department, who was presented with an NHS England healthcare support worker Chief Nursing Officer award by Claire Bishop, Deputy Chief Nurse.

Celebrating Awards

Daniel Guakrodger – Chief Nursing Award

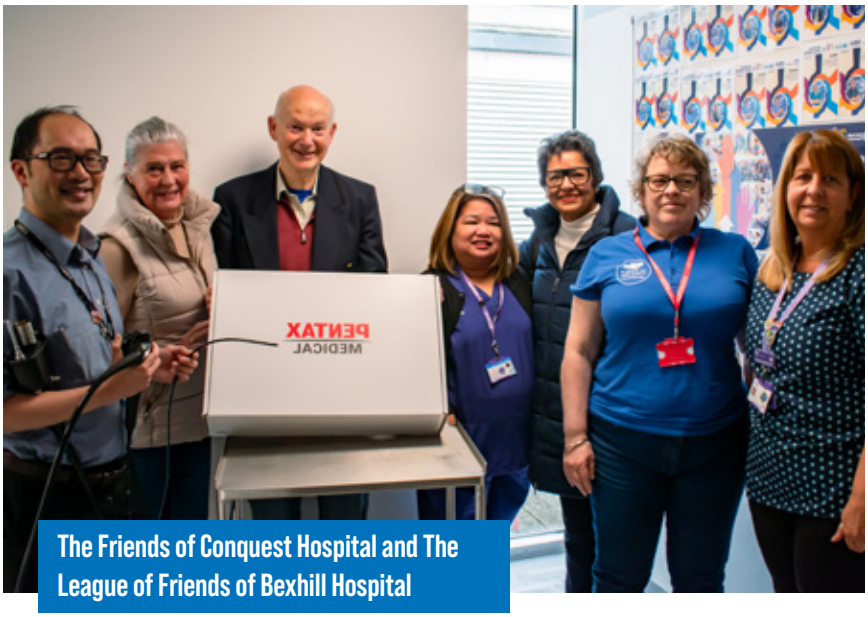
Congratulations to Daniel Guakrodger, Emergency Care Technician, who was presented with an NHS England healthcare support worker Chief Nursing Officer award by Claire Bishop, Deputy Chief Nurse.

Donated transnasal endoscopes are 'game changer'

Three Transnasal Endoscopes have been kindly donated to the Endoscopy department at Conquest Hospital by The Friends of Conquest Hospital and The League of Friends of Bexhill Hospital.

The Friends donated £55,424.88 for the purchase of state-of-the-art endoscopes.which boast 50% narrower tubes than a traditional endoscope, and as it is inserted via the nose it avoids the gag reflex many patients struggle with. The additional scopes will increase the number of patients that can use them per clinic from one or two to ten or twelve.

Dr Steven Fong said: "We are so pleased with this new equipment and thankful of the Friends for their generous donation it will make a huge difference to so many of our patients and will help us continue to improve the services we provide."



The Friends of Conquest Hospital and The League of Friends of Bexhill Hospital

VIP visits to Eastbourne DGH

This year nursing staff at Eastbourne DGH hosted a visit from Duncan Barton, Chief Nursing Officer at NHS England, and Andrea Lewis, the Chief Nursing Officer for NHS England's South East Region who visited Michelham ward.

As well as this, Richard Meddings, NHS England Chair also visited the hospital to find out more about the care of frail older people in the NHS and our work on delivering care to this important and expanding patient group.

Led by our Clinical Lead for Frailty, Dr Henry Alexander, Richard was walked through the care pathway a frail patient would typically experience after arriving at our Emergency Department, meeting staff in our ED, AMU, SDEC and on Seaford Ward.

East Sussex MSK Community Partnership launches

This week saw the launch of a new provider partnership for community Musculoskeletal (MSK) services in East Sussex. The trust have come together with Horder Healthcare to deliver care as a new provider partnership – East Sussex MSK Community Partnership (ESMSK). This new partnership sees the trust and Horder Healthcare working collaboratively, jointly planning and providing flexible and responsive MSK care to our local communities.

Our parking teams ensuring safer car parks for over 20 years

Our parking teams at Conquest Hospital and Eastbourne DGH have recently been honoured for being one of only 140 award holders who have continuously maintained the British Parking Association 'Park Mark' award since its inception in 2004.

Celebrating Awards

Honorary Membership of the Faculty of Public Health

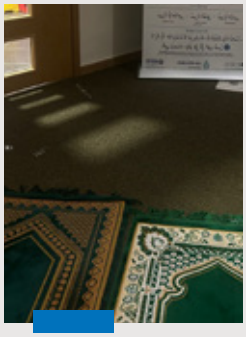
Orthopaedic consultant Professor Scarlett McNally awarded Honorary Membership of the Faculty of Public Health. Professor McNally has worked with many national organisations on how to increase exercise in the population and written a major report "Exercise the miracle cure" for the Academy of Medical Royal Colleges.

Organisation of MRCPCH exam held at Conquest Hospital praised by examiner

The team that organised the recent Membership of the Royal College of Paediatrics and Child Health (MRCPCH) exam held at Conquest Hospital have been praised by the external examiner for "delivering an excellent MRCPCH exam."

New multi-faith space opens

A new exciting multi-faith space opened at Eastbourne DGH with a larger, more-well equipped area for religious observance.



10-year celebration of DFN Project Search

In June we celebrated our 10-year partnership with DFN Project SEARCH.

DFN Project SEARCH is a year-long supported internship programme for young people aged 18 to 24 who have an education, health and care plan and want help to find paid employment.

Based at Eastbourne DGH, the programme gives these young people an opportunity to develop work-related skills and knowledge whilst on placement over three different hospital departments – while receiving support from job coaches and work mentors.

Jacquie Fuller, Assistant Director HR – Engagement and Wellbeing said, "It is clear from speaking to colleagues that supporting these young people has not only benefitted them, but our organisation as well."

Celebrating our volunteers' long service

Volunteers from across our trust were recognised for their dedication with the presentation of long service awards at events held at both Conquest Hospital and Eastbourne DGH.

The volunteers we have recognised this year have provided up to 30 years of committed service at our hospitals. We are honoured to have this committed and amazing team of over 400 people within our organisation.

Celebrating Awards

British Citizen Award

Barry Coase, a volunteer with the trust along with his therapy dog Bella, was among 26 exceptional individuals to be honoured with the esteemed British Citizen Award (BCA) at the Palace of Westminster.

Celebrating Awards

RESPS success

Congratulation to our Regional East Sussex Pulmonary Service team who have been awarded the 'Excellence in Respiratory Care' award by the Association of Respiratory Nurses .

New Gamma Camera donated

A £500,000 Gamma Camera, which takes sharper and faster images than our existing radiological equipment, has been donated to the trust's radiology team following a huge fundraising campaign by the Friends of Eastbourne Hospital.

The camera combines both nuclear medicine and computed tomography (CT) to create a hybrid image that provides both structural information and a unique perspective of the functional aspects of physiological processes in the body. This new technology not only provides this more detailed and comprehensive image to aid faster diagnosis, but also takes scans more quickly and at a lower dosage of radiation than existing CT equipment.

Friends of Eastbourne Hospital

The trust celebrates first international cohort of nurses

This year we celebrated the 25th anniversary of the first cohort of international nurses to East Sussex.

The celebration event took place at Conquest Hospital, where nine of the remaining colleagues attending were from the original cohort of internationally recruited nurses to our organisation in October, 1999.

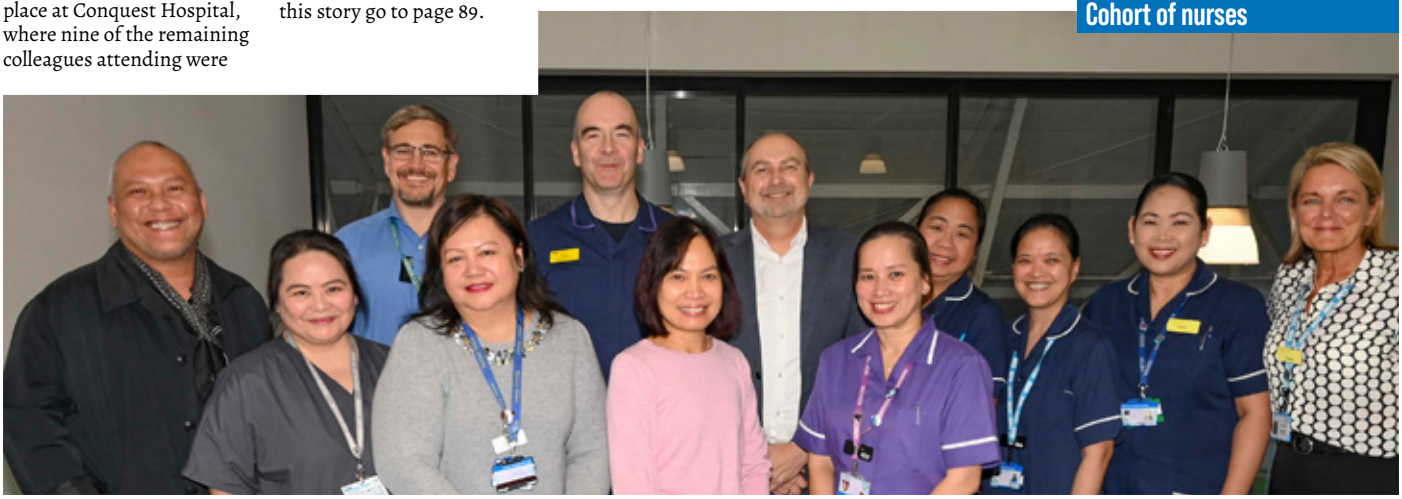
To find out more about this story go to page 89.

Volunteers thanked for their knitted breasts

Knitting volunteers who make knitted breasts, that are used to demonstrate and support parents during their feeding journeys, have been thanked by the Infant feeding team, for their hard work producing them.

Emily Prince, Peer Support Coordinator said: "We wanted to say a massive thank you to Helen and Sarah, our amazing knitting volunteers who have been hard at work making knitted breasts, that will be used to demonstrate and support parents during their feeding journeys, by our fabulous infant feeding support volunteers."

Cohort of nurses



Staff Stories

Da Vinci XI robotic-assisted surgical system arrives at Conquest Hospital

A da Vinci XI robotic-assisted surgical system costing £2 million arrived at Conquest Hospital in the Summer of 2024.

Robotic-assisted surgery makes much smaller cuts using special instruments, controlled by professionals. Surgeons use things like 3D vision and other special instruments on the surgical robot for even greater accuracy during surgery.

These techniques offer some key advantages over conventional surgery and have proved to be less invasive with less blood loss and pain for patients. They are also more consistent and lower risk for a range of hospital procedures.

The new system was used to perform the first ever robotic colorectal operation in Sussex at Conquest Hospital Mr Michail Klimovskij, Consultant Surgeon who is leading on this project said: "We are delighted to announce that we have recently performed the first robotic colorectal operation in Sussex. Since then we have carried out ten major robotic resections and they have proved to be less traumatic and we have got our patients back on track much faster because less analgesia needs to be used.

"Our dedicated team has been absolutely brilliant and our robust training means we have got all of our skills up and running very quickly. We are now starting to do Gynaecology operations using this system. Patients have reported feeling less pain and recover faster, so the robotic system is making a difference."

Our Strategy

In 2021 we published a five-year strategic plan called "Better Care Together for East Sussex", which set out our vision and how we wanted to improve services by working effectively with system partners, supporting our colleagues and enabling our residents to access the right care in the right place.

That plan was built on four strategic aims that we believe are key to delivering the vision and goals of the trust:

- Improving the health of communities
- Collaborating to deliver care better
- Empowering our people
- Ensuring innovative and sustainable care

Improving the health of our communities

Progressing beyond the implementation of our Virtual Wards in 2023/24, which continue to be highly successful, we took several bold steps this year as part of our "Art of the Possible" programme to enhance community-based delivery of services where it is better for patients, for staff and for our system:

- We invested in our 'HomeFirst' model which helps get people home from hospital more quickly and with more effective support
- We invested in our Rehabilitation capacity to support our move toward 7-day services, give our patients quicker and better access to rehabilitation services and to help us move forward on our long-term rehabilitation strategy
- We also had some tremendously successful multi-agency Discharge events (MADE), where several agencies in the system get together and focus on how to get people home or into the best residence with the right support as quickly as possible

- We have worked closely with NHS Sussex and all our system partners, especially SECAMB, to develop a care navigation 'hub' which provides direct access to the right clinicians who can direct patients who need urgent responses to the best service and location for them (rather than having to always default to an Emergency Department attendance)

- We also had some real success in reducing the number of people waiting too long for planned care interventions. Our waiting times over 65 weeks were nearly zero, by the end of the year and we offered substantial extra capacity to NHS Sussex to help with system waiting times.

- The Sussex Surgical Centre at Eastbourne District General Hospital is nearing completion and will provide modern, fast and high-quality day case surgery for people across Sussex. Our 'Community Diagnostic Centre' in Bexhill remains very popular with users, we are increasing its imaging capacity this year and continue to work on how we best optimise the use of that facility.

Collaborating to deliver better care

- Within the East Sussex 'Place' we continue to work closely on the Integrated Neighbourhood Teams programme which seeks to make it far easier for frontline professionals across multiple agencies in a local area to work proactively and plan effectively together to the benefit of the local population. We made good progress in 24/25 in setting up key enabling structures, critical relationships and local professional networks and in 25/26 we will be pursuing some specific changes in each 'neighbourhood'.

- Our Sussex Pathology Network and the broader Sussex and Frimley Imaging Network have been implementing significant digital investments this year (LIMS, OrderComms, PACS) which we expect to speed up responsiveness, patients' pathways and help us manage our capacity collectively more effectively.

- We have engaged closely with the Provider Collaborative programme which is now settling on what we expect to be an effective structure through a Provider Collaborative Executive and Provider Collaborative Programme Board. We are working with our partners in those structures now to agree what is the most important and effective set of programmes we should collaborate on.

Empowering our people

- Engagement and Listening: we have listened and engaged with our people tackling 'hot topics' and providing them with opportunities to be involved in recommendations, solutions and improvements.

- We have promoted continuous development through training and learning with the launch of a leadership roadmap which clearly lays our 5-year journey of programmes and experiences and growth for our leaders.

- We have developed an interactive Management Toolkits for our leaders' providing opportunities for growth in knowledge and skills for them to be able to support and develop their teams.

- Our new digital values based appraisal puts the focuses on the individual, where they are now, where they want to be and how can we help them to get there.

- Growing for our future: We have re-designed and developed our recruitment material to attract new people to join NHS careers in East Sussex; successful campaigns have reduced our vacancy rate from 9% in Feb 2023 to 4.5% in Feb 2024 to 0.6% in Feb 2025.

Ensuring Innovative and sustainable care

- We have stepped up the capability and roll out of several digital systems that support quality and sustainability, in particular the set up of our Care Co-Ordination Function which makes far better use of our Nervecentre system than ever before.

- We have also been increasingly focused on understanding how best to use AI based tools and have several now in pilot phases including an "AI co-worker" to help our Emergency Departments improve quality and access, AI to help outpatient appointments more efficient and our records more accurate and AI to help radiologist and imaging radiographers make better and quicker decisions.

Going Forward

We refreshed our Vision last year and are now actively using the Vision domains to frame our plans and priorities.

"High quality care and experience for our patients, colleagues and communities"

QUALITY

Delivering safe care; always improving *outcomes* and *experience* for patients

- Consistently achieve care and quality standards
- Minimising waiting times for treatment
- Continually look for opportunities to improve quality and deliver them
- Routinely receive great feedback on the care received
- Locating care in response to population and community diversity

PEOPLE

Fostering a positive culture; living our values; helping our teams feel equipped to deliver

- Enabling staff to realise their potential
- Valuing diverse capabilities and recognising individual contribution
- Equipping our people with the tools and support to make decisions and improvements
- Creating a culture of engagement, development and belonging
- Giving colleagues the time they need to spend with patients

SUSTAINABILITY

Always searching for the best way to use our resources for clinical, workforce and financial outcomes

- Working collaboratively with partners
- Ensuring we have financially sustainable organisation and system
- Delivering services that are able to provide the care our communities require
- Minimising our impact on the environment
- Capitalising on digital and technological advances

This year we will refresh our Trust Strategy and our Clinical Strategy – taking account of some changes in context within and around our Trust:

- We are going to step up implementation of our **Continuous Quality Improvement Management System**
    - We made some limited progress on this in 24/25. Next year we will step up the programme significantly and this will help us focus on what priorities have best impact and change how we engage, meet, report and provide assurance back and forth from the Board to the frontline and service to service.
    - This approach we are taking is increasingly recognised in the NHS as resulting in stronger staff engagement, better quality of care and more effect delivery against the most important objectives.
    - Doing this successfully will require a review of the trust's priorities and measurable objectives and a refreshed Clinical Service Strategy. The outcome of this process, coupled with finalising our CQI Management System in effect becomes our Trust Strategy.

- The **financial challenge** placed on the NHS has become increasingly challenging and the ask of every system now is to achieve financial breakeven at an unprecedented pace and sustain it.
    - The level of change required to achieve this reinforces the need for the CQI management system described above and it means we must re-prioritise against our Vision objectives.
- The **New Hospital Programme** timeframe for us has been changed by the new Government. We had hoped to benefit from an unprecedented capital investment in our hospital facilities in 2030. We have now been told that whilst a larger capital envelope has been proposed for our Trust, we are not expected to benefit from that until 2037.
    - This means we need to rapidly review and update our Clinical, Estates and Digital strategies to account for this change.
    - It also means we need a new plan for our most critical infrastructure risks which must be worked through and supported by NHS Sussex and NHS England.
- **National changes** to NHS structures (including the abolition of NHS England and rapid shrinking of Integrated Care System resources) are likely to have an impact on our system, as will the anticipated 10 year plan.
- It is not clear whether **Provider Collaboratives** structures are expected to remain in place. In Sussex these are in the early stages of development and only now finding a stable form for us to work within. It is our hope that the Collaborative concept will remain in place and that means our strategies – in particular our clinical strategy and estates strategy – will need to be flexible enough to account for the priorities and objectives of the Collaborative.

Principal Risks to our Strategy and Objectives

The Board considers and agrees principal risks on a quarterly basis via the Board Assurance Framework. These risks are monitored by the Committees of the Board and are presented at Board meetings in public. Enhanced details about the top risks the organisation faces are provided within the Annual Governance Statement section of this annual report.

The following table shows the trust's 2024/25 strategic risks taken from our Board Assurance Framework, along with the movement of the total residual risk scores following mitigating actions during the year.

BAF Ref	Risk Summary	Monitoring Committee				Inherent Risk	Current position (Residual risk)				Change	Risk Appetite	Anticipated Risk
							2024/25						
							Q1	Q2	Q3	Q4			
1	Capacity constraints associated with supporting the collaborative infrastructure	ExCom	X			16	6	8	12	12		Seek/ Significant	6
2	Failure to attract, develop and retain a workforce that delivers the right care in the right place at the right time.	POD		X	X	15	15	12	12	9		Open	12
3	Decline in staff welfare, morale and engagement impacts on activity levels and standards of care.	POD		X	X	20	16	16	16	20		Cautious/ Open	16
4	Failure to deliver income levels/ manage cost/expenditure impacts savings delivery	F&P			X	20	20	20	20	16		Cautious	20
5	The trust's aging estate and capital allowance limits the way in which services and equipment can be provided in a safe manner for patients and staff	F&P		X	X	20	16	16	16	20		Cautious	20
6	Vulnerability of IT network and infrastructure to prolonged outage and wider cyberattack	Audit	X	X	X	16	16	16	16	16		Minimal	12

BAF Ref	Risk Summary	Monitoring Committee				Inherent Risk	Current position (Residual risk)				Change	Risk Appetite	Anticipated Risk
							2024/25						
							Q1	Q2	Q3	Q4			
7	Failure to develop business intelligence weakens insightful and timely analysis to support decisions	F&P		X	X	16	16	16	16	16		Open	12
8	Failure to transform digitally and deliver associated improvements to patient care	F&P			X	16	12	12	12	12		Significant	8
9	Failure to maintain focus on improvement	ExCom		X		16	16	16	16	16		Open	12
10	Risk of not being able to maintain delivery of safe, high quality effective care due to significant numbers of patients that are discharge ready with an extended length of stay	Q&S	X	X	X	20	16	16	16	20		Open/Seek	16
11	Failure to demonstrate fair and equal access to our services	Ineq	X			16	12	12	12	8		Cautious/ Open	8
12	Failure to meet the four-hour standard	Q&S	X	X	X	20	16	16	16	20		Cautious	12

The risk scores are formed based on the 'likelihood' of the risk multiplied by the 'consequence' rating as follows:

		CONSEQUENCES / IMPACT				
		Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
LIKELIHOOD	Certain (5)	5	10	15	20	25
	High probability (4)	4	8	12	16	20
	Possible (3)	3	6	9	12	15
	Unlikely (2)	2	4	6	8	10
	Rare (1)	1	2	3	4	5

Low	Moderate	High	Extreme
1 – 3	4 – 6	8 – 12	15 – 25

Acting on patient feedback: patient experience

Number of compliments/plaudits

Plaudits and compliments are received in the form of letters, cards or emails addressed directly to the clinical services. These can be submitted long form or via a patient or carer completing a Friends and Family Test (FFT). The trust switched to digital FFT in June 2024, resulting in a large increase in the number of surveys and compliments that were received.

Metric	2021/22	2022/23	2023/24	2024/25
All Compliments	23,105	19,954	25,872	84,410
Compliments from FFT feedback	21,534	18,807	24,729	83,366
Compliments from thank you cards/emails	1,521	1,058	1,060	981
4 and 5 star reviews (NHS website)	50	78	72	57
4 and 5 star reviews (Healthwatch East Sussex website)	-	11	11	6

Please note that data from reviews left on the Healthwatch East Sussex website was not collected prior to 2023/24.

To ensure our services meet the needs of patients and their families, the Quality and Safety Committee receives a regular report triangulating learning from several sources of feedback. As a learning organisation, themes and trends are identified with associated actions, leading to changes in practice and improvements in patient experience.

Number of complaints

The trust received 426 complaints in 2024/25; 400 complaints were received in 2023/24.

Complaints response rates

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 state that complaints should be responded to within six months (commencing on the day on which the complaint was received). During 2024/25, one complaint was not responded to within six months; this was a complex complaint involving two other trusts. In this instance the complainant was kept updated throughout and requested to wait until the complaint was fully investigated and all three trusts were in a position to reply. From November 2023, the trust moved to a single response timeframe of responding to all complaints within 60 working days; this is an internally set target and is comparable with other NHS organisations.

Monitoring takes place throughout the year to analyse where any delays occur in responding to complaints. This is often due to operational pressures within clinical divisions impacting staff ability to investigate and respond to a complaint. Overall, the complaints response rate for 2024/25 was 52%. The trust moved to a 60 working day response rate in November 2023; this year's complaints response.

Metric	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sept 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Total 2024/25	Total 2023/24
60 working days	67%	76%	77%	88%	82%	58%	81%	82%	74%	83%	81%	88%	78%	52%*

* The trust achieved an 80% response rate against the 60 working days response time frame for the months of November 2023- March 2024. The overall response rate for 2023/24 was 52% (combined 35,50 and 60 working days timeframes)

100% complaints were acknowledged within three working days this year.

Equality of Service Delivery

We are committed to ensuring equality of service delivery and further work to evaluate and review current approaches is underway.

To promote equality of service delivery in our organisation we have a translation and interpretation service and actively ask service users about their communication needs as part of the Accessible Information standards. Teams have access to both face to face and video translation services to support people at appointments, even when taking place virtually.

The Trust's Chief of Staff, as the executive sponsor for Health Inequalities, has been developing a local approach to ensuring services are accessible for all, culturally appropriate and proactively targeted with specific groups where required. We have made significant improvements in our ethnicity recording and monitoring initiative, working closely with ICB colleagues. This will be augmented by a campaign in 25/6 with staff called "It's OK to Ask" which is designed to provide resources for our staff who are keen to engage sensitively with all sections of our communities but are lacking in confidence.

Public Engagement

As an NHS trust we will only achieve our vision by working in collaboration with the people and communities who receive our care. Engaging and involving our patients and the public helps us to understand their experiences and will support us to improve our organisation, the clinical care we provide and their own experience in hospital and community settings.

The Sussex ICS' 'Working with people and communities strategy' was published in July 2022 and sets out the goals, principles, approaches, methods, governance and reporting structure, and immediate priorities for how the ICS will work with people and communities. It aims to provide a framework that will enable the ICS to sustain and improve existing, and develop new and different, ways of working with people and communities.

In the past year the trust held its Board Meetings in Public across East Sussex. We invite members of the public to attend these meetings allowing them to ask questions of the Board. We also held our 2023/24 AGM in public at the Relais Hotel in Bexhill, which was attended by colleagues, stakeholders and members of the public. We reviewed our year, highlighting the work of colleagues and developments over the 2023/24 operational year.

In 2024 we adopted a new Engagement Framework, which will be fully implemented in 2025. The Engagement Framework will embed a culture of collaboration and co-design within the trust, strengthening patient voice and input into service improvement.

The trust is also actively engaged with social media and the number of people following our official accounts rose over the last year across all channels. We have more than 6,540 followers on Facebook, 7,610 on LinkedIn, 15,623 on X, 1,042 on Instagram and 970 subscribers on YouTube, which enables us to create regular two-way communication with patients, colleagues, clinicians and interested members of the public.

Summary of Performance

Social Media

Facebook: @ESHTNHS | Instagram: @ESHTNHS | YouTube: @ESHTNHS

Operational performance is measured against key access targets and outcome objectives set out in the NHS Oversight Framework:

A&E standard:

- A&E maximum waiting time of four hours from arrival to admission, transfer or discharge

RTT Standard:

- Maximum time of 18 weeks from point of referral to treatment (RTT)

Cancer standard:

- All cancers – maximum 62-day wait for first treatment from:
- Urgent GP referral for suspected cancer
- NHS cancer screening service referrals
- Consultant upgrade onto a cancer pathway

DM01 (diagnostics) :

- Patients referred for an elective diagnostic, waiting no more than 6 weeks from referral to diagnostic

Indicator	Detail (national standard)	2022/23	2023/24	2024/25
Standards	Four hour A&E (to achieve 78% target in March 25)	67.91%	73.18%	74.22%
	RTT (to achieve 59.70% in March 26)	57.35%	51.15%	55.58%*
	Cancer 28 Day General FDS (to achieve 77% in March 25)	72.63%	75.00%	81.19%
	Cancer 62 Day General Treatment Standard (to achieve 70% in March 25)	70.37%	61.17%	70.52%
	Diagnostics (to achieve 95% in March 25)	83.85%	87.15%	89.16%
Length of Stay	Acute elective (days)	2.87	2.64	2.69
	Non-elective (days)	5.07	4.44	5.04
	Bexhill (days)	44.2	41.82	46.66
	Rye (days)	33.95	32.17	28.39
Community (seen within 13 weeks)	Podiatry	69.08%	64.31%	70.06%
	Dietetics	74.42%	69.56%	74.71%
	Speech and Language	66.42%	83.08%	75.99%
	Neurological physiotherapy (all sites)	68.22%	58.39%	66.14%
	MSK Hastings and Rother	74.41%	82.74%	90.81%
	MSK Total (all sites)	74.68%	79.58%	86.35%
	MSK Triage (all sites)	89.25%	92.18%	84.65%

Indicator	Detail (national standard)	2022/23	2023/24	2024/25
Community nursing (District Nursing)	2 Hours	77.94%	72.00%	79.31%
	24 Hours	96.41%	96.38%	93.79%
	48 Hours	98.02%	97.16%	95.56%
	Routine	93.37%	91.21%	87.60%
Urgent Community Response (inc INS)	2 hour - Rapid Response (70% target)	72.71%	81.04%	82.96%
	24 hours	76.29%	69.82%	74.68%

*Aggregate position over the year to be confirmed.

A&E intermediary threshold target of 78% by March 2025 standard: 78% of patients attending the Emergency Departments at either Conquest Hospital or Eastbourne DGH should have a maximum waiting time of four hours from arrival to admission, transfer or discharge.

During 2024/25, the trust's aggregated performance was 74.22% of patients who attended our Emergency Departments and were seen within four hours.

The trust observed an increase in attendances to A&E in comparison to the previous year, and in the acuity and complexity of patients presenting to our Emergency Departments. A&E attendances increased by 6.2% in 2024/25 compared to the previous year.

The trust relies on health and social care to support timely discharge for patients who are medically fit but may need additional support in returning to their home or to another care setting. Throughout 2024/25, the trust had more than 200 non-criteria to reside patients, therefore, limiting the ability to discharge patients to their onward care destination. Bed occupancy has remained above 95% in 2024/25, and at times patient flow through the hospital has become compromised and this has impacted on length of stay.

Referral To Treatment standard: Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate

At the end of March 25, the trust achieved 59.50% for the RTT standard.

At the end of March 25, the trust reported further reductions in the volume of patients waiting 65+ weeks on an elective RTT pathway, reporting a small number of breaches which were treated in April.

The number of patients waiting over 52 weeks for treatment was 1,084 at the end of 2024/25.

Diagnostic standard: Maximum 6-week wait for diagnostic procedures

The trust achieved 90.06% in March 25, against the diagnostics standard of 95%.

Cancer standard: All cancers – maximum 62-day wait for first treatment from urgent GP referral for suspected cancer, NHS cancer screening service referrals and consultant upgrade onto a cancer pathway

The trust has seen an increase in demand for suspected cancer and is now seeing an average of 2,650 referrals per month compared to a 2,500 average the previous year.

The 2 week cancer standard has now been replaced by 28 day Faster Diagnosis Standard. In March 25, the trust achieved 82.85% against a national standard of 77%.

The trust delivered 74.21% in March 25 against the 62-day standard (all patients with a cancer diagnosis to receive first treatment by day 62 of their pathway). The national ambition was 70% in March 25.

The trust continues to work closely with healthcare partners and the Cancer Alliance to develop and share positive new pathways to support improvement in performance and enhance patient experience.

Increased demand

Demand has grown across all our services, except non-elective where acuity is often higher, impacting on treatment plans and length of stay. This has a direct effect on patient flow at the front door through A&E.

Furthermore, the reduction in non-elective activity relates to the reclassification (as per national requirement) of SDEC attendances being recorded as Type 5 attendances rather than admissions.

Indicator	2021/22	2022/23	2023/24	2024/25
Day case and Elective Inpatients	50,134	51,039	55,980	62,411
Non-Elective	57,127	52,243	57,066	53,066
Outpatient	425,332	419,058	439,644	478,971
A&E Attendances	150,861	152,068	159,918	169,414
Cancer Referrals	26,905	27,851	29,887	31,774

We continue to work closely with our adult social care and commissioner partners to meet these increasing demands, whilst also recovering our elective care performance.

Length of Stay

The trust has a higher occupancy rate for the percentage of patients not meeting the criteria to reside and are working with system partners to reduce the rate.

Impact of principal risk on performance

Principal risks 7, 10, 11 and 12 listed above, have the potential to impact operational performance.

Risk 7 Failure to develop business intelligence weakens insightful and timely analysis to support decisions: Data insight is key to improving performance. A business case has been approved to expand the capacity of the Business Intelligence team.

Risk 10 Not being able to maintain delivery of safe, high quality effective care due to significant numbers of patients that are discharge ready with an extended length of stay: Addressing Long Length of Stay (LLoS) is a priority for ESHT. The ESHT Bed Strategy includes a structured portfolio of programmes and projects to make sure that:

- Patients are navigated to the most appropriate place for their care and inappropriate acute admissions are avoided e.g. use of Virtual Wards and Unscheduled Care Navigation Hub

- Patients move seamlessly through their period of acute care with minimal waits and/or harm e.g. helping to keep patients active and avoid deconditioning and SAFER discharge

- Patients are discharged as early as is clinically safe, on an appropriate pathway and that there is capacity in the system to meet demand.

Risk 11 Failure to demonstrate fair and equal access to our services: To promote the equality of service delivery to different groups, the trust is able to segment its waiting list by ethnicity and deprivation. In addition, gender and age are other demographic protected characteristics which the trust can monitor against it's waiting list. The most current data shows medium wait weeks are broadly similar across deprivation quintiles and ethnic categories.

Risk 12 Failure to meet the four-hour standard: The trust has an ED improvement plan in place to deliver 2025/26 monthly trajectories as submitted to NHSE as a part of the 2025/26 planning round.

This performance report was approved by the Board on 20 June 2025 and signed on its behalf by:

Signed:

Jayne Black, Chief Executive Officer

Date: 20 June 2025

Staff Stories

Community rally round our critical care teams

Our Critical Care teams at both Conquest Hospital and Eastbourne DGH have received fantastic community support this year.

The critical care team at Eastbourne received a visit from one of their previous patients, Helen Horsman who presented the team with some wonderful gifts that she and her family had bought.
999
Julie Boydell, Interim Matron said: "Helen spoke to us about her experience of being an intensive care patient and noted the kindness of staff towards her. She remembered in particular from one of the nurses, another Helen, saying 'Hello Helen, my name is also Helen, you are in Critical Care, you are ok and you are safe' while she was recovering".

The critical care team at Conquest Hospital were able to say thanks to the Ninfield Carnival and Sports Association for their generous donation. Sami Guard from the committee said: "The committee first supported the critical care unit by donating £200 after the pandemic, and have again supported the team, this time presenting a cheque for £700.

"These donations reflect the gratitude and thanks of Ninfield's residents to these hardworking units that have helped so many local people in difficult times."

Accountability Report

Trust Board

The Board of Directors is responsible for setting and driving forward the strategic direction of the trust. The Board is made up of Executive Directors and Non-Executive Directors, who develop and monitor the trust's strategic aims and performance against key objectives and other indicators. Together, their role is to receive, accept and challenge reports to fulfil all of their responsibilities.

The composition of the Board helps to ensure that the skills and strengths provided by the Non-Executive and Executive Directors throughout the year provide a good, well-balanced Board.

The balance is reviewed throughout the year, as well as whenever Executive or Non-Executive Director level vacancies arise. Board members provide a breadth of public and private sector expertise.

The trust has ensured a constitutional option to vary the numbers slightly as and when the need arises, provided always that the Board retains a majority of Non-Executive Directors. The Board may delegate any of its powers to a sub-Committee. The Board has reserved the issues set out in its Scheme of Reservation and Delegation and further guidance about the operation is set out in the Standing Orders and Standing Financial Instructions.

Members of the Board undergo an annual performance assessment, reviewing performance against agreed objectives, personal skills and competencies and progress with personal development plans.

The composition of the Board of Directors as of 31 March 2025 was as follows:

Non-Executive Directors

Steve Phoenix - Chair

Steve has been Chair of the Trust Board since February 2019. He joined the Board after a long career in health care leadership. His first NHS executive Board appointment was in 1988. He spent 13 years as a Director and 16 years as a Chief Executive (10 in the NHS and 6 at Hamad Medical Corporation, Qatar). He has held Non-Executive roles in the NHS, the private sector and social enterprise. He held an academic appointment at the London School of Economics between 1990 and 1994. Steve is married and has lived in Sussex since 1987.

Trust Roles:

- Member of Finance and Productivity Committee
- Member of Inequalities Committee
- Member of Remuneration Committee

Paresh Patel - Non-Executive Director

Paresh brings over 20 years of experience in healthcare leadership and management to his role as a Non-Executive Director at the trust. Before joining the Board, Paresh served in various executive roles within private healthcare organisations, including as CEO. His diverse background encompasses expertise in quality improvement, patient safety, financial management, and stakeholder engagement. Paresh is passionate about driving positive change within the NHS, with a particular focus on improving patient outcomes, promoting staff well-being, and ensuring the effective use of resources. He is committed to fostering a culture of transparency, accountability, and continuous improvement within the organisation.

Trust Roles:

- Vice Chair
- Senior Independent Director
- Chair of Audit Committee
- Chair of Remuneration Committee
- Member of Finance and Productivity Committee
- Member of Inequalities Committee
- Member of Charity Committee

Nicola Webber - Non-Executive Director

Nicola is a fellow of the Institute of Chartered Accountants of England and Wales and has spent the last 15 years working in the financial sector in London. Previous roles include Assistant Director at Deloitte LLP and Commercial Director at INSYNERGY Investment Management. She has a genuine passion for promoting excellent health care services in East Sussex having given birth to premature twins, resulting in a short hospital stay, and accessing ongoing help and support.

Trust Roles:

- Chair of Finance and Productivity Committee
- Member of Audit Committee

Carys Williams - Non-Executive Director

Carys is a portfolio Non-Executive Director and currently an independent lay member of the House of Commons Committee on Standards, the Welsh Government Board, Premiership Rugby's Sporting Commission and the Independent Betting Adjudication Service (IBAS). She is also chair of Age UK East Sussex. The majority of her professional career has been spent as a senior executive in financial services working for the Financial Ombudsman Service and Lloyds Banking Group.

Trust Roles:

- Chair of People and Organisational Development Committee
- Member of Remuneration Committee
- Member of Inequalities Committee

Amanda Fadero - Non-Executive Director

Amanda had an extensive and varied career in the NHS for over 40 years. She held a number of senior executive roles in the NHS working as Chief Executive of NHS Sussex, Area Director for NHS England for Surrey and Sussex and as Deputy/Interim Chief Executive at a large University Hospital Trusts. During her career she gained valuable experience in developing partnerships and integrating communities, managing complexity, using problem solving and conflict resolution to progress and manage change. Since leaving her full time career in the NHS, Amanda has developed a career portfolio that includes two Non-Executive roles on NHS Trust boards, a CEO of St Barnabas and Chestnut Tree hospices alongside supporting complex change programmes as a consultant.

Trust Roles:

- Chair of Quality and Safety Committee
- Member of People and Organisational Development Committee

Frank Sims - Non-Executive Director

Frank lives in Seaford and has spent over 30 years in the NHS, including working as a Chief Executive for acute and community providers as well as NHS commissioners. He is driven by a desire to improve care and the experience for patients. Frank has worked in the social enterprise movement and discovered the importance of including staff in all decision-making. Most recently he has moved into the charity sector, with a focus on mental health, both as a CEO and Trustee.

Trust Roles:

- Member of Finance and Productivity Committee
- Member of People and Organisational Development Committee

Associate Non-Executive Directors

Ama Agbeze - Associate Non-Executive Director *

Non-voting director

A large part of Ama's career has been spent as a professional athlete culminating in captaining Team England to netball gold at the 2018 Commonwealth Games. She was recently a board member for the 2022 Games in Birmingham. Alongside sport, Ama has worked as a lawyer in a variety of disciplines including family, corporate, charity and banking. As an ambassador and trustee for a number of charities Ama has a focus on the benefits of physical activity on health outcomes, using sport to help realise potential, and children and young people. She regularly speaks and advocates for diversity and inclusion, improving life opportunities in areas of deprivation, cultural development and organisational change, leadership and mental health.

Trust Roles:

- Chair of Charity Committee
- Member of Audit Committee
- Member of Quality and Safety Committee

Amber Lee - Associate Non-Executive Director *

Non-voting director

Amber joined the trust as an Associate Non-Executive Director after a long career in clinical research, working within large pharma and during the last 20 years in the Clinical Research Organisation sector. She started her career as a nurse and moved through project and process management, quality assurance and people leadership, finishing her industry career as head of global clinical operations for PPD, part of Thermo Fisher Scientific. Amber has lived in many areas of the UK and settled in Hastings three years ago.

Trust Roles:

- Member of Audit Committee
- Member of People and Organisational Development Committee
- Member of Quality and Safety Committee

Executive Directors

Steve Aumayer - Acting Chief Executive

Steve is an experienced HR Director who, after starting has career as a Royal Naval Officer has held a number of senior leadership roles in Healthcare and across other sectors. His healthcare experience includes Executive Director of Human Resources and Organisational Development at University Hospitals Bristol NHS Foundation Trust, Executive Director of Organisational Development and Strategic Human Resources at Hamad Medical Corporation, the public healthcare provider for the 2.5 million residents in Qatar, Group HR Director Optegra Eye Care and most recently running his own consultancy firm focused on supporting healthcare organisations, Teyr Consulting.

Prior to moving into healthcare, Steve held a number of senior leaderships posts in companies including Hay Management Consultants, Deloitte, Orange UK and COLT Telecom. Steve has also undertaken various Non-Executive Director roles, including at Avon Partnership for Occupational Health and Skills for Health.

Vikki Carruth - Chief Nurse and Director of Infection Prevention and Control (DIPC)

Originally from Dublin, Vikki qualified as a registered nurse in the UK undertaking a number of post graduate studies at the University of Brighton. She has worked in the NHS since 1989, holding a variety of senior nursing posts at Deputy and Director level in a number of trusts in London, Kent, Surrey and Sussex.

Vikki joined ESHT in 2017 and is passionate about ensuring that the care that patients receive is the very best it can be and that staff have the right training, leadership and support to deliver this to every patient, every time. She has a clinical background in acute medicine and has a particular interest in the care of vulnerable patients and those with more complex needs. She is the professional lead for nursing, midwifery and Allied Health Professionals and is the Director for Infection Prevention and Control (DIPC).

Dr Simon Merritt - Chief Medical Officer

Simon is a Consultant in Respiratory, General and Sleep Medicine at Conquest Hospital and is Chief Medical Officer. He trained at United Medical and Dental School of Guy's and St Thomas's Hospitals, London gaining a BSc in Psychology, before graduating with Honours in 2000. After completing his general medical training in East London, he undertook specialist training at the Kent and Sussex, Lewisham, St. Thomas' and Conquest Hospitals.

Simon joined the trust in July 2009 as a consultant; he has set up a respiratory failure and home Non Invasive Ventilation service. He has also led the sleep service for a number of years. Over the last eight years he has held clinical leadership posts – clinical unit lead for specialist medicine, and then Chief of Medicine prior to becoming Chief Medical Officer in September 2022.

Charlotte O'Brien - Chief Operating Officer

Charlotte joined the trust as Director of Transformation and Improvement in 2022 before moving into her current role. She was previously Director of Strategic Partnerships at Sussex Partnership NHS Foundation Trust, supporting the development of its role as the lead provider for a number of specialist provider collaboratives, developing the Sussex ICS Mental Health Collaborative Programme and developing the trust's approach to performance and assurance.

Charlotte started her career as a cardiac nurse in London and has more than 20 years of management experience working in senior operational and service transformation roles across primary, secondary and tertiary care. Charlotte has also worked for NHS England and NHS Improvement as a member of the South East regional oversight and assurance team.

Damian Reid - Chief Finance Officer

Damian joined the trust from Bedford Hospital NHS Trust where he was Director of Finance. Damian is a qualified Chartered Management Accountant. He started his career in the Ministry of Defence, followed by a series of appointments in the public sector and at EC Harris and Compass Group. Damian is an experienced Finance Director having held a number of senior positions within national, regional and local NHS organisations, including acute and community providers. Damian's portfolio at ESHT includes finance, procurement and digital.

Richard Milner - Chief of Staff *

Non-voting director

Richard joined the trust having previously held senior positions at several NHS Trusts in London covering community, mental health and the acute sector. He has worked predominantly in operations and service improvement, and brings his experience of leading transformation programmes to improve care for patients. His interests are technology-enabled change and working across organisational boundaries to improve care outcomes. Richard began his career working for a US-based strategy consultancy before joining the NHS on the Gateway to Leadership programme.

Jenny Darwood - Acting Chief People Officer*

Non-voting director

Jenny has extensive experience as a senior manager in Operations and Human Resources. She is passionate about investing in staff development and fostering a positive workplace culture to enhance the quality of care delivered to patients. With a keen interest in leveraging digital solutions, Jenny is committed to driving innovations that lead to improved workforce and patient outcomes.

*** Non-voting Board member/officer**

Responsibilities of the Chair, Senior Independent Director and Chief Executive

Trust Chair

Our Chair, Steve Phoenix, leads the trust's Board and is responsible for ensuring effective governance processes which are consistent with the Nolan principles and the NHS values. He is pivotal in creating the conditions necessary for overall Board and individual director effectiveness and has five key responsibilities:

1. **Strategic:** ensuring the Board sets the trust's long-term vision and strategic direction and holds the chief executive to account for achieving the trust's strategy.

2. **People:** creating the right tone at the top, encouraging diversity, change and innovation, and shaping an inclusive, compassionate, patient-centred culture for the organisation.

3. **Professional acumen:** leading the Board both in terms of governance and managing relationships internally and externally.

4. **Outcomes focus:** achieving the best sustainable outcomes for patients and service users by encouraging continuous improvement, clinical excellence and value for money.

5. **Partnerships:** building system partnerships and balancing organisational governance priorities with system collaboration.

Senior Independent Director

Our Senior Independent Director (SID) is Paresh Patel; he is also the trust's Vice Chair. The role of the SID is to be available to members of the trust if they wish to raise concerns which contact through the usual channels of line manager, Speak Up Guardian, Chair or Chief Executive have failed to resolve or where it would be inappropriate to use such channels.

The SID also has a key role in supporting the trust Chair in leading the Board and acting as a sounding board and source of advice for the Chair. He holds a meeting with the other Non-Executive Directors in the absence of the Chair on an annual basis as part of the Chair's appraisal process.

We recognise that ideally the Vice Chair or SID should not also be Chair of the Audit Committee. Recruitment for another Non-Executive Director will take place in 2025 which will resolve this issue.

Chief Executive Officer

Steve Aumayer is our Acting Chief Executive Officer (ACEO) and is responsible for leading our team of Executives who oversee almost every aspect of making sure that the trust performs safely and efficiently. He is responsible for ensuring that the correct balance is found between managing day-to-day operations while leading strategic development initiatives required for long-term success. His areas of responsibility include:

- Responsibility for delivering the best quality of patient care.
- Leadership while creating a positive and productive culture.
- Setting and following standards for operational excellence.
- Hiring and maintaining appropriate levels of qualified staff.
- Implementing clinical procedures and policy.
- Ensuring compliance with NHS regulations as well as hospital policies.
- Developing a relationship with outside organizations, including the ICS, wider NHS and local stakeholders.
- Delivering strong financial performance

Board changes during 2024/25 are outlined below:

Name	Change	Date of Change
Karen Manson	Retired as Non-Executive Director	31.08.24
Frank Sims	Role changed from Associate Non-Executive Director to Non-Executive Director	01.09.24
Amber Lee	Became Associate Non-Executive Director	09.09.24
Steve Aumayer	Role changed from Deputy Chief Executive and Chief People Officer to Acting Chief Executive	25.11.24
Jenny Darwood	Became Acting Chief People Officer	25.11.24
Joe Chadwick-Bell	Left the trust	31.12.24

- Following the end of the 2024/25 financial year, Jayne Black joined the Trust as Chief Executive Officer on 7 April 2025 and Andrew Strevens joined as Chief Finance Officer on 18 June 2025.

Attendance at Trust Board Meetings 2024/25

	09/04/24	11/06/24	12/08/24	08/10/24	10/12/24	25/02/25	
Steve Phoenix	✔	✔	✔	✔	✔	✔	6/6
Amanda Fadero	✕	✔	✔	✔	✔	✔	5/6
Karen Manson	✔	✔	✔	Retired 31.08.24			3/3
Paresh Patel	✔	✔	✔	✔	✔	✔	6/6
Frank Sims	✔ *	✔ *	✕*	✔	✔	✔	5/6
Nicola Webber	✔	✔	✔	✔	✔	✕	5/6
Carys Williams	✔	✕	✕	✔	✔	✔	4/6
Ama Agbeze	✔ *	✔ *	✔ *	✔ *	✔ *	✕*	5/6
Amber Lee	Joined 09.09.24			✔ *	✔ *	✔ *	3/3
Joe Chadwick-Bell	✔	✔	✔	✔	✕	Left 31.12.24	4/5
Steve Aumayer	✔ *	✔ *	✔ *	✔ *	✔	✔	6/6
Vikki Carruth	✔	✔	✔	✔	✔	✔	6/6
Dr. Simon Merritt	✕	✔	✔	✔	✔	✔	5/6
Charlotte O'Brien	✔	✔	✕	✔	✔	✔	5/6
Damian Reid	✔	✔	✔	✔	✔	✔	6/6
Richard Milner	✔ *	✔ *	✔ *	✔ *	✔ *	✔ *	6/6
Jenny Darwood	Started role 25.11.24				✔ *	✔ *	2/2

*** Non-voting Board member/officer**

Trust Board Register of Interests

There are no company Directorships held by members of the Trust Board where companies are likely to do business or are seeking to do business with the trust. Should there be a potential conflict of interest, we have mechanisms to ensure that no direct conflict of interest occurs and those Directors at risk of conflict would not be involved in associated decision-making. Based on the Register of Directors' Interests and known circumstances, there is nothing to preclude any of the current Non-Executive Directors from being declared as independent.

No Executive Directors have been released by the trust to take unpaid roles with other organisations. Joe Chadwick-Bell and Damian Reid held unpaid director positions on Sussex MSK Partnership East (SMKSPE) which is a joint board between the trust and the Horder Centre as partners.

The Register of Interests is held by the Chief of Staff and Board members' declarations as of 31 March 2025 are set out below. They are also available on the trust's website.

The Board have individually signed to confirm that they meet the requirements of the Fit and Proper Persons Test.

Non-Executive Directors	**Steve Phoenix**	• None
	Ama Agbeze	• None
	Amanda Fadero	• Non Executive Director at the Royal Papworth NHS Foundation Trust • CEO at St Barnabas and Chestnut Tree House hospices, now Southern Hospice Group, until 30th April 2025
	Amber Lee	• None
	Paresh Patel	• None
	Frank Sims	• Trustee (unpaid) at the Anglian Community Trust (based in Colchester) • CEO for Surrey Wellbeing Partnership (paid), which provides emotional wellbeing support to young people in Surrey • NED for Surrey & Sussex NHS trust
	Nicola Webber	• Non-Executive Director of 2gether Support Solutions Limited • Mother-in-law is Associate Non-Executive Director at Maidstone and Tunbridge Wells NHS Trust • Non-Executive Director of the Westfield Contributory Health Scheme Limited • Director and Treasurer of Pevensey Bay Sailing Club Ltd
	Carys Williams	• Non-Executive Member, Welsh Government Board • Chair of Age UK East Sussex

Executive Directors	**Steve Aumayer**	• None
	Vikki Carruth	• None
	Jenny Darwood	• None
	Dr. Simon Merritt	• 3-4 private clinics per month at Sussex Premier Health • Chief Medical Officer for Kokoon Technology Ltd; work is undertaken on a contractor basis and is 'paid' in share options, which currently have no value • Gave a sponsored talk to GPs on 20.11.24 about an insomnia product called Daridorexant on behalf of a company called Idorsia, for which payment of £480 was received for preparation and the talk itself. An evening meal was also provided.
	Richard Milner	• None
	Charlotte O'Brien	• None
	Damian Reid	• Board Director SMKSPE - MSK Services - Joint board between ESHT and Horder as partners

Statement as to disclosure to auditors

So far as the Directors are aware, there is no relevant audit information of which the auditors are unaware and the Directors have taken all the steps that they ought to have taken as Directors in order to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

The accounts have been prepared under a direction issued by NHS England (NHSE) and recorded in the Accounting Officer's statement later in this report. The Directors are responsible for ensuring that the accounts are prepared in accordance with regulatory and statutory requirements. A Director is regarded as having taken all the steps that they ought to have taken as a Director in order to do the things mentioned above, and:

- made such enquiries of his/her fellow Directors and of the company's auditors for that purpose; and

- taken such other steps (if any) for that purpose, as are required by his/her duty as a Director of the company to exercise reasonable care, skill and diligence.

Relevant audit information means information needed by the NHS Trust's auditors in connection with preparing their report.

Schedule of Matters Reserved to the Board

1. Structure and governance of the trust, including regulation, control and approval of Standing Orders and documents incorporated into the Standing Orders:

1.1. Approve, including variations to:

- 1.1.1. Standing Orders for the regulation of its proceedings and business.
- 1.1.2. this Schedule of matters reserved to the Trust Board.
- 1.1.3. Standing Financial Instructions
- 1.1.4. Scheme of Delegation, including financial limits in delegations, from the Trust Board to officers of the trust.
- 1.1.5. suspension of Standing Orders

1.2. Determine the frequency and function of Trust Board meetings, including:

- 1.2.1. administration of public and private agendas of Board meetings
- 1.2.2. calling extraordinary meetings of the Board

1.3. Ratify the exercise of emergency powers by the Chair and Chief Executive

1.4. Establish Board committees including those which the trust is required to establish by the Secretary of State for Health or other regulation; and:

- 1.4.1. delegate functions from the Board to the committees
- 1.4.2. delegate functions from the Board to a director or officer of the trust
- 1.4.3. approve the appointment of members of any committee of the Trust Board or the appointment of representatives on outside bodies
- 1.4.4. receive reports from Board committees and take appropriate action in response to those reports
- 1.4.5. confirm the recommendations of the committees which do not have executive decision making powers
- 1.4.6. approve terms of reference and reporting arrangements of committees
- 1.4.7. approve delegation of powers from Board committees to sub- committees

1.5. Approve and adopt the organisational structures, processes and procedures to facilitate the discharge of business by the trust; and modifications thereto.

- 1.5.1. Appoint the Chief Executive
- 1.5.2. Appoint the Executive Directors

1.6. Require, from directors and officers, the declaration of any interests which might conflict with those of the trust; and consider the potential impact of the declared interests

1.7. Agree and oversee the approach to disciplining directors who are in breach of statutory requirements or the trust's Standing Orders.

1.8. Approve the disciplinary procedure for officers of the trust.

1.9. Approve arrangements for dealing with and responding to complaints.

1.10. Approve arrangements relating to the discharge of the trust's responsibilities as a corporate rustee for charitable funds held on trust

1.11. Approve arrangements relating to the discharge of the trust's responsibilities as a bailee for patients' property.

2.	**Determination of strategy and policy:**
	2.1. Approve those trust policies that require consideration by the Trust Board. These will be determined by the individual directors responsible for adopting and maintaining the policies. 2.2. Approve the trust's strategic direction: 2.2.1. annual budget, strategy and business plans 2.2.2. definition of the strategic aims and objectives of the trust. 2.2.3. clinical and service development strategy 2.2.4. overall, programmes of investment to guide the letting of contracts for the supply of clinical services. 2.3. Approve and monitor the trust's policies and procedures for the management of governance and risk.
3.	**Direct operational decisions:**
	3.1. Approve capital investment plans: 3.1.1. the annual capital programme 3.1.2. all variations to approved capital plans over £1 million 3.1.3. to acquire, dispose of, or change of use of land and/or buildings 3.1.4. capital investment over £2.5 million in value, supported by a business case and in line with the approval guidance issued by NHS England. 3.1.5. contracts for building works, which exceed the pre-tender estimate by over 10% (minimum £100k). 3.2. Introduce or discontinue any significant activity or operation which is regarded as significant (if it has a gross annual income or expenditure, before any set off, in excess of £1 million. 3.3. Approve individual contracts and commitments to pay, other than Commissioning Contracts, of a revenue nature amounting to, or likely to amount to over £2.5 million: 3.3.1. Tenders and quotations over the lifetime of the contract 3.3.2. Revenue funded service developments, in line with the approval guidance issued by the NHS England 3.3.3. Orders processed through approved supply arrangements 3.3.4. Orders processed through non-approved supply arrangements 3.3.5. Receipt of loans and trials equipment and materials 3.3.6. Prepayment agreements for services received 3.4. Decide the need to subject services to market testing

4.	**Quality, financial and performance reporting:**
	4.1. Appraise continuously the affairs of the trust through receipt of reports, as it sees fit, from directors, committees and officers of the trust. 4.2. Monitor returns required by external agencies; and significant performance reviews carried out by, including, but not exclusively limited to: 4.2.1. The Care Quality Commission 4.2.2. NHS England 4.3. Consider and approve of the trust's Annual Report including the annual accounts. 4.4. Approve the Annual report(s) and accounts for funds held on trust. 4.5. Approve the Quality Account
5.	**Audit arrangements:**
	5.1. Approve audit arrangements recommended by the Audit Committee (including arrangements for the separate audit of funds held on trust). 5.2. Receive reports of the Audit Committee meetings and take appropriate action. 5.3. Receive and approve the annual audit reports from the external auditor in respect of the Financial Accounts and the Quality Account. 5.4. Receive the annual management letter from the external auditor and agree action on recommendations of the Audit Committee, where appropriate. 5.5. Endorse the Annual Governance Statement for inclusion in the Annual Report

The following table outlines the notice periods for directors and officers in post at 31 March 2025:

Name	Start Date	Notice period
Steve Aumayer **Acting Chief Executive**	November 2020	6 months
Vikki Carruth **Chief Nurse and DIPC**	October 2017	6 months
Richard Milner **Chief of Staff**	May 2020	6 months
Damian Reid **Chief Finance Officer**	June 2020	6 months
Dr. Simon Merritt **Chief Medical Officer**	September 2022	6 months
Charlotte O'Brien **Chief Operating Officer**	July 2023	6 months
Jenny Darwood **Acting Chief People Officer**	November 2024	6 months

For statements on salary and pension benefits for all senior management who served during 2024/25 please see tables on pages 66-75.

Staff Stories

Sussex Surgical Centre passes major milestone

Work continued on the Sussex Surgical Centre, our new surgical facility currently under construction at Eastbourne DGH.

To celebrate the completion of the building frame, trust staff and our construction partners held a 'topping out' ceremony, with Emma Smyth, the trust's Head of Major Projects who is overseeing the delivery of the centre, pouring a final section of concrete to mark the occasion.

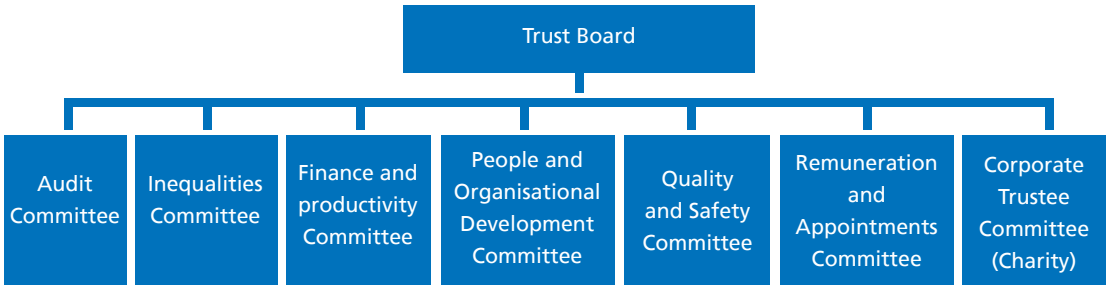
The building of the new Surgical Centre has made rapid progress since construction began in August last year and is on course to open in Summer 2025 It will provide four new operating theatres to deliver elective surgical care along with admission, discharge and recovery space. The centre will significantly increase the amount of elective surgical work undertaken in Sussex.

Jo Dale, who chairs the project board for the centre, said: "It's a testament to all of the hard work from our staff and our construction partners that we have hit this milestone on schedule while not compromising on the quality of the build. Thank you and congratulations to all of the team".

Board Committees

The Trust Board has established a number of formal sub-committees that support the discharging of the Board's responsibilities. Each committee is chaired by a Non-Executive Director.

These committees do not operate independently of each other but where appropriate operate together (and indeed report to one another) to ensure full coverage and clarity on all areas of trust activity. The schematic below shows the inter-relationships of the committees and the Board.



Each Board Committee undertakes an annual self-assessment of their effectiveness and reports the results to Trust Board. This informs updates to the Committee terms of reference and supports the Trust Board in determining whether the Committee is contributing effectively to the business of the Trust Board. In 2024/25 the Trust Board did not undertake any specific self-assessment, but instead relied on the developmental well-led review which took place, and which involved an assessment of overall Board and governance effectiveness in line with the CQC's well-led framework.

In 2024/25 the Trust Board continued its ongoing programme of strategic and developmental away-days.

Audit Committee

The Audit Committee has a specific role in the review and provision of assurance to the Board on the trust's overall governance, risk management and internal control procedures. This includes arrangements for the preparation of the Annual Accounts and Annual Report, the Board Assurance Framework and the Annual Governance Statement.

The Audit Committee met on six occasions during 2024/25; membership consists of three independent Non-Executive Directors, at least one of whom (the Committee Chair) is a qualified accountant in the period up to 31 March 2025.

In addition to Committee members, Executive Directors and senior staff are regularly invited to attend the Committee to answer questions and inform agenda content, and internal and external auditors are also present at meetings. Private meetings with both internal or external auditors are held as and when required. During the year, there were no changes in either internal or external audit providers.

During 2024/25, the Audit Committee undertook the full range of its responsibilities, including:

- Reviewing the effectiveness of the framework ofcontrols within the trust.
- Reviewing the Annual Governance Statement and supporting assurance processes in conjunction with the Head of Internal Audit opinion.
- Approving a risk-based internal audit plan and actively reviewing the findings of all audits and monitored progress.
- Approving the plan and reviewed the work of the local counter fraud specialist.
- Reviewing and approving the updated standing orders, standing financial instructions and scheme of delegation.
- Agreeing on the nature and scope of the external audit plan and reviewed the reports, recommendations and management responses.
- Reviewing the adequacy of arrangements for managing risk and how these are implemented.
- Reviewing the effectiveness of the Committee
- Agreeing updated Terms of Reference for the Committee and recommending these to Board for ratification.
- Reviewing procurement waivers.
- Undertaking the review of the annual report and accounts.

The Audit Committee reviews auditor independence both as part of its scrutiny of the annual report and accounts, and as part of its annual review of the auditors' work.

The Committee has also engaged regularly with the external auditors throughout the year, including in private session. The Committee is satisfied that to the best of its knowledge, there are no issues that compromise the external auditors' independence. The Chair of the Committee regularly discusses the effectiveness of both internal and external auditors with the Chief Financial Officer.

The following steps were taken during 2024/25 to ensure that auditor objectivity and independence is safeguarded:

- At each meeting of the Audit Committee attended by the external auditors they were asked to declare any interests that they may have in any of the items on the agenda. No such declarations were made.
- The external auditors have confirmed their compliance with the APB Ethical Standards for Auditors, and do not consider that their professionaljudgement or objectivity has been compromised.
- The trust and the auditors ensured that fees forthe provision of non-audit services by the external auditors did not exceed 70% of the audit fee, as mandated by the updated Auditor Guidance Note 1 issued by the National Audit Office in December 2016. The external auditors also did not perform any of the prohibited non-audit services set out in the guidance note. Details of the fees that were charged for non-audit work have been disclosed in the external auditors' report, and no further fees were charged.
- The external auditors have continued throughout the year to review their independence and ensure that appropriate safeguards are in place. These include the rotation of senior partners and professional staff, and the involvement of additional partners and professional staff to carry out reviews of the work performed and to advise as necessary.

During 2024/25 the trust's external auditor was Grant Thornton UK LLP, appointed in 2022 for a period of three years with two twelve-month options to extend. The trust's internal auditor and provider of counter fraud services was RSM UK Group LLP, who were appointed in 2023 to provide internal audit and counter fraud services for the trust, for a period of three years with two twelve-month options to extend.

Quality and Safety Committee

The trust is committed to providing safe, effective and high-quality care. The Chief Nurse and Director of Infection Prevention and Control (DIPC) is the Executive Lead for quality within the trust. Working in close partnership with the Chief Medical Officer and supported by the Associate Director of Clinical Governance, the Chief Nurse has overall responsibility for the delivery of the quality/clinical governance agenda for the trust.

Effective monitoring of the quality agenda ensures a focussed and transparent approach to quality improvement within the trust.

The trust uses a range of metrics, including patient safety, patient experience, clinical effectiveness and workforce metrics, to measure quality governance. These are reported bi-monthly to the Board via the trust's Integrated Performance Report (IPR) with more detailed data presented to the Quality and Safety Committee, incorporating commentary from senior leadership teams to aid analysis of the data on a monthly basis. This data also triangulates other quality governance metrics such as the delivery of outstanding care, patient experience, safe staffing and performance against national standards to provide assurance that the trust has effective systems and processes in place to ensure the delivery of high-quality governance.

The Quality and Safety Committee is a sub-Committee of the Trust Board and is chaired by a Non-Executive Director; it includes representation from Executives and members of the trust's senior leadership team. The Committee's remit is to scrutinise and evaluate all aspects of quality. The Committee receives assurance reports via the trust's steering groups inclusive of areas of challenge requiring escalation. During 2024/25, the Quality and Safety Committee met on twelve occasions. Areas of focus during the year included:

- Reviewing incidents via the PSIRF process.
- Reviewing patient experience metrics, including complaints.
- Reviewing the mortality indicators report and learning from death reports.
- Reviewing the Board Assurance Framework and Corporate Risk Register for the risks associated with the work of the Committee.
- Receiving assurance about the safety and quality of the trust's services in light of the increasing pressures that were experienced, particularly as a result in the increase of patients with no criteria to reside.
- Monitoring the improvement journey of maternity services, including progress in meeting the requirements that arose from the Ockenden Report and review of maternity services at East Kent, and the outcomes of the CQC's inspection of the trust's maternity services.
- Reviewed and approved the trust's Quality Account.
- Approving a number of annual reports relevant to its work, including CNST (Maternity), Patient Experience, Infection Control and Safeguarding.

Finance and Productivity Committee

The Finance and Productivity Committee is responsible for supporting the Board by ensuring that all appropriate action is taken to achieve the financial and operational performance objectives of the trust through regular review of financial and operational strategies and performance, investments, and capital plans. This includes the approval of business cases in line with the trust's Standing Financial Instructions, the development and oversight of the trust's Financial and Capital Strategy and the tracking of monthly financial and capital performance against budgets. During 2024/25, the Finance and Productivity Committee met on twelve occasions.

People and Organisational Development Committee

The People and Organisational Development Committee supports the Board by providing strategic oversight of workforce development, planning and performance. It provides assurance to the Board that the trust has the necessary strategies, policies, procedures and capabilities in place to ensure a high performing and motivated workforce that supports trust objectives and organisational success. Where broader organisational policies or processes inhibit the performance or motivation of individuals and their ability to contribute to the delivery of trust strategy and goals, it highlights such issues as appropriate for further consideration and review. The Committee also considers cultural development within the trust to align behaviours with strategic objectives to promote a learning and supportive work environment; this encompasses staff development, career progression and managerial culture. During 2024/25, the People and Organisational Development Committee met on eleven occasions.

Inequalities Committee

The Inequalities Committee supports the organisation by providing a Board level focus on the trust's approach to equality, both for staff and for service delivery. It ensures that there is oversight of the delivery of any national equality, diversity and inclusion high impact actions and seeks assurance that the trust ensures an inclusive and equitable work environment that values diversity and promotes a culture of respect, fairness, and collaboration. It also provides a direct Board level link to the trust's Staff Networks and their work. During 2024/25, the Inequalities Committee met on three occasions.

Committee Attendance

Non-Executive Directors are members of the Audit Committee, Finance and Productivity Committee, People and Organisational Development Committee, Quality and Safety Committee and Inequalities Committee. Committee Attendance during 2024/25 was as follows:

	Audit (6 meetings)	Finance and Productivity (12 meetings)	Inequalities (3 meetings)	People and Organisational Development (11 meetings)	Quality and Safety (12 meetings)
Ama Agbeze	6/6	2/2	1/3	-	11/12
Steve Aumayer	-	7/12	1/2	4/6	-
Vikki Carruth	6/6	9/12	-	9/1	11/12
Joe Chadwick-Bell	1/1	6/7	-	-	-
Jenny Darwood	-	2/5	1/1	3/5	-
Amanda Fadero	-	1/1	-	7/11	10/12
Amber Lee	4/6	1/1	-	6/7	6/7
Karen Manson	2/2	-	-	-	4/4
Dr Simon Merritt	-	2/2	1/1	-	9/12
Richard Milner	3/6	6/6	3/3	1/11	-
Charlotte O'Brien	-	8/12	-	-	2/2
Paresh Patel	6/6	10/12	3/3	-	1/1
Steve Phoenix	-	9/12	3/3	-	-
Damian Reid	5/6	11/12	-	1/1	-
Frank Sims	-	11/12	-	8/11	-
Nicola Webber	5/6	11/12	-	-	-
Carys Williams	1/1	-	2/3	11/11	-

All of the meetings of the trust's committees during 2024/25 were quorate.

Remuneration and Staff Report

Social Media

Facebook: @ESHTNHS | Instagram: @ESHTNHS | YouTube: @ESHTNHS

Remuneration Report

The Remuneration and Appointments Committee is a Non-Executive subcommittee of the Board which oversees the appointments of the Chief Executive and Executive Directors and agrees the parameters for the senior appointments process. The Committee agrees and reviews the trust policies on the reward, performance, retention and pension matters for the executive team and any relevant matters of policy that affect all staff.

The duties of the nominations committee are incorporated into the Terms of Reference of the Remuneration Committee in the trust. The Committee is responsible for the recruitment and appointment into all senior roles (Very Senior Manager) and ensures both a diverse set of capabilities and backgrounds both at Board and amongst our Very Senior Managers. A specific element of this is looking at the current mix of backgrounds and experiences and identifying opportunities to widen diversity of thought, background and experience through our proactive attraction and recruitment activities and approaches.

The Committee is chaired by the Senior Independent Non-Executive Director and membership also comprises the Chair of the Board and two other Non-Executive directors. The Chief Executive and Chief People Officer attend meetings in an advisory capacity, except when issues relating to their own performance, remuneration or terms and conditions are being discussed.

Quoracy for the meeting is three members of which one must be the Committee Chair or, in their absence, the trust Chair. Under delegated authority from the Trust Board, the Committee determines the appropriate remuneration and terms of service for the Chief Executive and Executive Directors having proper regard to national arrangements and guidance.

The Committee also advises on, and oversees, the appropriate contractual arrangements with the Chief Executive and Executive Directors, including the proper calculation and scrutiny of termination payments, taking account of national guidance as appropriate.

The remuneration rates are determined by taking into account national benchmarking and guidance in order to ensure fairness and proper regard to affordability and public scrutiny. The remuneration of the Chief Executive and Executive Directors are set at base salary only without any performance related pay. In line with national guidance, remuneration for all new Executive Directors includes an element of earn back pay related to achievement of objectives. The earn back figure is included in the base salary. Treasury approval for "Very Senior Managers" pay exceeding the Prime Minister's salary is also required.

In addition, the Committee monitors the performance of the Chief Executive and executive directors based on their agreed performance objectives.

Matters considered in 2024/25 included:

- Chief Executive's report on individual Directors' performance and objectives.
- Annual performance review for Chief Executive.
- Review of Very Senior Manager (VSM) Salarie.
- Approval of relevant appointments and terminations.

Due to nature of the business conducted, Committee minutes are considered confidential and are therefore not in the public domain. The Chair of the Committee draws to the Board's attention any issues that require disclosure to the full Board or require Executive action.

Salary and Pension entitlements of senior managers

A) Single total figure table

Name and Title	2024.25						2023.24					
	Salary (bands of £5,000) **£'000**	Expense payments (taxable) to nearest £100 **£**	Performance pay and bonuses (bands of £5,000) **£'000**	Long Term Performance pay and bonuses (bands of £5,000) **£'000**	All pension-related benefits (bands of £2,500) **£'000**	**TOTAL (bands of £5,000) £'000**	Salary (bands of £5,000) **£'000**	Expense payments (taxable) to nearest £100 **£**	Performance pay and bonuses (bands of £5,000) **£'000**	Long Term Performance pay and bonuses (bands of £5,000) **£'000**	All pension-related benefits (bands of £2,500) £'000	**TOTAL (bands of £5,000) £'000**
Steve Phoenix Chairman	50 - 55	0	0	0	0	**50 - 55**	50 - 55	0	0	0	0	**50 - 55**
Paresh Patel Vice Chairman	10 - 15	100	0	0	0	**10 - 15**	10 - 15	100	0	0	0	**10 - 15**
Joanne Chadwick-Bell Chief Executive (left the Trust 31st December 2024)	185 - 190	200	0	0	60 - 62.5	**245 - 250**	220 - 225	200	0	0	10 - 12.5	**230 - 235**
Richard Milner Chief of Staff	130 - 135	0	0	0	27.5 - 30	**160 - 165**	120 - 125	0	0	0	0	**120 - 125**
Victoria Carruth Chief Nurse and DIPC	150 - 155	0	0	0	42.5 - 45	**195 - 200**	145 - 150	0	0	0	0	**145 - 150**
Stephen Aumayer Acting Chief Executive (from 25th November 2024) and Chief People Officer and Deputy Chief Executive to 24th November 2024	175 - 180	0	0	0	57.5 - 60	**235 - 240**	155 - 160	0	0	0	22.5 - 25	**180 - 185**

Jenny Darwood Acting Chief People Officer (from 25th November 2024)	45 - 50	0	0	0	10 - 12.5	**55 - 60**						
Damian Reid Chief Financial Officer	175 - 180	0	0	0	35 - 37.5	**210 - 215**	155 - 160	0	0	0	0	**155 - 160**
Simon Merritt Chief Medical Officer *	240 - 245	0	0	0	127.5 - 130	**365 - 370**	220 - 225	0	0	0	75 - 77.5	**295 - 300**
Chris Hodgson Director of Estates and Facilities	140 - 145	0	0	0	0	**140 - 145**	130 - 135	0	0	0	0	**130 - 135**
Charlotte O'Brien Chief Operating Officer	155 - 160	0	0	0	32.5 - 35	**190 - 195**	145 - 150	0	0	0	27.5 - 30	**175 - 180**
Simon Dowse Director of Transformation & Improvement (2023.24 figures are part year from 4th September 2023 to 31st March 2024)	130- 135	0	0	0	32.5 - 35	**165 - 170**	70- 75	0	0	0	15 - 17.5	**85 - 90**
Karen Manson Non-Executive Director (retired 31st August 2024)	5 - 10	0	0	0	0	**5 - 10**	10 - 15	0	0	0	0	**10 - 15**
Nicola Webber Non-Executive Director	10 - 15	0	0	0	0	**10 - 15**	10 - 15	0	0	0	0	**10 - 15**
Carys Williams Non-Executive Director	10 - 15	0	0	0	0	**10 - 15**	10 - 15	0	0	0	0	**10 - 15**
Amanda Fadero Non-Executive Director	10 - 15	100	0	0	0	**10 - 15**	10 - 15	100	0	0	0	**10 - 15**

Frank Sims Non-Executive Director (from 1st September 2024) and Associate Non-Executive Director to 31st August 2024.	10 - 15	0	0	0	0	**10 - 15**	10 - 15	100	0	0	0	**10 - 15**
Ama Agbeze Associate Non-Executive Director	10 - 15	100	0	0	0	**10 - 15**	10 - 15	0	0	0	0	**10 - 15**
Amber Lee Associate Non-Executive Director (from 9th September 2024)	5 - 10	0	0	0	0	**5 - 10**						

* - Board related salary for the year of £59k. Salary above includes both Board and Non-Board roles.

Pension Related Benefits

Richard Milner is affected by the Public Service Pensions Remedy and their membership between 1st April 2015 and 31st March 2022 was moved back into the 1995/2008 Scheme on 1st October 2023.Negative values are not disclosed in this table but are substituted for a zero.

Victoria Carruth is affected by the Public Service Pensions Remedy and their membership between 1st April 2015 and 31st March 2022 was moved back into the 1995/2008 Scheme on 1st October 2023. Negative values are not disclosed in this table but are substituted for a zero.

Damian Reid is affected by the Public Service Pensions Remedy and their membership between 1st April 2015 and 31st March 2022 was moved back into the 1995/2008 Scheme on 1st October 2023. Negative values are not disclosed in this table but are substituted for a zero.

Chris Hodgson is affected by the Public Service Pensions Remedy and their membership between 1st April 2015 and 31st March 2022 was moved back into the 1995/2008 Scheme on 1st October 2023. Negative values are not disclosed in this table but are substituted for a zero.

Pension Benefits

B)

Name and Title	Salary (bands of £5,000) £'000	Expense payments (taxable) to nearest £100 £	Performance pay and bonuses (bands of £5,000) £'000	Long Term Performance pay and bonuses (bands of £5,000) £'000	All pension-related benefits (bands of £2,500) £'000	TOTAL (bands of £5,000) £'000	Salary (bands of £5,000) £'000	Expense payments (taxable) to nearest £100 £
Joanne Chadwick-Bell Chief Executive	2.5 - 5	0 - 2.5	75 - 80	200 - 205	1,618	49	1,820	0
Richard Milner Chief of Staff	0 - 2.5	0	35 - 40	90 - 95	750	28	845	0
Victoria Carruth Chief Nurse and DIPC	2.5 - 5	0 - 2.5	55 - 60	145 - 150	1167	48	1,313	0
Stephen Aumayer Acting Chief Executive	2.5 - 5	0	20 - 25	0	306	50	397	0
Jenny Darwood * Acting Chief People Office	0 - 2.5	0 - 2.5	15 - 20	15 - 20	319	0	358	0
Damian Reid Chief Financial Officer	2.5 - 5	0	40 - 45	90 - 95	804	37	918	0
Simon Merritt Chief Medical Officer	5 - 7.5	10 -12.5	60 - 65	160 - 165	1073	124	1,294	0

Chris Hodgson Director of Estates & Facilities	0	0	50 - 55	135 - 140	1246	0	1,317	0
Charlotte O'Brien Chief Operating Officer	2.5 - 5	0	50 - 55	130 - 135	972	34	1091	0
Simon Dowse Director of Transformation & Improvement (2023.24 figures are part year from 4th September 2023 to 31st March 2024)	0 - 2.5	0	10 - 15	0	140	22	187	0

* - J Darwood chose to be covered by the pension arrangements from 1st February 2025.

Non-executive Directors do not receive pensionable remuneration, hence there are no entries in respect of pensions.

Joanne Chadwick-Bell is affected by the Public Service Pensions Remedy and their membership between 1st April 2015 and 31st March 2022 was moved back into the 1995/2008 Scheme on 1st October 2023. Negative values are not disclosed in this table but are substituted for a zero.

Richard Milner is affected by the Public Service Pensions Remedy and their membership between 1st April 2015 and 31st March 2022 was moved back into the 1995/2008 Scheme on 1st October 2023. Negative values are not disclosed in this table but are substituted for a zero. Victoria Carruth is affected by the Public Service Pensions Remedy and their membership between 1st April 2015 and 31st March 2022 was moved back into the 1995/2008 Scheme on 1st October 2023. Negative values are not disclosed in this table but are substituted for a zero.

Damian Reid is affected by the Public Service Pensions Remedy and their membership between 1st April 2015 and 31st March 2022 was moved back into the 1995/2008 Scheme on 1st October 2023. Negative values are not disclosed in this table but are substituted for a zero. Chris Hodgson is affected by the Public Service Pensions Remedy and their membership between 1st April 2015 and 31st March 2022 was moved back into the 1995/2008 Scheme on 1st October 2023. Negative values are not disclosed in this table but are substituted for a zero.

Staff Stories

New partnership launches to keep stroke patients active and help their recovery

East Sussex Healthcare NHS Trust and Active Sussex joined forces this year to keep stroke patients moving to improve their health while at hospital and when they go home.

A stroke diagnosis can have a significant impact on people, including their ability to walk and move, to eat and to communicate. Recovering from a stroke is often a long and complicated process that requires support from a range of clinical and therapeutic staff.

Funded by Active Sussex, in partnership with the trust, Active Rother, East Sussex Public Health, and 20/20 Health, this landmark project aimed to address the detrimental effects of inactivity among stroke patients. The first phase of this transformative project was celebrated on 7 March, marking an important milestone in its journey.

The pilot provided 26 weeks of supervised physical activity sessions led by health instructors from 20/20 Health, alongside trust physiotherapists. As well as the activity at the Irvine Unit, the initiative also supported patients in transitioning to community-based exercise programmes to ensure long-term, active lifestyles.

Patients benefited from four sessions a week in the hospital, as well as community-based provision in Hastings, Bexhill, Lewes and Eastbourne.

Karen Poole, AHP Rehabilitation Consultant for the trust and Strategic Clinical Lead for Rehabilitation and Reablement at NHS Sussex, said: “This exciting collaboration between the NHS and a local community health instructor provider has had a significant number of positive impacts.

“The activity groups increased access to physical and social activity for patients recovering at the Irvine Rehabilitation Unit, contributing to their mood, wellbeing and a positive culture across our workforce.

Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme. CETVs are calculated in accordance with SI 2008 No.1050 Occupational Pension Schemes (Transfer Values) Regulations 2008.

Real Increase in CETV

This reflects the increase in CETV that is funded by the employer. It does not include the increase in accrued pension due to inflation or contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement).

Payments to Past Directors (audited)

No payments to past directors were made during the year 2024/25.

Payment for Loss of Office (audited)

No payments for loss of office were made during the year 2024/25.

Note on Pension-related benefits (Table A)

The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights.

This value does not represent an amount that will be received by the individual. It is a calculation that is intended to convey to the reader of the accounts an estimation of the benefit that being a member of the pension scheme could provide.

The pension benefit table provides further information on the pension benefits accruing to the individual.

Factors determining the variation in the values recorded between individuals include but are not limited to:

- A change in role with a resulting change in pay and impact on pension benefits.
- A change in the pension scheme itself.
- Changes in the contribution rates.
- Changes in the wider remuneration package of an individual.

Pay Ratios

Year	25th Percentile Pay	Median Pay Ratio	75th Percentile Pay
2024-25	8.41:1	6.16:1	4.44:1
2023-24	10.73:1	7.85:1	5.83:1

The pay ratios have decreased from those of 2023/24, this is mainly due to the decrease in the banded remuneration of the highest paid director, offset by the effects of the 2024/25 pay awards.

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director / member in their organisation and the median remuneration of the organisation's workforce, as well as showing the 25th and 75th Percentiles. For these disclosures, Non-Executive Directors are included as employees.

Year	2024-25	2023-24	% Change
Average cost per FTE for all employees excluding highest paid director (Annualised basis)	£52,185	£50,649	+3.03%

The increase in average cost is principally due to the wage awards applicable from 1st April 2024. For Resident Doctors, the wage award was backdated to 1st April 2023. Re-banding of Healthcare Assistants (HCA) has also taken place during the year, with arrears paid that go back to 1st August 2021. To remove the prior year amounts by individual for the Resident Doctors and HCAs is not practicable, however, any distortion to the calculations are minimal.

Year	2024-25	2023-24	% Change
Band of Highest Paid Director	£225k-£230k	£285k-£290k	-20.87%

The banded remuneration of the highest paid director in the Trust in the financial year 2024/25 was £225k-£230K (2023/24 £285k-£290k). This was 6.16 times (2023/24 - 7.85) the median remuneration of the workforce, which was £36,954 (2023/24, £36,625).

The highest paid director in 2023/24 was the Winter Director (agency), this post has not been filled in 2024/25.

2024-25	25th Percentile	Median	75th Percentile
Total remuneration	£27,056	£36,954	£51,190
Salary component of total remuneration	£27,056	£36,954	£51,190
Pay ratio information	8.41:1	6.16:1	4.44:1
2023-24			
Total remuneration	£26,800	£36,625	£49,321
Salary component of total remuneration	£26,800	£36,625	£49,321
Pay ratio information	10.73:1	7.85:1	5.83:1

In 2024/25 there were thirty three (an increase on six employees in 2023/24) employees who received remuneration in excess of the highest paid director. Remuneration ranged from £5,000 to £346,074 (2023/24 £5,000 to £447,047).

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

Staff Report

Staff fact file

75.2% of our dedicated staff identified themselves as female

7.1% of staff identified themselves as disabled

38.6% of all staff work part-time

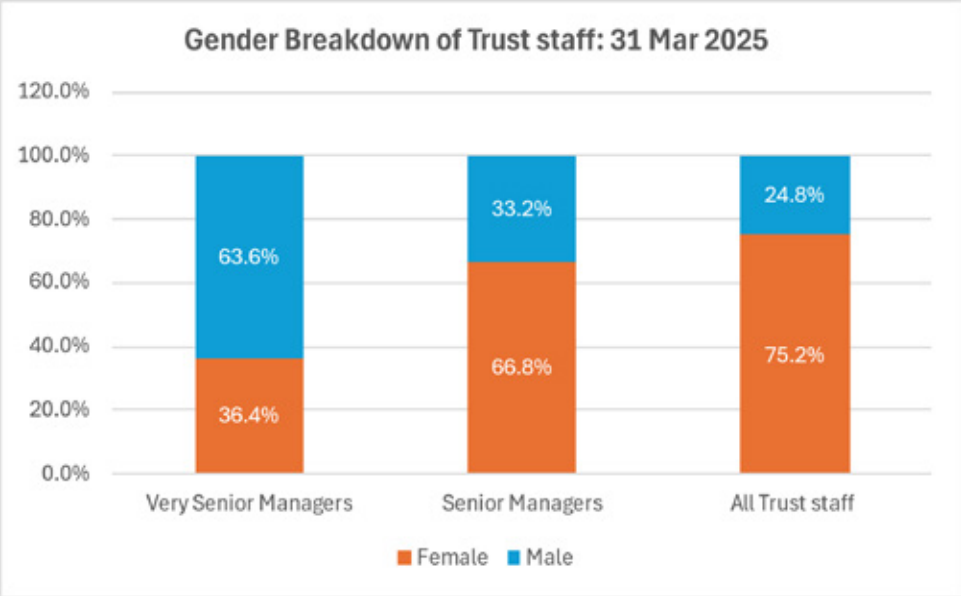
3.7% identified themselves as either gay, lesbian, bisexual or other sexual orientation

35.9% of staff are over 50 years old

24.0% of staff are from a black or minority ethnic (BME) origin

As of 31 March 2025

Gender distribution by Directors, Other Senior Managers and Staff



Senior Managers include all staff on Agenda for Change Bands 8a-9.

Trust Board Diversity

The proportion of our colleagues who identify as black or within a minority ethnic group is 24% across the trust, an increase of 6.5% over the last five years. As of 31 March 2025, the Board was 86.7% white and 13.3% non-white. The difference of multicultural representation between the workforce and the Board overall is -9.7%.

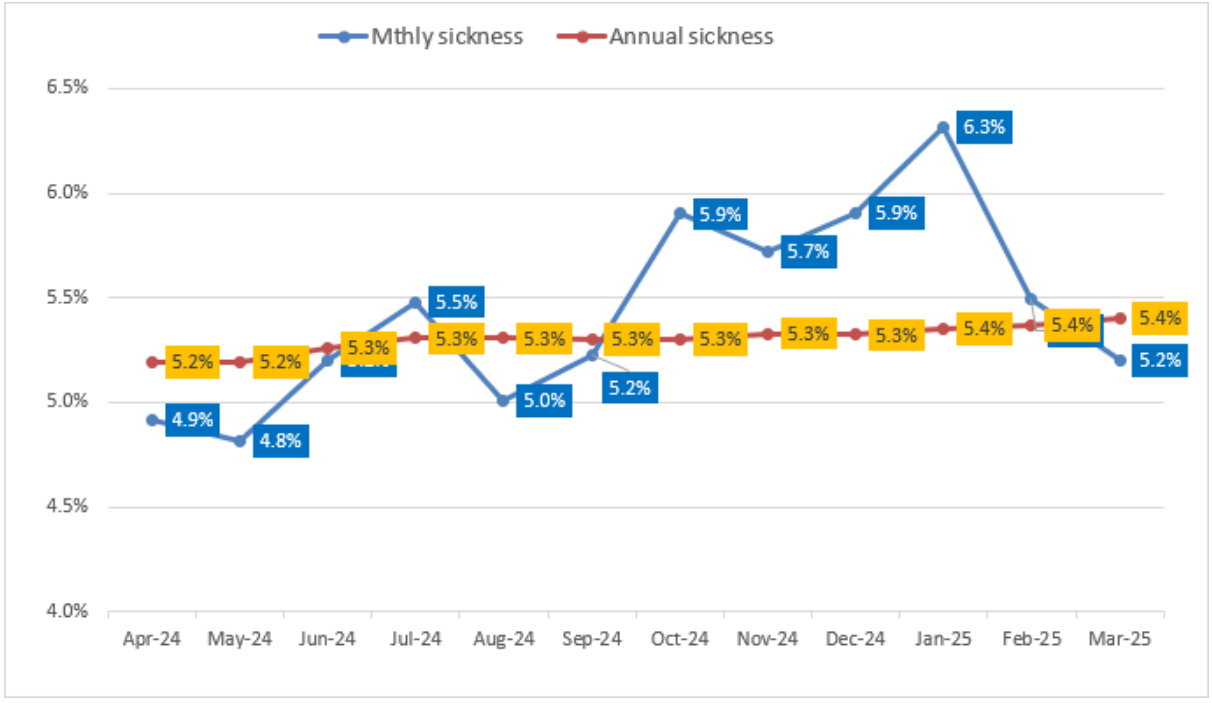
Number of Senior Managers by band at 31 March 2025

Senior Managers	WTE
Very Senior Managers payscale	11
Agenda for change Band 9	19.3
Agenda for change Band 8d	9.5
Agenda for change Band 8c	40.2
Agenda for change Band 8b	99.4
Agenda for change Band 8a	259.4

(NB WTE = Whole-time Equivalent)

Staff Absence Data

The annual sickness rate increased across 2024/25 from 5.2% to 5.4% as monthly sickness rates were higher than in the previous year. Monthly rates peaked across Oct 24 – Jan 25 due to cold, cough and flu peaks, reaching a new historic high in Jan 25. The average working days lost due to sickness per full-time equivalent member of staff during 2024 was 11.9, an increase on the figure of 11.6 that was reported in 2023 (according to Cabinet Office methodology).



Figures Converted by DHSC to Best Estimates of Required Data Items		Statistics Produced by NHS Digital from ESR Data Warehouse		
Average FTE yrs 24/25	Adjusted FTE days lost (per Cabinet Office definitions)	FTE-Days Available	FTE-Days Lost to Sickness Absence	Average Sick Days per FTE
7,693	91,756	2,807,771	148,849	11.9

NHS Sickness Absence Figures for NHS 2024-25 Annual Report and Accounts

Source: NHS Digital - Sickness Absence and Workforce Publications - based on data from the ESR Data Warehouse
Period covered: January 2024 to December 2024
Data items: ESR does not hold details of the planned working/non-working days for employees so days lost and days available are reported based upon a 365-day year. For the Annual Report and Accounts the following figures are used:

- The number of FTE-days available has been taken directly from ESR. This has been converted to FTE years in the first column by dividing by 365.
- The number of FTE-days lost to sickness absence has been taken directly from ESR. The adjusted FTE days lost has been calculated by multiplying by 225/365 to give the Cabinet Office measure.
- The average number of sick days per FTE has been estimated by dividing the FTE Days by the FTE days lost and multiplying by 225/365 to give the Cabinet Office measure. This figure is replicated on returns by dividing the adjusted FTE days lost by Average FTE.

Staff Turnover

During 2024/25 there was a staff turnover rate of 10.5%. There were 759.3 wte leavers during the year.

Trade Union Facility Time as at 31 March 2025

The Trade Union (Facility Time Publication Requirements) Regulations 2017 came into force on 1 April 2017.

Under the Regulations, the trust is required to publish the following information relating to trades union officials and facility time.

Trade Union Representatives	
Staff who are Trade Union Representatives	23
Staff who are Union representatives (H&S only)	4
Unions (covering the above)	
BIOS (British and Irish Orthoptic Society) CSP (Chartered Society of Physiotherapy) GMB RCPod (Royal College of Podiatry) RCM (Royal College of Midwives) RCN (Royal College of Nurses) UNISON UNITE	
Relevant Union Officials	
What was the total number of your employees who were relevant union officials during the relevant period?	
Number of employees who were relevant union officials employed during the relevant period	Number of employees (WTE) in the organisation
23	7,679.5
Percentage of time spent on facility time for each relevant union official	
How many of your employees who were relevant union officials employed during the relevant period spent a) 0 - 50%, b) 51 – 99%, c) 100% of their time on facility time?	
Percentage of time	Number of employees
0-50%	16
51-99%	1
100%	0
Percentage of pay bill sept on facility time?	
What is the percentage of pay bill spent on facility time?	
0.01%	

Analysis of Staff and Costs for 2024/25

Staff Costs

			2024/25	2023/24
	Permanent	Other	Total	Total
	£000	£000	£000	£000
Salaries and wages	335,934	29,926	365,860	338,372
Social security costs	35,468	3,160	38,628	36,681
Apprenticeship levy	1,728	154	1,882	1,803
Employer's contributions to NHS pension scheme	63,344	5,642	68,986	55,563
Pension cost - other	51	5	56	94
Other post employment benefits	-	-	-	-
Other employment benefits	-	-	-	-
Termination benefits	4	-	4	2
Temporary staff	-	8,239	8,239	12,206
Total gross staff costs	**436,529**	**47,126**	**483,655**	**444,721**
Recoveries in respect of seconded staff	-	-	-	-
Total staff costs	**436,529**	**47,126**	**483,655**	**444,721**
Of which				
Costs capitalised as part of assets	182	-	182	675

Average Number of Employees (WTE Basis)

			2024/25	2023/24
	Permanent	Other	Total	Total
	Number	Number	Number	Number
Medical and dental	816	103	**919**	881
Ambulance staff	-	-	**-**	-
Administration and estates	1,498	66	**1,563**	1,414
Healthcare assistants and other support staff	2,163	285	**2,448**	2,537
Nursing, midwifery and health visiting staff	2,171	216	**2,387**	2,373
Nursing, midwifery and health visiting learners	-	-	**-**	-
Scientific, therapeutic and technical staff	757	36	**793**	764
Healthcare science staff	113	9	**122**	121
Social care staff	-	-	**-**	-
Other	9	-	**9**	8
Total average numbers	**7,527**	**715**	**8,242**	**8,098**
Of which:				
Number of employees (WTE) engaged on capital projects	3	0	**3**	8

Exit Packages (audited)

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
Exit package cost band (including any special payment element)			
<£10,000	-	1	**1**
£10,000 - £25,000	-	-	**-**
£25,001 - 50,000	-	-	**-**
£50,001 - £100,000	-	-	**-**
£100,001 - £150,000	-	-	**-**
£150,001 - £200,000	-	-	**-**
>£200,000	-	-	**-**
Total number of exit packages by type	-	1	**1**
Total cost (£)	£0	£4,000	**£4,000**

Reporting of compensation schemes - exit packages 2023/24

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
Exit package cost band (including any special payment element)			
<£10,000	-	2	**2**
£10,000 - £25,000	-	-	**-**
£25,001 - 50,000	-	-	**-**
£50,001 - £100,000	-	-	**-**
£100,001 - £150,000	-	-	**-**
£150,001 - £200,000	-	-	**-**
>£200,000	-	-	**-**
Total number of exit packages by type	**-**	**2**	**2**
Total resource cost (£)	£0	£7,000	£7,000

Exit packages: other (non-compulsory) departure payments

	2024/25		2023/24	
	Payments agreed	Total value of agreements	Payments agreed	Total value of agreements
	Number	£000	Number	£000
Voluntary redundancies including early retirement contractual costs	-	-	1	5
Mutually agreed resignations (MARS) contractual costs	-	-	-	-
Early retirements in the efficiency of the service contractual costs	-	-	-	-
Contractual payments in lieu of notice	1	4	1	2
Exit payments following Employment Tribunals or court orders	-	-	-	-
Non-contractual payments requiring HMT approval	-	-	-	-
Total Of which:	1	4	2	7
Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	-	-	-	-

Expenditure on Consultancies

During 2024/25, the trust's total spending on consultancies was £12,000 (see Accounts, note 7)

Off-payroll Engagements

Table 1: Length of all highly paid off-payroll engagements:

For all off-payroll engagements as of 31 March 2025, for more than £245 per day:

	Number
Number of existing engagements as of 31 March 2025	7
Of which, the number that have existed:	
- for less than one year at the time of reporting	7
- for between one and two years at the time of reporting	0
- for between two and three years at the time of reporting	0
- for between three and four years at the time of reporting	0
- for four or more years at the time of reporting	0

Table 2: Off-payroll workers engaged at any point during the financial year

For all off-payroll engagements between 1 April 2024 and 31 March 2025, for more than £245 per day:

	Number
No. of temporary off-payroll workers engaged between 1 April 2024 and 31 March 2025	13
Of which…	
No. not subject to off-payroll legislation	0
No. subject to off-payroll legislation and determined as in-scope of IR35(2)	0
No. subject to off-payroll legislation and determined as out of scope of IR35	13
the number of engagements reassessed for compliance or assurance purposes during the year	0
Of which: no. of engagements that saw a change to IR35 status following review	0

Table 3: Off-payroll board member / senior official engagements

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2024 and 31 March 2025:

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year	0
Total no. of individuals on payroll and off-payroll that have been deemed "board members, and/or, senior officials with significant financial responsibility", during the financial year. This figure must include both on payroll and off-payroll engagements.	19

Recruitment and Staffing

During the year we were pleased to see a 15% increase in our overall recruitment activity, with a significant increase in the number of external applications for roles at all levels. We received a total of 90,229 applications for jobs in the trust. This continued interest in the trust, alongside our planned approach to target hard to recruit posts with external support, meant that we successfully filled a number of hard to recruit posts, particularly at consultant level. There remains a national shortage of candidates for some roles, so along with other NHS organisations across the country, the trust still has shortfalls in some areas.

We have further reduced the time taken to hire a new member of staff from an average of 29.4 days in 2023/24, to 25.2 days in 2024/25. Continued activity to further reduce the overall time to hire is underway, alongside ways to improve the overall candidate experience. The candidate survey introduced this year has shown an overall candidate satisfaction rating of around 90%. Areas for improvement are being worked on to deliver the very best candidate experience and ensure that the trust is viewed as an Employer of Choice.

This year the trust colleague survey for Temporary Work Services again saw one of the highest return rates in the region. It should also be noted that these positive results were some of the best seen both within the sector and with comparable organisations. Action plans have been developed to ensure that we continually deliver the best colleague experience for temporary staff.

International recruitment has been maintained, with candidates being recruited from a range of countries. This forms part of a wider campaign to reduce the number of vacancies at the trust.

During the year:

- We conducted around 7,921 interviews.
- We carried out 1,455 virtual Right to Work checks on new starters.
- We appointed 438 colleagues to medical roles, including resident doctors.
- Temporary Workforce demand showed a reduction of 12%, due mainly to increased governance and cost controls.
- Temporary Workforce filled 64.9% non-medical and 67.9% medical shifts requested (a 10% increase on last year).
- We now have 6,686 colleagues registered on our Bank (a 5% increase on last year).

Staff Stories

We celebrated the first international cohort of nurses

We celebrated the 25th anniversary of the first cohort of international nurses who came to East Sussex.

Nine remaining colleagues attended the celebration event, from the original cohort of internationally recruited nurses to our organisation in October, 1999. They were presented with recognition certificates and thanked for their valuable contribution to the trust.

Steve Aumayer, Acting Chief Executive, said: "It's important to recognise milestone moments such as this in the trust's history. We thank all our international colleagues for their continued dedication and service."

That first group arrived from the Philippines, followed by a second group in November 1999. Maria Ravelo, an Endocrine Specialist Nurse who still works with us, was part of the first group. Reflecting on her experiences, Maria said: "Everyone was so welcoming, and we were given packs with all the information we may need. We were also given a notebook with colloquial terms explained such as 'spend a penny'.

"We were all qualified nurses but there had to be an adjustment period where the NHS saw how we performed in our roles. It was a quick transition though and all of us managed to acquire our UKCC (now NMC) pin and registration within three months. For me, the time spent working in East Sussex has made me so much more confident and assertive as a woman, I feel I have really grown into myself. I also love the NHS and what it stands for, how it is for everyone, and we are all trying to provide the best possible healthcare to our patients."

Wellbeing of our People

We continued to support the physical and emotional wellbeing of colleagues during 2024/25 and adapted the range of support that we offered to our people to reflect the impact of work pressures. We focused on the areas our people articulated that made the biggest difference to them through surveys, anecdotal feedback and visits.

We have trained 240 colleagues in the Mental Health First Aid qualification and a further 28 are due to be trained during 2025/26. We have increased our offer of Mental Health Aware Training and to date 126 of our people have been trained since this was introduced in 2023. A further 140 places are available during 2025.

We have continued to support Wellbeing Conversations with colleagues in the trust. 314 managers have attended Wellbeing Conversation training and we are planning on exploring a blended approach to this training in 2024/25 via on-line facilitated sessions and e-learning on MyLearn to increase accessibility.

We delivered our wellbeing menu of support over the past year. This has included:

- Introduction of a trustwide Smokefree Focus Group.
- Trustwide Quarterly Wellbeing meetings with the support of the Non-Executive Wellbeing Guardian.
- Relaunching the Wellbeing Champions, with 158 Wellbeing Champions now in the trust.
- Seven sessions on men's health, covering topics such Men's Wellbeing, Mind, Stress & Resilience, and Health & Life Phases to reduce the stigma of talking about men's health.
- Quarterly 'Menopause Demystified' workshops have been delivered with 127 attendees (71% attendance), and menopause-related absence is recorded and reviewed on ESR to support and signpost individuals where appropriate.
- Providing 101 health checks for colleagues aged between 40-74 (70.9% attendance) in conjunction with One You East Sussex.

- Increasing our signposting of financial wellbeing support to, including StepChange and Citizens Advice. We have also worked in partnership with local foodbanks with issuing vouchers directly to those in need and with Wave Community Bank and Barclays to enable us to offer financial support to colleagues.

- Supporting the launch of Vivup Employee Support Programme, which is now included within our support sessions and signposting. 24.1% of trust employees (1,925 people) have now registered with Vivup.

- Supporting Flexible Working, with the Work-life Balance and Special Leave Policy being updated following legislation changes and an electronic process to apply and record flexible working requests. The electronic application is live and to date 92.3% of requests have been approved or approved with amendments.

- Streamlined access to our services resulting in all requests coming through one port of entry via a 'Team in Need' form.

- We visited and have supported teams in both acute and community services, providing tailored support. We provided 165 bespoke 1:1 calls and support to our people and delivered a variety of support sessions to our teams.

Plans to strengthen this further over 2025/26 include further increased support for mental and physical health; men's health; Menopause Workshops; Structured Wellbeing Days; and hosting external providers onsite promotional events (Gyms, Samaritans, Wills) - all of which our people have articulated are important to them through verbal and written feedback and during visits.

The trust has achieved the Bronze and Silver Wellbeing at Work Award from East Sussex County Council's Public Health Team. The Wellbeing at Work Award recognises an employer's commitment to supporting their employee's wellbeing through an accreditation programme. The programme provides a framework for improving health and wellbeing in the workplace and takes a holistic approach covering a wide variety of topics focussed on improving the wellbeing of staff.

Throughout 2024/25 we have held and supported events to thank and celebrate the achievements of our people, including the trust Awards and the Festive Refreshments events in December 2024.

To support our trust's journey with embedding our trust values and behaviours:

- We are developing a values and behaviour framework which will underpin our Trust values.
- This will hold all our people including senior leaders, and the Executive leadership team, to account for behaviours.
- Continue to support and work with "challenged areas" in our trust.
- Maintain our focus on our Leadership Roadmap journey which includes and details comprehensive training and coaching.
- In February 2025 we launched a new appraisal process which places a focus on being listened to, where everyone is understood and valued in their roles and to achieve their maximum potential and flourish.

Going into 2025/26, our aims for the trust remain ambitious. We want to:

1. be outstanding for patients and the communities we serve;
2. be outstanding for people, including employees, trainees, students on placements, and volunteers; and
3. to be recognised as outstanding by the CQC while making every moment the best it can be.

Understanding the views of our staff

We continue to actively listen to our colleagues through the national NHS staff survey, other surveys, listening events and visits to clinical and non-clinical areas. We use this feedback to inform leaders across the trust and to help them plan their improvement plans including culture and wellbeing activities.

The annual NHS Staff Survey results provide us with valuable insight into colleague experience at the trust and the results are the basis for a variety of workstreams over the year.

In 2024 we launched a divisional assurance framework to support divisional leadership teams to progress priorities and associated actions from their divisional results in a timely way. There is a requirement within the framework that colleagues receive regular communication about the results, how their feedback will be taken forward and awareness of what the focus will be for the year ahead. Divisions are invited to attend the People and Organisational Development Committee (POD) throughout the year to provide assurance to the non-executive directors that improvement action is underway within the division.

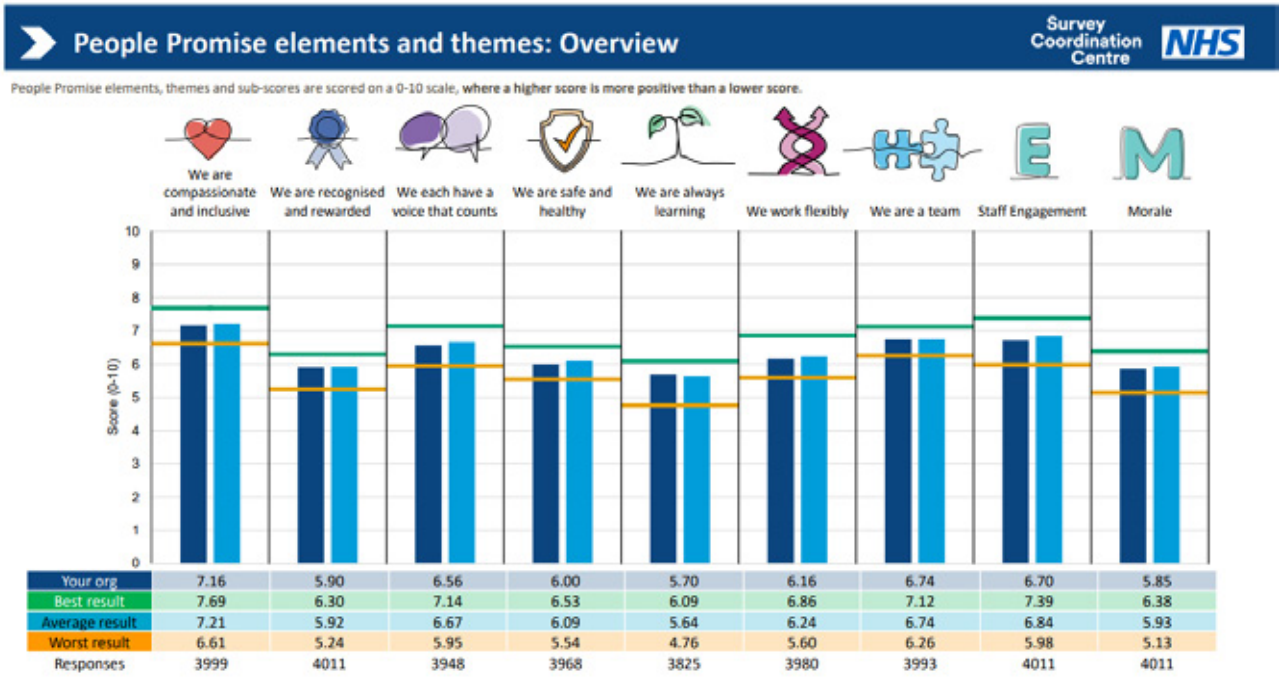
The People Engagement team and HR colleagues work closely with divisional and departmental leads and provide insight and support as they identify key survey priorities, progress action plans and talk through potential barriers and to identify solutions, particularly where there are operational constraints. A range of tools are available to support managers to communicate and engage with their staff at different points throughout the year; these include 'You said, Together we will' and 'You said, Together we did' posters to communicate action required, and where there have been successes these are celebrated with colleagues.

In the lead up to the 2024 NHS Staff Survey the People Engagement team engaged with colleagues at daily pop-up events outside the staff restaurants as well as holding virtual sessions to talk through any concerns or questions colleagues might have about the survey e.g. confidentiality. Regular bulletins about the importance of taking part were shared across the trust via the weekly 'Connected' email newsletter produced by the Communications team.

This year we introduced divisional staff survey dashboards in response to previous feedback about how divisions want their results presented. Built in collaboration with the HR Workforce team, these can be filtered to enable teams to access all survey responses across their division to easily identify where improvement is needed and to improve benchmarking. A video tutorial was developed to demonstrate how to navigate the dashboard to encourage divisions to become more self-sufficient and to become more curious about their results.

Throughout the year we have provided regular opportunities to hear from our colleagues on a range of different issues; in 2024/25 we held listening events with colleague networks about speaking up in relation to poor behaviours and discrimination. We visited a wide range of clinical and non-clinical areas listening to colleagues and working to identify solutions. This feedback has resulted in a number of task and finish groups being established to address specific issues within a set timeframe.

The trust's People Promise elements and themes from the NHS Staff Survey 2024



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	7.16	5.90	6.56	6.00	5.70	6.16	6.74	6.70	5.85
Best result	7.69	6.30	7.14	6.53	6.09	6.86	7.12	7.39	6.38
Average result	7.21	5.92	6.67	6.09	5.64	6.24	6.74	6.84	5.93
Worst result	6.61	5.24	5.95	5.54	4.76	5.60	6.26	5.98	5.13
Responses	3999	4011	3948	3968	3825	3980	3993	4011	4011

Occupational Health

After achieving Safe, Effective, Quality Occupational Health Service (SEQOHS) accreditation in 2023, the Occupational Health (OH) team continued to strive to provide high quality support and care to colleagues at the trust. In 2024/25 several quality improvement (QI) projects which were undertaken to improve the accessibility and speed of access to the OH service. Following the delivery of our QI projects, the waiting time for those using our service improved to an average wait of:

- 8 working days for an appointment after a manager refers (against the 10 working days within our KPI).
- 1.3 working days for pre-employment health clearance (measured from the receipt of a candidate's health questionnaire).

The QI achieved within the service was noted and commented upon during our annual assessment with the external accreditors, who commented "I would like to congratulate your service for its continued commitment to maintaining SEQOHS standards". Improvements have seen the introduction of self booking of some appointment types and improved information for both employees and managers on the extranet.

OH have focused on how to improve taking the feedback of our service users as starting points for improvement, and is measured across three core OH functions. Over the last year, these had the following feedback scores (out of a possible 5 stars):

1. Case Management, (4.79 Stars).
2. Vaccination Clinic (4.95 Stars).
3. Manager Support Feedback (4.86 Stars).

Moving into 2025/26, OH remains committed to providing colleagues with an accessible OH service, continuing to utilise digital solutions to support further self-serve options, provide clear information which supports informed decision making and supports the expectations of both managers and employees alike. The team will continue to flex to the needs of the organisation whilst delivering core and statutory care.

Freedom to Speak Up Guardians

The roles of Freedom to Speak Up Guardians and National Guardian for the NHS were established in 2016 following recommendations from Sir Robert Francis' Freedom to Speak Up Inquiry. Guardians support workers to speak up when they feel that they are unable to so by using other routes, and ensure that issues are addressed.

The trust considers it essential to have a culture in which our colleagues feel safe to speak up about anything that limits delivering safe, high-quality care. Our Freedom to Speak Up Guardians – Dominique Holliman and Ruth Agg – work to support staff who raise issues as well as working widely with staff representatives, managers and individual workers.

The Guardians undertake both reactive and proactive work to support all colleagues, including students, temporary workforce and volunteers, to be able to raise concerns and make suggestions for improvement. Dominique and Ruth endeavour to ensure that their reach extends to minority groups and those that may face barriers to speaking up.

243 speak up concerns were brought to the trust Guardians between April 2024 and March 2025 with registered nursing and midwifery staff reporting the most concerns in each quarter; key themes for speaking up were in line with national data submitted to the National Guardian Office from across the country. Rates of anonymous reporting are extremely low at the trust and significantly lower than the national average, suggesting a confidence within our workforce in Speaking Up.

Themes and learning from cases and anonymised data is shared at the People and Organisational Development Committee every quarter and the Guardians report in person to the Trust Board every 6 months.

All staff who raise concerns with the Guardians are asked to provide feedback about their experience, and over the last year, 100% of respondents reported receiving a timely response and felt that their concerns had been listened to.

Progress has been made in increasing visibility of the Guardians and providing Speak Up training in the trust. Speaking up now forms part of the leadership toolkit and new posters were launched this year to guide colleagues about how to raise their concerns. The Guardians regularly attend staff network group meetings and contribute to specific projects, such as the task and finish group for internationally recruited colleagues and the transforming workplace behaviours group.

All staff are encouraged to undertake the online 'speak up' module and a further 'listen up' module is mandatory for line managers to complete.

Staff psychological wellbeing and safety

The increasing demands and complexities associated with service delivery are having an impact on the psychological wellbeing of all who work within healthcare. To address this as effectively as is practically possible, the trust utilises an approach of encouraging self-care to support psychological wellbeing amongst colleagues, whilst improving organisational culture to promote psychological safety.

TRiM, (Trauma Risk Management), is now well established within the trust with areas regularly accessing this service following a traumatic event at work. Utilising TRiM risk assessment and support following a traumatic event greatly reduces the risk of colleagues going on to develop Post Traumatic Stress Disorder (PTSD) and reduces likelihood of 'burnout'.

Since April 2024 the TRiM team have offered:

- 82 referrals for TRiM.
- 319 of our people have been offered TRiM.
- 104 people have had the initial TRiM assessment.
- 58 of our people have had a one month follow up and five of our people have had a three month follow up.

In addition, seven supportive conversations have been held and the TRiM team are delivering Restorative Supervision to individuals and teams, of which 61 have been conducted.

Feedback from colleagues accessing TRiM is overwhelmingly positive, with many commenting that the TRiM intervention has been pivotal in enabling them to continue at work and their career. The TRiM team also work very closely with the Violence Prevention Reduction leads, with insights gathered through the TRiM process being pivotal in informing improvements to the trust's overall violence prevention and reduction agenda.

There has also been an increase in colleagues going on to access individual trauma therapy following their TRiM assessment, as the impact of the work-related incidents upon them has been so great, with 60 referrals have been received and processed over the last year in comparison to 40 referrals in 2023/24 with service user feedback reporting an improvement in psychological wellbeing after treatment Access to individual trauma therapy, for work related incidents, continues to be supported by the trust, who employ six trauma therapists via the Temporary Workforce Service.

As a proactive approach to encouraging healthy psychological wellbeing, the first phase of the Restorative Supervision training programme has been completed with 32 colleagues now trained to deliver Restorative Supervision. The programme works alongside the trust's Professional Midwifery Advocates and Professional Nurse Advocates and, in addition, the Practice Educators in Health Visiting have attended a bespoke refresher training and are now offering Restorative Supervision to their teams. Agreement in principle has been given to continue with the Restorative Supervision training through 2025 with a further four cohorts of up to 12 colleagues per cohort to be trained.

A team stress questionnaire has now been completed by approximately a third of all teams. Feedback via a managers' survey indicates that conversations are happening with teams where the results are discussed and ways to reduce, mitigate or escalate work related stressors are agreed. The reporting of the managers' actions on the Evotix system has not been as successful as hoped but the programme leads are exploring how this can be achieved in a more practical and effective way.

Staff Stories

New SLT therapy helps people with Parkinson's

The Community Speech and Language Therapy (SLT) team introduced a new therapy programme for people with Parkinson's this year.

The Speak Out! Therapy Programme, developed by Parkinson Voice Project, helps people with Parkinson's and related neurological disorders regain and retain their speech. The treatment combines education, individual and group speech therapy, daily home practice, and continuous follow-ups.

Emily Jeffreys, Clinical Lead Speech and Language Therapist, said: "This is the first time the SLT team have been able to offer an evidence-based therapy programme to people with Parkinson's. Speak Out! is relatively new to our service but the outcomes we have been getting, in terms of improvements to patients' speech, their perceptions of their communication ability and their confidence to be able to communicate in scenarios they'd avoided, have far surpassed anything we've been able to offer before."

The programme has been well received by patients across the service, including Bob Edwards, who has completed the therapy programme.

Bob said: "I noticed that I had started to lose my voice strength and volume, stuttering over words and walking with stiffness. I was also unsteady on my feet. As time went on, the stammer became more pronounced.

"After seeing the neurologist and Parkinson's Nurse Specialist, I was diagnosed with Parkinson's and it was this that was affecting my speech, with speech strength and dribbling as the main symptoms. I was referred for Speech and Language Therapy (SLT) and I was enrolled on to the Speak Out! therapy programme. It involved intensive therapy over four weeks.

"I now attend the Speak Out! therapy group and find it extremely beneficial to me. The SLT team have been really great, and all my friends have noticed the improvement in my voice strength and my stammer not being so pronounced. People have commented that they feel the 'old Bob is returning'. I cannot express how thankful I am to the SLT team. In some way, they have given me my life back!"

Retention

The trust's retention priorities for 2024/25 were aligned with the People Promise resulting in seven pledges to our people.

People Promise		Retention Priority: Pledge to our People
	**We are compassionate and inclusive**	Improve the onboarding and first year for those new to the NHS, newly qualified and international colleagues and provide assurance that changes are embedded and sustained.
	**We are recognised and rewarded**	Improve the experience of colleagues retiring from and/or returning to ESHT and extend the reach of the ESHT Alumni for all colleagues who leave voluntarily by exploring opportunities to return in a substantive, temporary or voluntary capacity.
	**We each have a voice that counts**	Establish ways for our people to share their reasons for moving within the organisation or leaving, by improving our exit and staying with the trust feedback mechanisms. Act on insights gathered from this feedback and promote a positive leaving experience for colleagues
	**We are safe and healthy**	Promote and provide a culture of psychological wellbeing and safety by fully establishing a framework and good governance for Restorative Supervision. Continue to embed TRiM, (Trauma Risk Management) and access to Trauma Therapy for colleagues experiencing work related trauma.
	**We are always learning**	Promote a culture where all colleagues are encouraged to flourish through the offer of Thrive and Grow Conversations at any point in the employee life cycle. Create opportunities for our people to realise their full potential through delivery of Action Learning Sets and by focusing on leadership development, culture and shared values.
	**We work flexibly**	Promote a culture where flexible approaches to work are possible and positive for both individuals and services by encouraging areas to explore different ways of organising and allocating work.
	**We are a team**	Share expert knowledge, skills and experience within teams through a legacy mentoring programme, to improve team resilience and stability

Work has progressed successfully in all of these seven areas and a refresh of the pledges for 2025/26 is being drafted.

- An internationally recruited colleagues' task and finish group closed in March 2025. A number of improvements to the recruitment, onboarding and experience of colleagues were identified and will now form part of the wider EDI monitoring and governance for the trust so that assurance can be given that improvements are sustained.

- Two retirement seminars were offered during the year at both of the acute sites. They were very well attended with colleagues having the opportunity to access one-to-one advice from SBS, the trust's pension specialists. These interventions have allowed colleagues to make informed decisions around when and if they want to retire. Further seminars are being planned for 2025.

- The ESHT Alumni group has continued to grow over the year, with over 70 members to date. 31 of these are retired colleagues whilst the remaining 40 have gone on to work in other areas. The Alumni receive a quarterly newsletter with updates from the trust plus opportunities to return either in a paid or voluntary capacity. Many Alumni members have joined the Legacy Mentoring programme which support those new to the NHS, role or area.

- Two new surveys have been created: an Exit survey and Staying with the trust survey. These were launched on 1 August 2024 to improve the quality of data being collected from those either leaving the trust or moving to a new role. Information from these surveys is anonymised.

People Policies and Equality, Diversity and Inclusion

Recruitment and Disability Confident Scheme

The trust actively encourages applications from disabled candidates through the 'Disability Confident Employer' scheme for both internally and externally advertised posts, ensuring that applicants who meet the essential criteria in the person specification are guaranteed an interview, reinforcing our commitment to fair and inclusive recruitment.

To further enhance recruitment equity, we continue to:

- Ensure Equality, Diversity and Inclusion (EDI) representation on recruitment panels for roles of Band 8a and above.
- Include information on staff networks within recruitment materials to increase awareness and accessibility.
- Expand our protected characteristic data to identify anyone who applies for a role from the Armed Forces Communities.
- As part of our commitment to inclusion for neurodivergent colleagues, we have created a Neurodiversity Staff Network and created internal webpages to support neurodiverse individuals and their managers on gaining help and support.
- Our centralised Reasonable Adjustments process continues to improve, streamlining support for colleagues requiring workplace modifications. A key development is increased financial sustainability, with over 70% of reasonable adjustment costs reimbursed through the Government's Access to Work scheme.

Embedding EDI into everyday practice

Personal Development Reviews (PDRs), team briefings, and trust-wide communications help to reinforce inclusivity at all levels. Staff Networks are actively consulted on relevant policies, ensuring lived experience shapes decision-making across the trust. Listening events and engagement forums provide ongoing opportunities for colleagues to share their experiences, helping inform and drive continuous improvement.

Our ongoing commitment to EDI ensures that equity, fairness, and inclusion remain at the heart of our workforce strategy, shaping a diverse and supportive workplace for all.

Health Inequalities

The trust has continued to develop its approach to health inequalities over 2024/25 and we continue to play an active role in key Sussex system priorities including alcohol care, tobacco prevention and ethnicity recording.

The trust's Inequalities Committee has met regularly as a sub-committee of the Board, and our progress updates include key initiatives to support staff and service models that have focused on our more vulnerable and/or marginalised communities.

We are particularly proud of the ongoing work undertaken by several teams this year including:

- our alcohol care team working with vulnerable patients, with many from areas of significant deprivation.
- maternal health and smoking.
- active support of BAME parents-to-be.

There are also ongoing improvements to the capture of ethnicity data for our ED, Outpatients and Community services. Over the coming year we will be supporting our existing improvements with a publicity campaign and training for our administrators called "It's OK to ask", using our staff network members in materials to support staff to overcome apprehensions on engaging patients and embracing difference.

We remain partially compliant with NHSE's requirements to publish information on health inequalities. For elective activity we provide more than simply deprivation and ethnicity information. For emergency admissions for under 18s, adult inpatient smoking cessation and oral health further development is required and forms part of our Business Intelligence/analytics work programme for 2024/25.

Workforce Equality and Diversity

The trust is committed to fostering a diverse, inclusive, and equitable workplace, ensuring that all colleagues, patients and communities receive high-quality care in a respectful and supportive environment. Guided by The NHS Constitution and the Public Sector Equality Duty, we work proactively to eliminate discrimination, promote representation, and embed a culture where everyone feels valued and included.

Advancing Equality, Diversity, and Inclusion (EDI)

Our Equality, Diversity, Inclusion, and Human Rights Policy underpins our efforts to address inequalities and enhance inclusivity across all areas of our workforce. Over the past year, we have continued to strengthen our EDI infrastructure, improving access to opportunities, increasing workforce representation, and fostering a culture of allyship.

We support six vibrant staff networks, which provide safe spaces for advocacy, peer support, and cultural transformation:

1. (dis)Ability Network
2. Faith and Belief Network
3. LGBTQI+ Network
4. Multicultural Network
5. Neurodiversity Network
6. Women's Network

Each network plays a pivotal role in promoting inclusion and driving cultural change. This year, membership has grown to over 700 colleagues, exceeding our targets for 2024/25. In April 2024, our Network Roadshow engaged 180 new members across multiple trust sites, expanding awareness and participation.

Key Network Initiatives and Awareness Campaigns

- Faith and Belief Network hosted the Hastings and Rother Interfaith Forum, bringing together faith leaders and NHS colleagues to discuss inclusivity in healthcare.
- LGBTQI+ Network strengthened allyship training, hosted an LGBT History Month fundraiser in partnership with Bourne Out and appointed a Vice-Chair to enhance engagement.
- Women's Network launched a monthly Fireside Chat series featuring inspiring female leaders and supported the Sexual Safety Charter initiative.
- South Asian Heritage Month featured spoken word artist and author Jaspreet Kaur, addressing cultural appropriation and identity through a trust-wide educational session.

Key EDI Initiatives and Training

We expanded training and learning opportunities, ensuring that EDI principles are embedded across our workforce. Our training portfolio now includes:

- Neurodiversity Awareness Training.
- We Support Deaf Awareness Training.
- Healthcare for the Armed Forces Training.
- Allyship Workshops and Diversity Dialogues.
- In July 2024, we introduced 'Looking After Patients with Black Skin and Black and Mixed Heritage Hair' training, delivered following recommendations from the ICB.

Veteran Aware and Armed Forces =Commitment

Pace and momentum has been sustained for the Armed Forces Workstream, with provisions in training, collaboration with Armed Forces services, number of Armed Forces champions and support for patients extending. We have achieved Silver Defence Employer Recognition Scheme (DERS) accreditation (May 2024) and Veteran Aware re-accreditation (Feb 2025) which is awarded by the Veteran Covenant Healthcare Alliance.

Embedding NHS High Impact Actions (HIA)

As part of the NHS England EDI Improvement Plan, we submit quarterly reports to the ICB and NHSE, tracking our progress on the Six High Impact Actions (HIA). We also held listening events through 2024 in response to Too Hot to Handle report actions following these events improve pathways for reporting discrimination and workplace concerns.

Violence and Aggression

Introduction

Over the past year, our trust has remained unwavering in its commitment to fostering a safer environment for patients, visitors, and colleagues. The Violence and Aggression (V&A) reduction programme has been a cornerstone of this effort, focusing on both proactive and reactive measures aimed at reducing incidents of V&A across our Acute and Community settings.

The Violence and Aggression Reduction Group (VARG) has played a central role in driving this work. Through effective governance and collaboration with the Integrated Care System (ICS) in East Sussex, divisional leadership, and national NHS VPR (Violence Prevention and Reduction) initiatives, VARG has ensured informed decision-making and the sharing of best practices. Our strategy has been built around six key objectives:

1. Improving Incident Reporting Culture: Encouraging transparency and consistency in reporting incidents.

2. Comprehensive Risk Assessments: Refining operational processes to address identified risks effectively.

3. Tailored Training Programme: Empowering staff with the skills and knowledge to manage instances of violence and aggression.

4. Enhanced Communication and Support: Improving staff engagement and wellbeing in the context of V&A.

5. Policy and Best Practice Alignment: Continuously reviewing and updating policies to reflect the latest best practices.

6. Integration of Sexual Safety: Incorporating strategies to protect staff from incidents of sexual and domestic abuse into the V&A workplan.

The mental health outreach team is a team who have undergone additional training to help provide assessment, support and guidance for our patients who have a significant mental illness. We are still in the process of recruiting to posts but will be commencing a pilot on the Eastbourne site.

Incident Reporting and Post-Incident Support

Significant improvements have been made to our incident reporting capabilities through the transition to Datix Cloud. This upgrade has allowed for better incident capture and management. Additionally, the integration of the Speak Up Guardians and Occupational Health Team into VARG has ensured a comprehensive post-incident support system for affected colleagues, along with the Trauma Risk Management (TRiM) initiative.

Training Programme

Our personal safety training programme, launched in November 2023, has empowered 370 staff members across both acute and community locations with the skills to manage instances of V&A. Feedback has been overwhelmingly positive, with 90% of participants rating the course a perfect 5 out of 5 and all participants indicating they would recommend the training to colleagues.

Additionally, partnerships with specialized training providers like IKON Training and Maudsley Learning have strengthened staff capabilities. A Training Needs Analysis (TNA) was conducted, with a refresh concluding in March 2025, which will inform the next phase of staff development.

Proactive Communications and Support

In May 2024, the "Transforming Workplace Behaviour Group" was formed as a subgroup of VARG to address issues of incivility and disrespect among colleagues. This initiative emerged from insights gained from the National Staff Survey and aims to foster a culture of respect and accountability within the trust.

To support this, the People Engagement and Communications Teams have worked collaboratively to redistribute updated V&A posters across the trust's acute sites, reinforcing our messaging and commitment to staff safety.

Through divisional analysis, we identified hotspot areas for V&A, such as ED/AAU/AMU and CHIC, and implemented increased security measures in key areas to help mitigate these incidents. VARG is now working on long-term solutions to address these issues effectively.

Policy and Best Practice Alignment

In December 2024, we conducted a peer review against the newly released Violence Prevention and Reduction (VPR) standards, achieving a compliance rate of 54%, with ongoing efforts to address areas rated as Amber.

As part of our trauma-informed approach, we have identified a Trauma-Informed Lead following ICS recommendations to guide the implementation of trauma-sensitive policies and practices.

In February 2024, we developed the Safety and Security Escalation Procedure, providing clear guidelines for managing potentially violent situations in community settings. We also signed the NHS Sexual Safety Charter in March 2024, committing to tackling sexual misconduct and domestic violence in healthcare settings. This workplan is now integrated into the broader V&A strategy. Additionally, we will be securing a new contract for Lone Worker Devices, which will be introduced in summer 2025. While uptake remains a challenge, the VARG is working on governance measures to ensure better engagement with the system.

Environmental and Risk Management Improvements

May 2024 saw the transition to a new Risk Management System, which has strengthened our approach to capturing and recording V&A-related risks across the trust. Environmental factors that may trigger violent or aggressive behaviour were addressed through collaborations with the Estates and Facilities team, leading to plans for improvements in our emergency departments aligned with a trauma informed approach.

As we look ahead to 2025/2026, we remain deeply committed to promoting a culture of safety, respect, and continuous improvement within our trust. The ongoing work of the V&A Reduction Programme continues to prioritise the safety and wellbeing of our staff, patients, and visitors through a focus on the development and delivery of targeted training, enhancing communication strategies, refining policies to align with best practices and our trauma-informed approach, and expanding strategic partnerships.

Counter Fraud

The Trust Board is committed to maintaining high standards of honesty, openness and integrity within the organisation. It is committed to the elimination of fraud, bribery and corruption within the trust, and to the rigorous investigation of any suspicions of fraud, bribery or corruption that arise.

The trust has procedures in place that reduce the likelihood of fraud, bribery or corruption occurring. These include Standing Orders, Standing Financial Instructions, authorised signatories, documented procedures, procurement procedures, disclosure checks, and Freedom to Speak Up. Additionally, the trust, aided by its Local Counter Fraud Specialist (LCFS), attempts to ensure that a risk (and fraud) awareness culture exists within the organisation.

The trust adopts a zero tolerance attitude to fraud and bribery within the NHS. The aim is to eliminate all fraud and bribery within the NHS as far as possible.

Sustainability

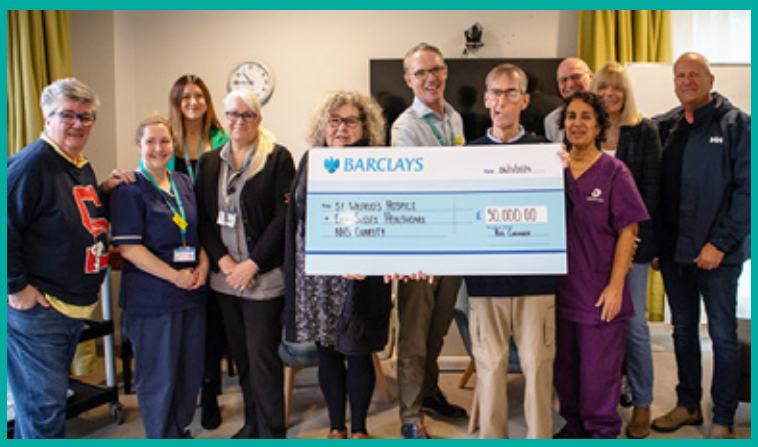
Care Without Carbon – Delivering Sustainable Healthcare at ESHT
Care Without Carbon (CWC) is shorthand for a sustainable NHS. It is a simple idea that reflects not only the Trust's strategic aim 'ensuring innovative and sustainable care', but also its wider philosophy and vision to ensure the high quality of care being delivered today is available in the future.

The context has changed considerably over that time but the challenge grows greater every year. In his 2024 review of the NHS, Lord Darzi emphasised the inseparable link between healthcare delivery and environmental responsibility, stating,

Staff Stories

Amazing Reg raises thousands to help cancer patients

Reg Coomber, who received treatment at the trust and at St Wilfrid's Hospice for his head and neck cancer, carried out a sponsored 300 metre swim, raising an amazing £50,000 for our charitable fund and St Wilfrid's Hospice.



Reg was motivated to start fundraising in order to help other cancer patients going through really challenging times. He trained for over five months to regain a suitable fitness level, and the swim took place at the Hillbrow Centre in Eastbourne.

After the swim Reg said: "I did it, I completed the challenge – swimming 16 lengths in the end, willed on by a fantastic bunch of supporters along with Colin and Sharon supporting me in the pool. I couldn't have done it without you all. On behalf of St Wilfrid's Hospice, East Sussex Healthcare Charity and all those fighting cancer, from the bottom of my heart, I thank you."

Dee Daly, Governance and Quality Lead for Cancer and Core Services at the trust said: What Reg has done is amazing, and we can't thank him enough, along with all the people who supported and sponsored him, for this fantastic donation.

"Our Cancer Charitable Fund supports cancer patients and their loved ones with small grants to help them with bills, support them with some of the significant impacts on their lives that a cancer diagnosis can have, and we also help people create happy memories with children and grandchildren.

"We also support our amazing teams with some of their training and with the purchase of highly specialist equipment and supplies for patients. We will be able to do so much to support patients with this phenomenal contribution. One of the first things we will be looking at is having supplies of mouthwashes and specialist oral moisturisers to support Head and Neck Cancer patients following surgery and radiotherapy."

Reg passed away in March 2025. He will be sadly missed by all of the staff who cared for him.

"There is no trade-off between climate responsibilities and reducing waiting lists. Indeed, often health and climate are mutually reinforcing goals: cleaner air is good for the environment and for respiratory health."

At East Sussex, our challenge is to ensure we're able to continue to deliver on our mission to provide 'outstanding care with partners across East Sussex' – in the context of climate change. The CWC vision is: "Together we lead the way in Net Zero Carbon healthcare; protecting the environment on which our health depends." Delivering this will drastically reduce the Trust's environmental impact and also deliver real health benefits to patients and the wider community; reduced emissions means reduced admissions.

As set out in our Board-approved Green Plan, we are committed to addressing sustainability in three key areas, which align with the requirements of the Health and Social Care Act 2022:

1. **Mitigation:** Reaching Net Zero Carbon by 2040 for our direct emissions and 2045 for our indirect emissions.
2. **Adaptation:** Adapting our service and infrastructure to current and predicted impacts of climate change in Sussex.
3. **Wider environmental impacts:** Reduce our impact on areas such as air pollution, biodiversity, water and waste in line with the requirements of the Environment Act 2021.

As part of our approach, we are also aligning with the principles of the Task Force on Climate-related Financial Disclosures (TCFD) by improving how we assess, manage, and disclose climate-related risks across the Trust. This ensures that climate resilience is embedded in our governance, planning and reporting processes.

As a Trust, our approach to sustainability is embedded within our Trust strategy and our strategic plan each year. These reflect the goals set our in our Green Plan, which is available online with further information available from the Care Without Carbon website.

Our environmental impact

Our environmental impact is measured by our Carbon Footprint, the direct emissions associated with Trust operations and service delivery. This is made up from the energy used to heat our premises; the electricity we consume; the water we use; emissions from Trust owned vehicles and from our business travel (or 'grey fleet') mileage, which includes the miles driven in staff-owned vehicles.

ESHT Annual Emissions (tonnes CO2e)

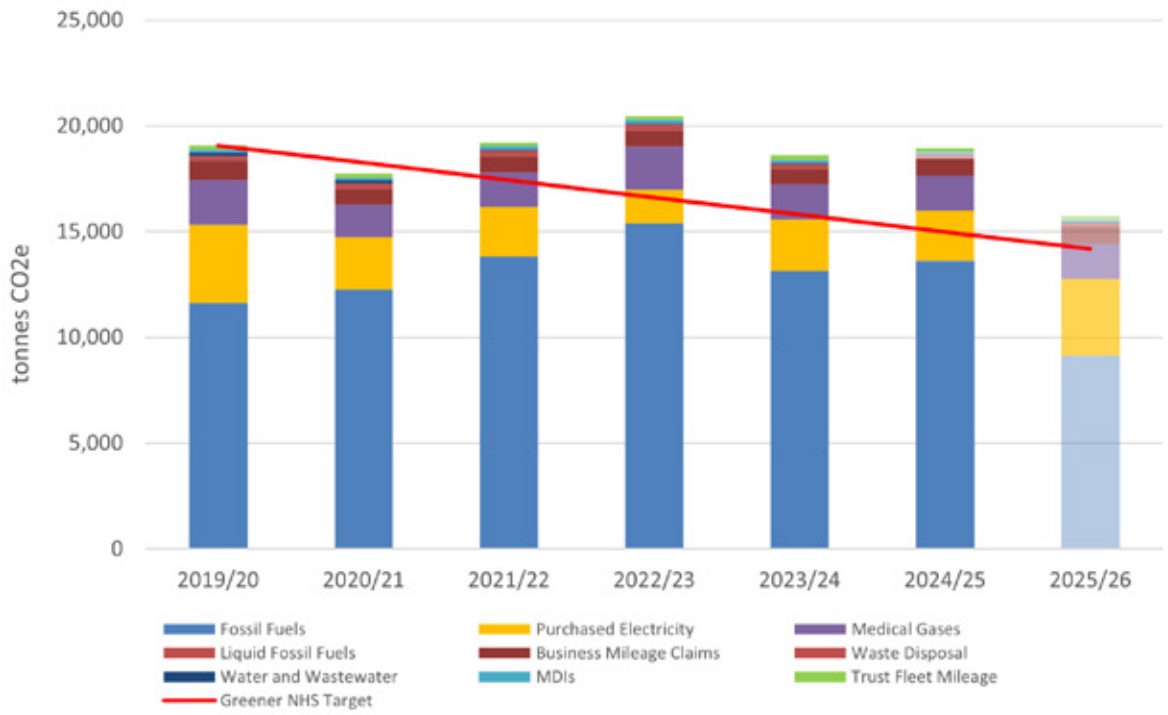


Figure 2: ESHT's Carbon emissions against 2025/26 targets

Emissions Source	2019/20	2023/24	2024/25
Fossil Fuels	11,634	13,142	13,610
Liquid Fossil Fuels	0	0	0
Trust Fleet Mileage	182	201	177
Medical Gases	2,135	1,649	1,654
MDIs	140	151	110
Purchased Electricity	3,684	2,442	2,367
Water and Wastewater	165	67	49
Business Mileage Claims	903	732	818
Waste Disposal	221	215	165
TOTAL	**19,064**	**18,599**	**18,950**

Figure 3: Trust Carbon Footprint, including Green Plan and Greener NHS defined base years, as well as the current and previous year emissions.

The Trust's absolute carbon footprint has fluctuated since our baseline year of 2019/20. In 2024/25 our carbon footprint was 18,950 tCO2e – a slight increase from last year, and an overall reduction of 1% (114 tonnes COe) since 2019/20.

While total emissions did not fall in 2024/25, key infrastructure upgrades at Eastbourne District General Hospital (EDGH) completed during the year are expected to deliver significant carbon savings from 2025/26 onwards as shown by the graph. These works, delivered through the Public Sector Decarbonisation Scheme (PSDS), included improved insulation, the installation of solar PV, and a new air source heat pump. The insulation and solar PV elements are already providing ongoing reductions in gas and grid electricity use. Although the heat pump was only brought online in the final month of the reporting period, modelled performance from the original PSDS business case has been used to estimate its expected impact for 2025/26. This shift from gas to electricity for heating has the potential to significantly reduce emissions, though this will be dependent on a lower national grid emissions factor being confirmed later in the year through the government's 'Green Book' guidance.

The Trust has also made strong progress in reducing emissions associated with medical gases. Desflurane has now been fully withdrawn from use across all sites, contributing to a 481 tCOe (23%) reduction in emissions from the 2019/20 baseline. Further improvements are expected following the decommissioning of Nitrous Oxide manifolds in favour of more efficient piped bottle supply systems.

Emissions from travel – which include all business-related journeys and staff use of personal vehicles for work – have reduced by 8% since the 2019/20 base year. However, since 2020/21, these emissions have risen year-on-year as travel patterns continue to return to pre-pandemic levels. Continued reductions in clinical and non-essential mileage, alongside greater uptake of zero-emission vehicles, will be key to reversing this trend and supporting a lower-carbon future for the Trust.

Key Highlights 2024-25

Our Green Plan sets out our Trust-wide commitment to reducing carbon emissions and improving the health and wellbeing of our people, patients and communities. We have made strong progress against each of our eight workstreams over the past year, embedding sustainability more deeply across our operations and services. These achievements not only support delivery of our Green Plan targets, but are also unlocking wider benefits including improved staff and patient wellbeing and more resilient and efficient services.

Evolving Care – Developing and enabling lower carbon and more sustainable models of care

Strong progress has continued with reducing emissions from medical gases, with the completion of a Nitrous Oxide manifold modification project allowing for piped supply removal, reducing extensive wastage within the system, expected to save over 3000 tonnes of carbon per year. Furthermore, Desflurane has been completely decommissioned across the trust with further plans approved for the introduction of integrated gas capture systems to reduce the environmental impact of use of other volatile anaesthetic gases by up to 90%.

We've also made good progress embedding sustainability into clinical care. Our Virtual Wards have grown from 56 to 100 beds, enabling more patients to be treated at home, reducing hospital stays, travel, and demand on resources. Lower readmission rates highlight benefits for patients, costs, and carbon impact.

With digital funding, we've trialled Point of Care Testing, cutting transport and lab processing. Faster results are improving intervention times, with roll-out underway across all four Virtual Ward teams.

New elastomeric pumps are reducing daily visits from three to one, significantly lowering staff travel and freeing up clinical time.

Surgical pathways have been updated to support early discharge and remote pre-op monitoring, avoiding unnecessary overnight stays.

In dietetics and diabetes, most consultations are now remote-first, with face-to-face follow-up as needed.

We've also launched an Unscheduled Care Navigation Hub with SECAMB, helping avoid unnecessary admissions through virtual and remote care options.

Places – Ensuring our places are low carbon and protect local biodiversity whilst supporting wellbeing for staff, patients and visitors.

This year marked major progress in decarbonising our estate, led by the completion of the Net Zero Carbon Project at EDGH. Solar panels and heat pumps are now fully operational, transforming the site's energy system and delivering substantial carbon and cost savings. The project is expected to save over 4,000 tCOe annually, making a vital contribution to the Trust's Net Zero targets.

At EDGH, work also progressed on a borehole water supply, designed to reduce reliance on mains water. Once fully operational, the system could meet up to 75% of site demand.

The Trust has also improved access to outdoor and therapeutic spaces, reopening courtyards with sensory gardens, installing new seating, and restoring walking routes. Initiatives like 'No Mow May' and partnerships with Plumpton College and the Green Gym project are enhancing biodiversity and creating greener, more restorative environments across our sites.

Journeys – Ensuring the transport and travel that links our care and our communities is low cost, low carbon and conducive to good health and wellbeing.

The Trust has developed a Sustainable Travel Strategy, with a focus on EV infrastructure, fleet emissions, and active travel initiatives. Staff EV chargers have been installed and activated at EDGH, with plans to expand infrastructure to support fleet and patient/visitor charging, working with partner organisations. Courier vehicles, responsible for the majority of fleet emissions, have been identified as a priority for decarbonisation. The Trust increased use of its hybrid pool car fleet to record levels, with growing uptake by community teams. As further EV infrastructure is introduced, the Trust plans to transition pool cars to electric. Updates to booking processes, including secure key safes and dedicated parking, are helping to improve efficiency and support the shift toward electric vehicles as infrastructure becomes available.

The Trust has improved its understanding of staff commuting emissions through updates to the parking permit system, which now includes enhanced data collection such as commuting days and allows for travel distance modelling.

Custom travel maps have been created using Google MyMaps to help staff navigate sites and identify sustainable travel options. Travel roadshows and the formation of an Active Travel Champions group have supported staff engagement, while a national NHS agreement with Stagecoach has enabled the Trust to redirect funds into monthly on-site cycle maintenance.

Circular Economy – Respecting our health and natural resources by creating an ethical and circular supply chain.

The Trust continues to apply circular economy principles to its waste strategy, with strong progress made in 2024/25. Non-clinical recycling increased to 33%, up from 26% the previous year, as the Trust works towards a 40% target. Clinical waste segregation targets have been met, supported by well-attended waste roadshows that engaged clinical teams and identified the need for improved infrastructure to support recycling in clinical areas. The re-use programme has exceeded its target, diverting 802 items from disposal and saving over £95,500. The Trust is also piloting high-value surgical instrument reprocessing through a partnership with Vanguard, having already diverted 13.6kg of instruments for refurbishment, with plans to explore cost-effective repurchasing. In addition, 65.4 tonnes of scrap metal, 79 tonnes of cardboard, and 989 pallets have been recycled, alongside the introduction of vape collections and trials to recycle parts from walking aids. A new waste and recycling annual planner will guide delivery in 2025/26, building on achievements to date and embedding circular economy practices across the Trust.

The Trust has strengthened its sustainable procurement approach in line with the Net Zero Supplier Roadmap, embedding a 10% Net Zero and Social Value weighting in all new contracts and requiring Net Zero Commitments from suppliers for contracts above the PCR threshold. All contracts over £5 million have now received Carbon Reduction Plans, and procurement policies have been updated to reflect new sustainability requirements. A carbon hotspot analysis has been completed to identify high-emission spend areas, which is now informing the development of departmental carbon footprints to guide future action. These initiatives are contributing to a more responsible, transparent supply chain and aligning procurement practices with the Trust's wider Net Zero ambitions.

Culture – Empowering and engaging people to create change to progress us towards net zero.

Embedding sustainability into the Trust's culture is key to delivering the Green Plan. The Together to Zero campaign has continued its phased roll out to raise awareness across all sites, engaging staff from clinical teams to executive leadership. A revised Envoy Programme was developed to build a network of sustainability advocates across departments, with a flexible framework allowing staff to get involved at different levels. The programme will launch in the new financial year, initially focusing on waste, and supported by workshops and learning materials.

Sustainability is now included in staff inductions, with guidance also provided for integrating it into interviews and appraisals, reinforcing our values at every stage of the employee journey. New e-learning modules have been developed to build awareness and capability in sustainable healthcare, equipping staff to take practical action in their roles.

These initiatives are helping to engage staff across the organisation and support progress towards the Trust's Net Zero targets.

Staff Stories

Trust continues to contribute to clinical research

This year the trust conducted and supported a wide range of clinical research projects that will have an impact across the NHS – and around the world. Here are a few of our successes over the past year.

Dr Henry Alexander, consultant in care of the elderly, and his team at Eastbourne DGH have supported a clinical research study revealing the benefits of reducing medication-related harm (MRH) in older people.

Roughly 45,000 adults aged 65 and older are discharged from hospital in England each year. As we know, the period following hospital discharge can carry a high-risk for medication-related harm due to medication discrepancies, limited patient/carer education and support, and poor communication between hospital and community professionals.

This has been the first clinical research study that I have supported at the trust and it has been great to work with my colleagues Dr Simon Haslam, Rwan Adi and Sarah Goodwin from our clinical research team on this project," says Dr Alexander, who was principal investigator at the tryst for the study. "I would like to personally thank them for their support; I have thoroughly enjoyed supporting clinical research delivery at the trust and offering patients the chance to participate. It has been hugely well received."

Hope (Chimenime) Ede and Sarah Goodwin were awarded their Clinical Research Practitioners Accreditation from the Academy for Healthcare Science Accredited Register.

Hope and Sarah are both highly skilled and experienced clinical research practitioners (CRPs) who have ensured that the trust participates in a wide portfolio of clinical trials across many specialities and have strived to ensure the local population can participate in development and receive innovative treatments through clinical research that may become tomorrow's standard of care treatments.

In early 2024 the trust was selected as one of 40 NHS trusts across the UK to implement a new childbirth care bundle that helps to recognise bleeding early and to standardise the treatment of heavy bleeding during childbirth. The aim of the study, known as OBS UK, id to improve care of pregnant people who bleed during childbirth.

The bundle adds an additional assessment of women's bleeding risk before and during labour, real-time measurement of blood loss after births, a consistent method of involving more senior doctors and midwives and a bedside test to quickly identify and treat abnormal blood clotting.

The national team co-ordinating the study fed back to colleagues at the trust, saying "the progress you have made in adopting all aspects of the bundle at this stage in your implementation period is nothing short of outstanding."

Brenda Lynes, Director of Midwifery said: "I would personally like to thank all colleagues who have supported the OBS UK study and would highly recommend incorporating clinical research activity within your department. It is a very positive time for the unit and to be part of a national study that may change the way we work in the future is very exciting."

This year the trust was selected to support the Cancer Vaccine Launch Pad (CVLP) platform delivered locally by Consultant Medical Oncologist, Dr Aspasia Soultati and her team.

The cancer vaccine pad aims to speed up access to messenger ribonucleic acid (mRNA) personalised cancer vaccine clinical trials for people who have been diagnosed with cancer, which will play a crucial part in the increased development of cancer vaccines as a treatment for many different types of cancers.

Dr James Wilkinson (pictured), Deputy Chief Medical Officer and Clinical Research Lead commented "I am absolutely thrilled that we have managed to open this study and thank Dr Soultati and her team for their support in delivering the study so far. It is a very exciting time at the trust as we continue to grow the clinical research opportunities for our patients."

CVLP was initially in collaboration with pharmaceutical company BioNTech and the launch pad aims to provide up to 10,000 patients with personalised cancer treatments in the UK by 2030.

Our Stroke team praised for their clinical research collaboration in the TICH-3 clinical research study, led by Dr Chemindra Biyanwila, Consultant Stroke Physician.

At present there is currently no available drug treatment that is effective at reducing bleeding in the brain and improving the recovery after intracerebral haemorrhage, other than blood pressure control and anti-coagulation reversal.

TICH-3 aims to assess whether a drug called tranexamic acid reduces the risk of death and/or improves disability six months after having a stroke.

Tranexamic acid is used as standard care treatment in other emergency medical conditions due to bleeding, where it has been proven to help stop bleeding.

This study gives patients an opportunity to participate in an innovative clinical research study which will hopefully improve medicine in the future, if it is successful.

The study's Principal Investigator, Dr Biyanwila said: "It has given everyone involved within the stroke department the opportunity to work collaboratively with other teams, including the emergency department and pharmacy. Engagement with clinical research is fundamental to providing the absolute best care for our patients. I would personally like to thank each and every colleague who has played a part in making TICH-3 happen".

Wellbeing – Supporting people to make sustainable choices that enhance their wellbeing

The Wellbeing workstream continues to make strong progress, contributing to improved NHS Staff Survey results and embedding sustainability into health and wellbeing initiatives. The updated Wellbeing Pledge, aligned with the NHS People Promise, now includes commitments on active travel, smoke-free sites, reducing plastics and waste, and supporting sustainability Envoys. It will be refreshed annually to reflect progress and priorities.

The Trust achieved Silver 'Wellbeing at Work' accreditation in October, with sustainability integrated throughout the application. Initiatives such as green travel and wellbeing maps, created in partnership with the Travel team, promote walking routes, cycling infrastructure and wellbeing spaces across sites. Campaigns encouraging reusable water bottles and access to hydration points continue, supporting healthier, more sustainable workplaces.

Climate Adaptation – Building resilience to our changing climate in Sussex.

The Trust is working in partnership with NHS Sussex and Care Without Carbon to develop a risk-based approach to Climate Adaptation, informed by the NHS Sussex Climate Change Impact Assessment. This will support the future creation of a Trust-wide Climate Adaptation Plan, setting out short-, medium- and long-term actions to adapt services and estates to the impacts of climate change.

A dedicated CWC working group has been established to lead this work, following national best practice and NHSE guidance. A viability assessment of passive and adaptive building measures has been completed for four key sites, and climate risks are being mapped to inform updates to business continuity procedures. A Trust-level Climate Change Risk Assessment has been developed, which will be monitored through the Green Plan Steering Committee and feeds up into the Trust risk register, providing strategic oversight and ensuring regular review by the Board

Partnerships and Collaborations – Enhancing our impact by working with others.

The Trust is strengthening collaboration across the Integrated Care System (ICS) to embed sustainability into long-term planning and strategic development. Sustainability is now one of three pillars in the updated Trust Vision, with alignment underway across clinical, digital, estates, and procurement strategies by June 2025. A new Quality Improvement (QI) programme is in development to support projects that enhance care quality, deliver financial savings, and contribute to Net Zero goals. Foundations have been laid for greater integration of sustainability into policy and governance, supported by a new corporate governance post and updated business case processes to track environmental impact through delivery.

Looking ahead – 2025/26 Green Plan delivery

With 80% of our carbon footprint impacted by clinical decision making, we are continuing to evolve our Green Plan delivery to focus more explicitly on clinical transformation.

Our key areas of focus for 25/26 include:

- Refreshing our ESHT Green Plan (including stakeholder engagement to raise senior level and trust wide awareness)
- Reduce impact from clinical products, processes and pathways – supporting the expansion and measurement of benefits from the trust's Virtual Wards programme and going to the next step to identify waste and optimise usage across all medical gases.
- Continuing to deliver savings in our direct emissions across capital projects, energy and travel, supported by the roll out of the sustainable travel strategy.
- Bolstering staff engagement and cross-organisational integration through the Envoy programme and continued staff awareness efforts.
- Looking to integrate sustainability in decision making across the Trust by embedding sustainability into a future QI programme and key projects.
- Continue following the Net Zero Supplier Roadmap ensuring that our supply chains are transparent and sustainable, and our suppliers are held to account on their sustainability commitments.
- Develop our understanding and measurement of our indirect emissions such as food services, pharmacy and patient travel.

Task force on climate-related financial disclosures (TFCD)

ESHT has reported on climate-related financial disclosures consistent with HM Treasury's TCFD-aligned disclosure application guidance, which interprets and adapts the framework for the UK public sector. ESHT considers climate to be a principal risk, and has therefore complied with the TCFD recommendations and recommended disclosures around Governance, Risk Management and Metrics & Targets. This is in line with the central governments TCFD-aligned disclosure implementation timetable for Phase 2. SCFT plans to provide recommended disclosures for Strategy in future reporting periods in line with the central government implementation timetable.. Local NHS bodies are not required to disclose scope 1, 2 and 3 greenhouse gas emissions under TCFD requirements as these are computed nationally by NHS England. The phased approach incorporates the disclosure requirements of the governance and risk management pillars for 2025/26. These disclosures are provided above in relation to our progress against the net zero carbon trajectory and to governance and reporting of climate-related issues.

Governance (Board Oversight of Climate Related Issues):

The Trust's sustainability programme is led by Board Lead for Sustainability and Net Zero, Chris Hodgson (Director of Estates and Facilities), and is overseen by the Green Plan Steering Committee. This group meets quarterly, reporting to the .Its membership includes key stakeholders from across the Trust - both clinical and non-clinical - as well as the NHS Sussex sustainability lead. Each of the Trust's eight Green Plan workstreams is represented by both a CWC team lead and a Trust lead. The Committee works in close partnership with the Care Without Carbon team, which delivers strategic and operational support.

The Board-approved Green Plan sets out our commitment to the NHS Net Zero targets, detailing objectives across eight workstreams alongside corresponding action plans, in line with national requirements. Green Plan delivery also supports East Sussex Healthcare Trust's Strategic Aims and Values: "improving the health of our communities", "collaborating to deliver care better", "empowering our people", and "ensuring innovative and sustainable care".

Our governance framework ensures environmental considerations are embedded in decision-making and organisational strategy. Through regular Board updates and oversight from the Steering Committee, we actively monitor delivery against our sustainability goals, demonstrating our commitment to a greener, more resilient future for the Trust and the communities we serve.

Risk Management, Metrics, Targets and Reporting:

The Trust has embedded climate-related risk management within its organisational frameworks, recognising the growing impact of climate change on service delivery, infrastructure, and population health. A Trust-level Climate Change Risk Assessment has been developed, which will be monitored through the Green Plan Steering Committee and feeds up into the Trust risk register, providing strategic oversight and ensuring regular review by the Board. This risk assessment reflects potential impacts to the Trust's operational and strategic objectives and is informed by a commissioned system-wide Climate Change Impact Assessment, maps risks such as flooding and overheating to 2080.

At the heart of this approach is the Trust's Green Plan, which provides a clear strategic direction through eight dedicated workstreams, including Climate Adaptation. In 2024–25, this workstream made significant progress, working at system level to establish the foundations for a Trust-wide climate risk framework. This framework will underpin the development of Climate Risk and Vulnerability Assessments, helping to prioritise site-level interventions and shape a Climate Adaptation Plan that ensures our services, infrastructure, and workforce are equipped to respond to the impacts of a changing climate.

Responsibility for identifying, escalating, and managing risks to Green Plan delivery is embedded across all workstreams, supported by regular review processes. These feed into the Green Plan Steering Committee to ensure cross-organisational visibility, coordination, and alignment, while also enabling appropriate Board-level oversight of risks to achieving our Green Plan targets.

The Green Plan Steering Committee and 6-month ExComm reports provide a summaries of progress made against our overall Green Plan targets and across workstream actions, projects and targets. The report includes target RAG status updates and data visualisations to highlight progress, trends and escalations. Climate-related metrics are tracked across all eight Green Plan workstreams and aligned with both Trust and national targets. These include:

- Carbon footprinting, independently verified and used to model our Net Zero trajectory.
- Energy and water use, waste production, fleet and business travel, medical gas use, and biodiversity.
- Procurement metrics (including Net Zero and Social Value criteria).
- Staff awareness, training and engagement.

Targets and metrics are reviewed regularly and are updated in line with trust progress and ambition, often ahead of national requirements, with progress against targets demonstrated through KPIs and data visualisations reported into GPSC and the governance structures described. Progress is also reported and published externally via the trust Annual Report, with additional national reporting through Greener NHS returns and Annual MOU, ERIC, PAM, and through external partners such as Healthcare Without Harm.

This accountability report was approved by the Board on 20th June 2025 and signed on its behalf by:

Signed

Jayne Black
Chief Executive

Date 20 June 2025

Statement of the Chief Executive's Responsibilities as the Accountable Officer of the Trust

The Chief Executive of NHS England has designated that the Chief Executive should be the Accountable Officer of the trust. The relevant responsibilities of Accountable Officers are set out in the NHS Trust Accountable Officer Memorandum. These include ensuring that:

- There are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance.
- Value for money is achieved from the resources available to the trust.
- The expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them.
- Effective and sound financial management systems are in place.
- Annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, other items of comprehensive income and cash flows for the year.

As far as I am aware, there is no relevant audit information of which the trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Signed

Jayne Black
Chief Executive

Date 20 June 2025

Staff Stories

Neurodiversity network launches

As part of Neurodiversity Celebration Week in January, the trust launched a new Neurodiversity Staff Network.

Let's start with the definition of neurodiversity: "While some individuals do refer to themselves as neurodiverse, the term neurodiversity is most commonly now used to refer to a group which encompasses the full spectrum of brain differences and is made up of both neurodivergent and neurotypical individuals." (The Brain Charity, 2024)

Georgina Kemp, AHP Support Workforce Lead and Dan Shelton, Occupational Therapist, co-chairs of the network, promoted neurodiversity issues through an exciting programme of talks during Neurodiversity Celebration Week, as well as supporting stands at both Conquest Hospital and Eastbourne DGH where colleagues could find out more information about the network and neurodiversity.

The aim of the network is to share tips and coping strategies with other neurodiverse colleagues; help them plan for and manage higher education or development in their roles; support them to approach disclosure of being neurodiverse in a strengths-based way; support accessing support and reasonable adjustments and provide links to education, training and advice for all colleagues, managers, and service users.

Georgina said: "The more we talk about neurodiversity, to raise awareness and talk about issues faced by neurodivergent people, the more support is received. The network has started to support the development of the trust's neurodiversity strategy and has begun a pilot project consulting neurodiverse service users to identify some challenges to accessing services. Reasonable adjustments can be identified that have a positive impact for all service users and colleagues."

Annual Governance Statement

Social Media

Facebook: @ESHTNHS | Instagram: @ESHTNHS | YouTube: @ESHTNHS

Annual Governance Statement

1. Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Trust Accountable Officer Memorandum.

2. The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness.

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of East Sussex Healthcare NHS Trust, to evaluate the likelihood of those risks materialising and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control has been in place in East Sussex Healthcare NHS Trust for the year ended 31 March 2025 and up to the date of approval of the annual report and accounts.

3. Capacity to handle risk

There are robust processes in place throughout the organisation to enable identification and management of current risk and anticipation of future risk. Leadership arrangements for risk management are clearly documented in the trust's Risk Management Policy which provides a clear, systematic approach to the management of risks to ensure that risk assessment is an integral part of clinical, management and financial processes across the organisation. This policy was updated in March 2023.

Leadership starts with the Chief Executive having overall responsibility, with delegation to named Executive Directors and Divisional and clinical leaders. This leadership is further embedded by ownership at a local level by managers taking responsibility for risk identification, assessment and analysis. Terms of reference clearly outline the responsibilities of committees for oversight of risk management.

All new members of staff are required to attend a mandatory induction that encompasses key elements of risk management. This is further supplemented by local induction. The organisation provides mandatory and statutory training that all staff must complete, and in addition to this, specific training about individuals' responsibilities is also provided. There are many ways that the organisation seeks to learn from good practice and these include incident reporting procedures and debriefs, complaints, claims and proactive risk assessment. This information is filtered to frontline staff through incident reporting feedback, team meetings and briefings, the extranet and newsletters.

Risk and Control Framework

The trust has in place ongoing processes to:

- Identify and prioritise the risks to the achievement of the organisation's policies, aims and objectives
- Evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically;
- Ensure lessons are learnt from concerns and incidents in order to share best practice and prevent reoccurrence.

Risk management requires participation, commitment and collaboration from all staff. Risks are identified, analysed, evaluated and controlled through a robust governance process which includes incident reporting, risk assessment reviews, clinical audits and other clinical and non-clinical reviews with a clearly defined process of escalation to risk registers.

The trust's risk registers are real-time documents which are populated through the organisation's risk assessment and evaluation processes. This enables risks to be quantified and ranked. A corporate high level risk register, populated from the risk registers of divisions and departments, is produced and establishes the organisational risk profile. The trust's risk appetite has been defined by the Board and is discussed annually. The appetite indicates how much, or little, risk the trust wishes to accept when reviewing service changes or investment.

The trust manages its financial risks using a wide range of management tools. Performance against budgetary targets is recorded, analysed and reported monthly. This information is monitored and challenged both internally and externally. In addition to performance assessment, financial control and management is continually assessed by internal and external audit and by counter fraud teams. Reports from these parties are presented to the Audit Committee. Operational management, finance, purchasing and payroll teams are segregated to reduce conflicts of interest and the risk of fraud. Segregation is enhanced and reinforced by digital control systems which limit authority and access.

Compliance with statutory and regulatory requirements is monitored and actions agreed. This includes Board reviews of an integrated performance report at each Board meeting, tracking performance against standards and actions taken to address variance.

Data security is reported at each meeting of the Audit Committee. Through the trust's Information Governance Steering group, risks are highlighted and mitigating actions scrutinised.

All risks are routinely reviewed at Divisional Governance Meetings and Team Meetings and discussed at Integrated Performance Reviews (IPRs) which take place monthly and involve divisions and the executive team. The Corporate Risk Register is scrutinised monthly and is also presented to the Audit and Quality and Safety Committees. The trust's Board Assurance Framework (BAF) provides assurance that a robust risk management system underpins the delivery of the organisation's principal objectives. It clearly defines the:

- Trust's principal objectives and the principal risks to the achievement of these objectives.
- Key controls by which these risks can be managed.
- Independent and management assurances that risks are being managed effectively.
- Gaps in the effectiveness of controls and assurance and actions in place to address highlighted gaps.

The BAF is updated quarterly and was regularly reviewed and revised by the Board and by all of its sub-committees. Gaps in control and assurance related to workforce and finance were also considered by the People and Organisational Development Committee and Finance and Productivity Committee. The Board considered that the BAF identified the principal strategic risks to the organisation and that these risks were effectively controlled and mitigated in order for the trust to achieve its strategic aims and objectives.

Code of Governance for NHS Provider Trusts:

The trust has taken an exception-based approach to reporting compliance with the Code of Governance within this annual report where this is appropriate and can confirm that the organisation is meeting its obligations as set out by the Code.

Workforce Safeguards

'Developing Workforce Safeguards' (DWS), a comprehensive set of national guidelines on workforce planning, was introduced in 2019 and includes recommendations on reporting and governance approaches to support safe, sustainable and productive workforce planning.

The ongoing pressures being faced nationally by the NHS continue to impact on our people. However, we continue to work with health and social care partners to develop and embed workforce safeguards. As well as the recognised models for Safer Staffing already being utilised such as Shelford and Birth Rates Plus, we are continuing to embed Community Nursing, Theatres and Emergency Care models using nationally recognised guidance.

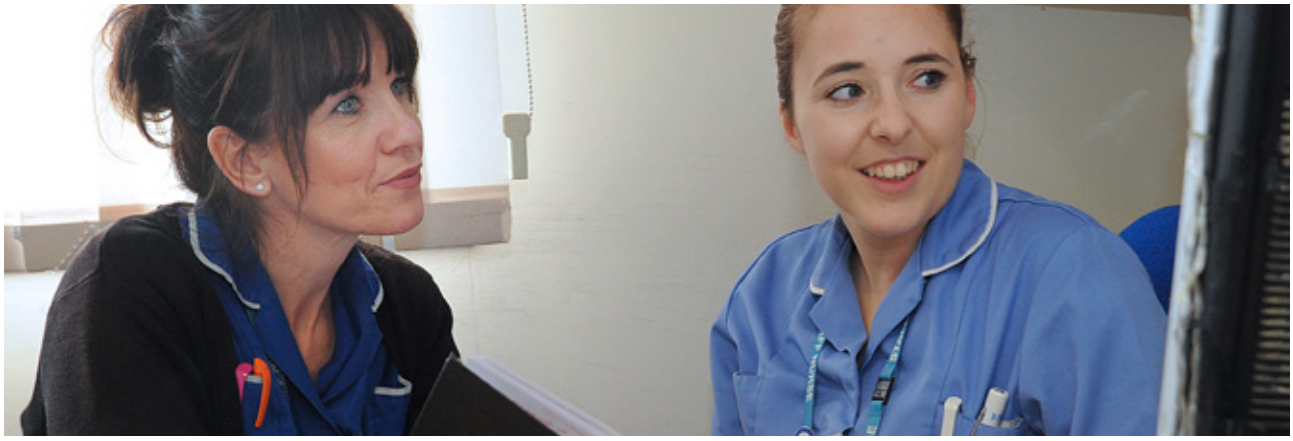
In addition, we are developing a Mental Health Strategy which recognises the changing needs of our people and supports the delivery of safe and effective physical and mental health care. The trust People Strategy supports the delivery of healthcare excellence across the short, medium and long-term. This plan supports the NHS People Plan, Long Term Workforce plan and the ICB Workforce Strategic priorities; maintaining a highly efficient workforce through retention, boosting workforce supply through recruitment, meeting demand differently through skill mix/transformation and reducing temporary staff usage through efficiency to ensure we maintain the right staff, with the right skills, in the right place, at the right time. These themes have not changed, as they are recognised as both regional and national challenges, so a greater focus has been placed on developing a collaborative system solution to address workforce priorities.

Ensuring that staffing processes are safe, sustainable and effective is paramount in all aspects of planning and deployment. A robust governance framework is in place to facilitate this, including workforce governance and quality and safety governance policies, effective systems and processes. This is all monitored by our People and Organisation Development Committee. In addition, the Quality and Safety Committee scrutinise a broad range of detailed information to provide assurance, oversee the mitigation of risk and focus on achieving excellent patient and staff outcomes. The trust Board receives quality, performance, workforce and financial information in the IPR on a bi-monthly basis, presented at meetings that are open to public scrutiny.

Bi-annual ward nurse staffing establishment reviews are undertaken and support the business planning process, and the timing is synchronised to deliver safe, quality care based on the level of activity, to in turn deliver financial sustainability. All plans are developed and reviewed through operational meetings, groups and committees to assure quality, safety, financial and logistical impacts have been assessed and approved appropriately. Where available, clinical staffing establishments are developed using evidence-based tools as well as guidance, professional judgement and outcomes. Not all specialties and staff groups have a formal model in place to ratify planning assumptions; however, where the tools and guidance are available, they are used to support establishment setting. The consistency of information is being strengthened across all staff groups and provided to the clinical leads to support the establishment review process with professional judgement and consideration of patient and staff outcomes by specialty.

Staff deployment continues to be monitored through e-rostering. E-job planning for Consultants and SAS level doctors have been areas of focus to increase productivity and maximise clinic time. Further development of non-medical job planning is a priority for the coming year.

The trust continues to work to optimise rosters for all staff groups to ensure the maximisation of substantive resource, reduce pressure on our Temporary Workforce Solutions resources, and improving fill rates for all services. This includes mapping of processes, digitalisation of all manual entry where appropriate, and an education leaders' programme to support workforce planning and deployment excellence.



For ward nursing, the Safecare Lead has successfully focused on compliance assurance and acts as a 'critical friend' for the teams over and above the support service already provided. Nursing teams also access the trust Excellence in Care dashboard to review and monitor agreed quality, safety and workforce key metrics. There are also twice daily staffing reviews by the Head of Nursing using Safe Care to ensure that staff are safely deployed, and any risks are mitigated. Assurance is also provided via a monthly safer staffing meeting and Roster Assurance Meetings chaired by the Deputy Chief Nurse for Workforce and Professional Standards and the Chief Nurse. Care Hours Per Patient Day (CHPPD) is in place for ward nursing staff; however there continues to be an absence of any national metrics for many other professional staff groups.

The Developing Workforce Safeguards action plan and recommendations are being monitored via the People and Organisational Development Committee to reach full compliance and the information provided to the Board in the IPR has been strengthened to increase visibility of staff deployment across all staff groups. The trust's People Strategy sets out the key people priorities, programmes of work, enablers and initiatives. As part of this, the trust is supporting the design and development of a workforce planning sensitivities model that will map the safer staffing profile for the trust today and how our profile will change in the Future as part of our Building For Our Future Transformation plans. This will work less by the traditional division and function, and more by focusing on patient pathways using safer staffing tools. To further strengthen trust recruitment pipelines and career opportunities in line with the People Strategy, an NHS Academy has been established in partnership with East Sussex College Group (Eastbourne, Hastings, Lewes). This will create opportunities for people from all areas of our local community to see the NHS as an organisation where a full range of career opportunities are available across acute and community settings.

Care Quality Commission (CQC)

The trust is fully compliant with the registration requirements of the CQC. The trust was last inspected in full at the end of 2019 and was rated Good overall: Outstanding for being caring and effective; and Good for being safe, responsive and well-led. Conquest Hospital and Community services were both rated outstanding overall. The trust was rated Requires Improvement for using its resources productively.

Maternity services at Conquest Hospital and Eastbourne District General Hospital were inspected in October 2022 as part of a national maternity inspection programme. The overall rating for our maternity service at Conquest remains good, whilst at Eastbourne the rating was requires improvement, both sites were rated as being good for well-led.

Register of Interests

The trust has a policy in place in respect of declarations of interest. Declarations are accessed and recorded through the electronic staff record system, with ongoing communication to raise awareness of the requirements and process. The trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the trust with reference to the guidance) within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance.

NHS Pension Scheme

As an employer with staff entitled to membership of the NHS Pension scheme, control measures are in place to ensure compliance with all employer obligations contained within the scheme's regulations. These include ensuring that deductions from salary, employer's contributions and payments into the scheme are in accordance with the scheme rules, and that member pension scheme records are accurately updated in accordance with the timescales detailed in the regulations.

Equality and Diversity

Control measures are in place to ensure that the trust complies with obligations under equality, diversity and human rights legislation. The trust has equality objectives which detail how the trust will eliminate discrimination, advance equality and foster good relations between people who share certain protected characteristics and those who do not. The Board also considers an Annual Equality Information Report and progress against delivering the outcomes of the Equality Delivery System and Workforce Race and Disability Equality Standards as well as the gender pay gap. Equality and Health Inequality Impact Assessments are completed for all trust policies, significant projects and service redesign to identify and address existing or potential inequalities. The trust has developed a health inequalities action plan reflecting wider action to deliver equitable access, experience and outcomes for all patients. A new Inequalities Committee, supported by a health inequalities Steering Group provides opportunities for sharing practice across the trust.

Climate Change

The trust has undertaken risk assessments and has plans in place which take account of the 'Delivering a Net Zero Health Service' report under the Greener NHS programme. The trust ensures compliance with its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

4. Review of the effectiveness of risk management and internal control

The trust has a robust process in place for incident reporting and investigation, complaints handling, risk management and the BAF. There is a programme of training for root cause analysis and risk, and incident reporting and duty of candour are embedded across the organisation. Training and awareness support an effective incident reporting culture, although levels of incidents relating to patient harm remain low.

The trust's risk management and internal control systems are subject to regular review. Internal audit undertook an audit of Governance and Risk Management during 2024/25 and we have developed an action plan to address key areas. The external Well-Led review undertaken by Deloitte in 2024 also included a review of governance and risk management within the organisation. Deloitte had no connection to the Trust or to any of the Trust's Directors at the time that the review was undertaken. Other internal audit reviews of the trust's internal control systems included reviews of financial, operational and compliance controls; outcomes of the audits were reported to the Audit Committee.

Categories of Serious Incidents are outlined in a national framework and include acts or omissions in care that result in: unexpected or avoidable death; unexpected or avoidable injury resulting in serious harm - including those where the injury required treatment to prevent death or serious harm; abuse; Never Events; incidents that prevent (or threaten to prevent) an organisation's ability to continue to deliver an acceptable quality of healthcare services; and incidents that cause widespread public concern resulting in a loss of confidence in healthcare services.

Staff Stories

Champions of Change: How Vascular Access is Evolving at the trust

Launched in 2023, the Vascular Access Champions initiative was developed to tackle persistent challenges, including line-related infections, blood culture contamination, and inconsistencies in practice. It is led by Sanjini Davidson, Vascular Access Specialist Nurse and Champion Lead and Graham Howard, Vascular Access Team Lead Nurse.

Now in its second year and with an expanding network of Vascular Access Champions, the programme is driving real change across the trust – enhancing staff development, improving patient outcomes, and setting new standards in vascular access excellence.
With over 90% of acute hospital patients requiring either a vascular access device or an invasive procedure such as a blood sample, the Vascular Access Champions are an important network.

The Vascular Access Champions have made remarkable strides over the past year, achieving key milestones in education, compliance, and patient safety:

- Increased Training Compliance: Over 70 staff members have enhanced their vascular access skills, aligning with governance standards.
- Reduced Infections and Contamination: Marked improvements in blood culture contamination rates and line-related infections.
- Standardised Practices: A uniform approach to cannula dressings and Aseptic Non-Touch Technique (ANTT) across the trust.

Reflecting on the journey so far, Sajini shared: “This programme has been a personal and professional journey for me. I’m evolving as a specialist practitioner, growing and learning every day. I feel privileged to work alongside such a dedicated team of champions. We inspire each other.”

“This is about doing what’s right,” said Graham. “For patients, for staff, and for the trust. Together, we’re making a real difference and building for our future.”

The Patient Safety Incident Response Framework (PSIRF) establishes the national strategy for addressing patient safety incidents (PSIs), replacing the 2015 Serious Incident Framework. As a crucial element of the NHS Patient Safety Strategy, it marks a significant move towards a safety management system within the NHS, emphasising learning from patient safety incidents and improving patient safety systems.

The PSIRF was introduced in the Trust in November 2023 and has successfully transitioned in 2024/2025. All historical Serious Incident (SI) investigations under the previous framework were completed and closed, and new SIs are no longer declared.

In line with the trust's PSIRF Policy and Plan, responses to incidents are now guided by the potential for learning rather than the level of harm, utilising the new patient safety incident review processes and templates. This approach is supported by a robust governance framework that promotes collaborative learning and a systematic approach to improving patient care and experience.

In 2024/25, 119 patient safety incidents were reviewed or are under review for learning purposes using the PSIRF templates, including four Never Events. Four Patient Safety Incident Investigations (PSIIs) and three Thematic Reviews have been commissioned to identify further opportunities for organisational learning and system-wide changes. Three patient safety incidents were included in the Maternity and Newborn Safety Investigations (MSNI) programme, part of a national strategy to improve maternity safety across the NHS in England.

Risk facilitators are assigned to Divisions/Departments and review all risks from low to high. The Corporate Risk Register is monitored, reviewed and challenged at the revised executive-led review Integrated Governance Meeting. This promotes continuity and informs the BAF. At Divisional/ Department all level risks are reviewed and monitored according to policy at Governance meetings, with the high-level risks being presented at the Internal Performance Reviews. The Risk facilitators provide expertise, challenge and education to the trust to facilitate an informed approach to risk. Equality Impact Statements are included in all policy and business planning documents, to ensure consideration of equality and health inequalities particular to the demographic of East Sussex.

The trust has a Duty of Candour Policy and ensures that, as part of any investigation into Serious Incidents or complaints, there is clear, open and honest communication with patients and their families/carers and that a process for shared learning is in place.

5. Governance Framework

Agreed Standing Orders, a Scheme of Matters Reserved to the Board, a Scheme of Delegation to officers and others and Standing Financial Instructions are in place. These documents, in conjunction with policies set by the Board provide the regulatory framework for the business conduct of the trust and define its ways of working. The Standing Orders, Scheme of Delegation and Standing Financial Instructions were updated, strengthened and approved by the trust Board in February 2024.

Best practice in governance states that the Board should be of sufficient size that the balance of skills, capability and experience is appropriate for the requirements of the business. The trust Board has a balance of skills and experience appropriate to fulfilling its responsibilities and is well balanced with a Chair, five voting non-executive directors and five voting executive directors. In line with best practice, there is a clear division of responsibilities between the roles of Chair and Chief Executive. The Board complies with the HM Treasury/Cabinet Office Corporate Governance Code where applicable.

There were a number of changes to the Board during 2024/25. Karen Manson retired from her role as a Non-Executive Director. Frank Sims became a Non-Executive Director having previously been an Associate Non-Executive Director, and Amber Lee joined the trust as an Associate Non-Executive Director.

Joe Chadwick-Bell left the trust to take up the role of Group Chief Executive at the Royal Wolverhampton and Walsall Healthcare NHS Trusts on 24 November 2024. Steve Aumayer became Acting Chief Executive and Jenny Darwood became Acting Chief People Officer from the 25 November 2024.

In addition to the responsibilities and accountabilities set out in their terms and conditions of appointment, Board members also fulfil a number of "Champion" roles where they act as ambassadors for matters including freedom to speak up, maternity, wellbeing, emergency preparedness and response and security management.

The trust has nominated a non-executive director, Paresh Patel, as Vice Chairman and SID. The role of the SID is to be available for confidential discussions with other directors who may have concerns which they believe have not been properly considered by the Board, or not addressed by the Chairman or Chief Executive, and also to lead the appraisal process of the Chairman. The SID is also available to staff in case they have concerns which cannot, or should not, be addressed by the Chairman, Executive Directors or the trust's Speak Up Guardians as outlined in the trust's Raising Concerns (Whistleblowing) Policy.

The trust continued to meet the requirements of NHS England's Fit and Proper Persons Test Framework during the year. This process ensures that colleagues who have director level responsibility for the quality and safety of care, and for meeting the Care Quality Commission fundamental standards, are fit and proper to carry out their roles. Directors complete an annual declaration that they remain 'Fit and Proper Persons'. In addition, the trust undertakes a wide range of checks to verify this information which is submitted to the Regional NHS England Director on an annual basis.

Board Effectiveness

All Board members participate in the annual appraisal process and objectives are agreed and evaluated.

The Board has a programme in place to support the development of Board knowledge; bi-monthly Board Development meetings allow in depth discussion and exploration of key issues. The Board also undertakes development both as a group and individually. This includes facilitated sessions as well as attendance at national events and individual coaching and mentoring.

The outcome of the Deloitte Well Led Assessment Review was published in Q1 2024/5 and discussed by the Board. An action plan with progress updates was presented in Q3 against the development areas identified in the report.

During the year, members of the Board undertook 'Out and About' visits to teams and departments in order to develop their understanding of the organisation and the organisation's visibility and understanding of the Board. These visits add to and complement the assurance provided to the Board through regular reporting on compliance with local, national and regulatory quality standards.

Committee Structure

The trust Board meets bi-monthly in public and also holds Board Development days which cover key issues and Board development in months where there are no public Board meetings. Committees of the Board are Audit, Remuneration and Appointments, Finance and Productivity, Inequalities, Quality and Safety, and People and Organisational Development. All the Committees are chaired by a non-executive director of the trust and membership of the Audit and Remuneration and Appointments Committees comprise only non-executive directors. Terms of reference outline both quoracy and expected attendance at meetings, and the Board receives a report from each Committee Chair at each Board meeting.

Board meetings in public are held in person, with members of the public in attendance. Committees meet virtually.

Company Secretary

The Chief of Staff fulfils this role for the organisation, supported by an experienced Board secretarial team. He has 20 years of experience in governance and strategy in the NHS and is able to advise the Board on governance matters. In the event that the Board feels that additional advice is required then expert external advice is sought.

Information Governance (IG)

During 2024/25 staff reported 249 IG incidents on our trust incident reporting system. 227 of these were scored against the trust's incident scoring as 'severity 1'; 20 were scored as 'severity 2' and two were scored as 'severity 3'. This indicates that the majority of incidents had no impact upon information security. All incidents are investigated and actions implemented to prevent reoccurrence. During the year, two incidents were reported to the Information Commissioner's Office (ICO), but both were closed by the ICO with no enforcement action taken against the trust.

Data Quality

Data quality and integrity is central to our commitment to provide continual assurance at a trust level, within forums and through quality assurance audits, including external review by RSM audits and other external companies. The trust assures the quality and accuracy of NHS Constitutional mandatory reporting and at an operational level, patient tracking lists (PTL), including those on the 'Referral to Treatment' and cancer pathways, are scrutinised in weekly PTL and performance meetings.

In addition, the trust employs a Data Quality and Assurance Lead who has been instrumental in developing a Data Quality Strategy for the organisation, as well as setting up a Data Quality Steering Group, Data Quality Framework and Data Quality Assessment Matrix. Key areas of focus have been identified and the trust is working with a third party organisation to start building improved Business Intelligence reporting.

6. Review of economy, efficiency, effectiveness of the use of resources

Financial governance arrangements are reviewed by internal and external auditors to provide assurance of economic, efficient and effective use of resources. The trust also reviews data such as the Model Hospital to benchmark itself against other providers and seeks to make improvements. There has been positive engagement with the GIRFT workstreams across the organisation.

The trust ended the 2024/25 financial year with a £8.9m deficit.

7. Annual Quality Account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. The Annual Quality Account for 2024/25 reported progress to the Quality & Safety Committee. Priorities for 2025/26 are being developed in line with relevant national guidance and have already been developed following feedback from patients, staff and external stakeholders.

Quality is a core component of our strategy and through the hard work and commitment of our staff we continue to deliver safe, effective and high-quality services whilst at the same time targeting priority areas for improvement. Quality is considered through our divisional governance structure and this feeds up to the Quality and Safety Committee.

8. Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee and Quality and Safety Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The review of effectiveness of the system of internal control is informed by the work of the trust's internal auditor, RSM, who deliver a risk-based annual plan of audits over a wide range of areas and track progress on implementing agreed recommendations arising from their work.

The auditor's overall opinion is that the organisation has an adequate and effective framework for risk management, governance and internal control. However, their work has identified further enhancements to the framework of risk management, governance and internal control to ensure it remains effective.

The trust received reasonable assurance on five of the eight individual audit assignments undertaken by the balance sheet date and partial assurance on a further two. A nationally mandated result of limited/moderate assurance was presented for the Data Security and Protection toolkit report. This represents positive controls designed and in place with only some areas for improvement. The two audit assignment where partial assurance was provided related to project management and benefits realisation and the management of the medicines management computer system. Action plans are agreed and in place to close the gaps in the controls identified.

My review of the effectiveness of the systems of internal control has also taken account of the work of the executive management team within the organisation, which has responsibility for the development and maintenance of the internal control framework and risk management within their discrete portfolios.

The Board and its sub-committees maintain continuous oversight of the effectiveness of the trust's risk management and internal control systems. The Board meets every other month in public and holds seminars in the month where there are not public meetings. The Audit Committee supports the Board by critically reviewing the governance and assurance processes on which the Board places reliance. This encompasses: the effectiveness of trust governance; risk management and internal control systems; the integrity of the financial statements of the trust, in particular the trust's Annual Report; the work of internal and external audit and any actions arising from their work; and compliance by the trust with relevant legal and regulatory requirements.

As one of the key means of providing the trust Board with assurance that effective internal control arrangements are in place, the Audit Committee requests and receives assurances and information from a variety of sources to inform its assessments. This process has also included calling managers to account, when considered necessary, to obtain relevant assurance and updates on outcomes. The Committee also works closely with executive directors to ensure that assurance mechanisms within the trust are fully effective, and that a robust process is in place to ensure that actions identified by internal audits and external reviews are implemented and monitored by the Committee. The need to provide assurance of controls in place in relation to cybersecurity, transition to meet the requirements of the General Data Protection Regulations and updates on the work of both internal and external audit and counter fraud have been reviewed by the Committee.

Alongside the Audit Committee, the Finance and Productivity and Strategy and Transformation Committees provide support to the trust Board to understand the financial challenges, risk and opportunities for the trust and to provide oversight of the effectiveness of the trust's financial governance.

The Quality and Safety Committee assists the Board in being assured that the trust is meeting statutory quality and safety requirements and to gain insight into issues and risks that may jeopardise the trust's ability to deliver quality improvement. During the year, the Quality and Safety Committee reviewed and endorsed the trust's quality improvement priorities for subsequent publication in the Quality Account. It undertook "deep dive" reviews of areas highlighted through external review and internal risk management processes.

Strategic oversight of workforce development, planning and performance is within the People and Organisational Development Committee's remit. It provides assurance to the Board that the trust has the necessary strategies, policies and procedures in place to ensure a high performing and motivated workforce that is supporting the trust's objectives and organisational success.

Workforce and Wellbeing

The past year has seen continued challenges and, at times, significant impact on colleagues across all parts of the trust. We continue to operate at near capacity in terms of hospital beds and there has been continued difficulty in discharging patients who need further non-acute care and seeing increased numbers of patient attendances at our sites, particularly at our emergency departments.

To ensure both the continued availability and welfare of our workforce we continue to have a number of controls and supportive mechanisms in place that are reviewed though our People and Organisational Development Committee and our Engagement & Health and Wellbeing teams. Our Board Assurance Framework includes risks relating to the workforce that are reviewed at Board level, and divisional and departmental risk registers also include workforce risks that are managed by the local teams.

We also continue to build our capabilities around mental health first aid training for all managers, provide trauma management, and continue to review and provide accessible health and wellbeing support for all our workforce. We remain focused on preventing burnout amongst our workforce and continue to focus on preventative, all round support to managers and their teams within divisions. We have reviewed how we provide support through our People Engagement Team, for those on educational placements, there are additional key resources available including the Pastoral Fellows who continue to provide support to range of UG/PG and Trust Grade medical staff. Success of the role in the Trust has been recognised at local and national level by NHSE KSS Deanery and the GMC.

Regarding mental health awareness training, we have developed a tiered approach to the delivery of training and worked on the offer for Conflict Resolution Training and Fundamentals of Safety- with our internal- Security Team. The Trust also appointed a Head of Nursing for Mental Health Awareness (cross site) late in 2024, to support how we manage patients needing support with their mental health whilst being treated, which in turn has an impact on supporting our staff.

We continue to engage with our workforce in a variety of ways to provide additional assurance and support. These include the national staff survey, through our Partnership forum, listening and engagement events, and through our colleagues' networks.

Finance and scale of efficiency programme

2024/25 has been a challenging year from a financial perspective. Financial improvements above the targeted level have been identified and reported accordingly. A deficit of £8.9m was caused by other pressures not included in the original plan. During the course of the year and as referenced in the 2023/24 assurance statement, the Trust committed to supporting the Sussex-wide 65 week waiting list target. At the end of 2024/25, two patients exceeded that expectation one of which was through choice.

2025/26 brings a further expectation of a 6.3% cash releasing improvement programme that requires a further shift of services from the hospital into the community and the delivery of significant change within both corporate and operational divisions.

Patients with no criteria to reside remain a significant issue as does the expectation that non-elective activity will remain static during the course of the year. Relationships and agreements with commissioners as to the impact of unheralded pressure outside of the Trust's control will be key to maintaining financial balance.

Waiting lists and requirement to increase activity levels

To ensure we work towards the activity levels by point of delivery as outlined in the Operational Plan we are reviewing the process of managing clinical pathways across all our services. This includes appropriate validation and management of our waiting lists. The Operational Plan outlines the levels of activity we plan to deliver and will enable the organisation to deliver the national ambition to increase the activity levels for specialties over and above those delivered 2019/20. Our specialties have developed plans to increase activity, which include reviewing our productivity opportunities as well as increasing our capacity where required. The risk relates to the breadth of review and the speed with which we may need to make changes to our processes and pathways, whilst increasing capacity at short notice without increasing our workforce or relying on temporary staff.

Estate

Despite the significant investment in the Sussex Surgical Centre and the Endoscopy Unit over 2024/25 and planned to move into use in 2025/26, the majority of the estate is aging and the available capital allowances do not currently allow for this to be refreshed to any great degree. This is reflected in the Trust's dedicated BAF risk covering this topic. The Trust had been anticipating earlier investment though the New Hospital Programme and the Trust now knows this has been delayed until 2037.

Estate risks will continue to be raised and mitigated with as much direct investment in critical engineering and building infrastructure as is possible within the available resource. Representations are being made to determine how the impact of the delay announced for the new hospital programme will be resolved.

Conclusion

In line with the guidance on the definition of the significant internal control issues, I have not identified any significant control issues.

Jayne Black
Chief Executive

Annual Accounts

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Statement of Directors' Responsibilities in Respect of the Accounts

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the trust and of the income and expenditure, other items of comprehensive income and cash flows for the year. In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;
- make judgements and estimates which are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts; and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

The directors confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS trust's performance, business model and strategy.

By order of the Board 20 June 2025

Jayne Black
Chief Executive

Andrew Strevens
Chief Finance Officer

Certificate on summarisation schedules

Trust Accounts Consolidation (TAC) Summarisation Schedules for East Sussex Healthcare NHS Trust

Summarisation schedules numbers TAC01 to TAC34 and accompanying WGA sheets for 2024/25 have been completed and this certificate accompanies them.

Finance Director Certificate - 20 June 2025

1. I certify that the attached TAC schedules have been compiled and are in accordance with:

- the financial records maintained by the NHS trust
- accounting standards and policies which comply with the Department of Health and Social Care's Group Accounting Manual and
- the template accounting policies for NHS trusts issued by NHS England, or any deviation from these policies has been fully explained in the Confirmation questions in the TAC schedules.

2. I certify that the TAC schedules are internally consistent and that there are no validation errors.
3. I certify that the information in the TAC schedules is consistent with the financial statements of the NHS Trust.

Andrew Strevens, Chief Finance Officer

Chief Executive Certificate - 20 June 2025

1. I acknowledge the attached TAC schedules, which have been prepared and certified by the Finance Director, as the TAC schedules which the Trust is required to submit to NHS England.
2. I have reviewed the schedules and agree the statements made by the Interim Chief Financial Officer above.

Jayne Black, Chief Executive

Accounts Introduction

The delivery of the financial plan for 2024/25 proved to be a significant challenge and the Trust found itself unable to achieve the financial challenge it had set itself. Before impairments this deficit totalled £8,941,000 and included receipt of £11.7 million of support designed to promote a break-even position in the year.

In the main this deficit was caused by things that had been excluded from the baseline plan including (amongst others)

- the excess costs of industrial action in the year;
- the excess costs of drugs and devices; and
- higher than expected costs of increased emergency care activity.

Alongside this issue and in common with many Acute Trusts in the country the capacity to discharge patients from the health system proved challenging with increasing numbers of patients awaiting discharge.

Block contracts for core services continued to be the order of the day in 2024/25 with the Elective Recovery Fund giving access to more flexible funds to support the income and expenditure position through delivering improvements against the Elective Recovery Fund.

Although the Trust was successful is securing more finds from commissioners thought the block contract to support some of the additional pressure felt during the year, this proved insufficient to allow break even to be achieved.

Alongside this challenge, the Trust had an improvement plan to deliver of £36.7 million with a reported year end position showing a delivery of £37.7 million, £1.0 million better than plan.

Efficiency Delivery

Delivery of the efficiency broke down into several workstreams and £25.9 was identified as recurrent in nature with £11.8 million delivered non-recurrently. Significant area of delivery was across variety of programmes including Operational productivity (£6.1 million) Clinical Improvement and Elective Capacity (£6.7 million), Procurement and Non-Pay (£4.2 million), Grip and Control arrangements (11.0 million), Other workforce initiatives (£5,4 million) and other projects (£4.4 million) In developing these plans, the Trust relied on benchmarking tools such as Model Hospital and the Getting it Right First Time (GIRFT) programme to identify areas on which clinicians and their teams could focus their efforts.

It also relied (and continues to rely) on the understanding of clinical and operational teams in determining where financial and service improvements can be made within the patient pathways of East Sussex. The delivery was very much through clinical and organisational engagement and without the support of operational teams this outcome would not have been possible.

2025/26 continues to be a pressured year from a financial efficiency perspective. The Trust has set itself an aspiration to delver £49.6 million of financial improvement and at the beginning of the year had no unidentified schemes and 66 other schemes in train to mitigate any shortfall.

Capital

Expenditure and development of the estate continued thought 2024/25 with spend of £70.6 million across a variety of developments key schemes including

- the Sussex Surgical Centre £23.1 million
- digital development including developing a case for a new electronic patient record £7.0 million
- the development of the Trusts case for a new hospital, now delayed until 2037 £1.7 million from 2024/5 and £10.2 million in earlier years. This has now been impaired as a result of the delay

Accounts Headlines

Accounts Highlights	2024/25 £000	2023/24 £000
Surplus/(Deficit) for the year	(8,941)	(5,004)
Public Dividend Capital Payable	(10,486)	(9,569)
Value of Property, Plant and Equipment	415,067	378,744
Value of Borrowings (including loans)	(8,629)	(9,530)
Cash at 31 March	27,371	17,636
Creditors - trade and other	(73,306)	(53,346)
Debtors - trade and other	17,756	32,726
Revenue from Patient Care Activities	668,346	619,180
Clinical Negligence Costs	16,241	14,210
Gross Employee Benefits	483,655	444,721

Financial Position	2024/25 £000	2023/24 £000
Operating Income from Patient Care	668,346	619,180
Other operating income	52,526	50,711
Annual Income	**720,872**	**669,891**
Total Spend for the Year	(745,544)	(670,435)
Operating Surplus/(Deficit) from continuing operations	**(24,672)**	**(544)**
Finance Expenses	(8,710)	(6,912)
Other Gains/(Losses)	37	76
Surplus/(Deficit) for the year	**(33,345)**	**(7,380)**
Remove Impairments	24,376	5,366
Remove impact of capital grants	(280)	(2,944)
Remove net impact of inventories received from DHSC group bodies for COVID response	308	(46)
Adjusted financial performance Surplus/(Deficit)	**(8,941)**	**(5,004)**

	2024/25	2023/24
Financial Headline	**£000**	**£000**
Capital Spend (Gross)	72,563	72,402
Total Income for the Charity	225	161
Total Income from NHS Charities Together	0	30
Consultancy Costs	12	59

Better Payment Practice Code

	2024/25		2023/24		2022/23	
	Number	**£000**	**Number**	**£000**	**Number**	**£000**
Non-NHS Payables						
Total non-NHS trade invoices paid in the year	91,156	247,378	106,465	254,285	109,320	239,752
Total non-NHS trade invoices paid within target	81,129	235,365	94,865	241,558	93,185	228,985
Percentage of non-NHS trade invoices paid within target	89.0%	95.1%	89.1%	95.0%	85.2%	95.5%
NHS Payables						
Total NHS trade invoices paid in the year	2,163	37,837	2,259	38,919	1,841	33,365
Total NHS trade invoices paid within target	2,079	37,312	2,157	37,475	1,819	33,359
Percentage of NHS trade invoices paid within target	96.1%	98.6%	95.5%	96.3%	98.8%	100.0%

East Sussex Healthcare NHS Trust
Annual accounts for the year ended 31 March 2025

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Independent auditor's report to the Directors of East Sussex Healthcare NHS Trust

Report on the audit of the financial statements

Opinion on financial statements

We have audited the financial statements of East Sussex Healthcare NHS Trust the 'Trust') for the year ended 31 March 2024, which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Equity, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 15 of the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2023-24.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2024 and of its expenditure and income for the year then ended; and
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2023-24; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law, as required by the Code of Audit Practice (2020) ("the Code of Audit Practice") approved by the Comptroller and Auditor General. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report. We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We are responsible for concluding on the appropriateness of the directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Trust's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify the auditor's opinion. Our conclusions are based on the audit evidence obtained up to the date of our report. However, future events or conditions may cause the Trust to cease to continue as a going concern.

In our evaluation of the directors' conclusions, and in accordance with the expectation set out within the Department of Health and Social Care Group Accounting Manual 2023-24 that the Trust's financial statements shall be prepared on a going concern basis, we considered the inherent risks associated with the continuation of services provided by the Trust. In doing so we had regard to the guidance provided in Practice Note 10 Audit of financial statements and regularity of public sector bodies in the United Kingdom (Revised 2022) on the application of ISA (UK) 570 Going Concern to public sector entities. We assessed the reasonableness of the basis of preparation used by the Trust and the Trust's disclosures over the going concern period.

In auditing the financial statements, we have concluded that the directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The directors are responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Other information we are required to report on by exception under the Code of Audit Practice

Under the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Annual Governance Statement does not comply with the requirements of the Department of Health and Social Care Group Accounting Manual 2023-24 or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

Opinion on other matters required by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration and Staff Report to be audited have been properly prepared in accordance with the requirements of the Department of Health and Social Care Group Accounting Manual 2023-24; and

- based on the work undertaken in the course of the audit of the financial statements, the other information published together with the financial statements in the annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Under the Code of Audit Practice, we are required to report to you if:

- we issue a report in the public interest under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit; or

- we refer a matter to the Secretary of State under Section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or

- we make a written recommendation to the Trust under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit.

We have nothing to report in respect of the above matters except on 19 June 2024 we referred a matter to the Secretary of State under Section 30 of the Local Audit and Accountability Act 2014 as the Trust reported a deficit of £5 million in the year ended 31 March 2024 and has reported a cumulative deficit of £219.9 million at 31 March 2024. The Trust has also set a deficit budget of £17.3 million for the year ended 31 March 2025, meaning that the Trust has no clear plans to achieve cumulative financial balance by 31 March 2025.

Responsibilities of directors

As explained more fully in the Statement of Directors' Responsibilities in Respect of the Accounts, the directors are responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions and for being satisfied that they give a true and fair view, and for such internal control as the directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the directors are responsible for assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements. Irregularities, including fraud, are instances of non-compliance with laws and regulations. The extent to which our procedures are capable of detecting irregularities, including fraud, is detailed below.

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the Trust and determined that the most significant which are directly relevant to specific assertions in the financial statements are those related to the reporting frameworks (international accounting standards and the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2023-24).

- In addition, we concluded that there are certain significant laws and regulations that may have an effect on the determination of the amounts and disclosures in the financial statements and those laws and regulations relating to [include relevant details for your audit, e.g. health and safety, employee matters, and data protection].

- We enquired of management and the Audit Committee, concerning the Trust's policies and procedures relating to:

  - the identification, evaluation and compliance with laws and regulations;
  - the detection and response to the risks of fraud; and
  - the establishment of internal controls to mitigate risks related to fraud or non-compliance with laws and regulations.

- We enquired of management, internal audit and the Audit Committee, whether they were aware of any instances of non-compliance with laws and regulations or whether they had any knowledge of actual, suspected or alleged fraud.

- We assessed the susceptibility of the Trust's financial statements to material misstatement, including how fraud might occur, evaluating management's incentives and opportunities for manipulation of the financial statements. This included the evaluation of the risk of management override of controls, fraudulent revenue and expenditure recognition, and validity of capital additions. We determined that the principal risks were in relation to:

  - Journal entries which met a range of criteria defined as part of our risk assessment;
  - Valuation of land and buildings;
  - Revenue recognition for material streams of operating revenues which are variable in nature; and
  - Fraudulent expenditure recognition to meet externally set targets.

- Our audit procedures involved:

  - evaluation of the design effectiveness of controls that management has in place to prevent and detect fraud;
  - journal entry testing, with a focus on journals meeting a range of criteria defined as part of our risk assessment;
  - challenging assumptions and judgements made by management in its significant accounting estimates, including those for the valuation of land and buildings;
  - challenging the Trust's estimates and the judgments in order to arrive at the total income from contract variations recorded in the financial statements and other manual accruals/deferrals of healthcare income and other revenues;
  - challenging and evaluating assumptions and judgements made by management in its recognition of expenditure accruals at year-end and in their capitalisation of expenditure; and
  - assessing the extent of compliance with the relevant laws and regulations as part of our procedures on the related financial statement item.

- These audit procedures were designed to provide reasonable assurance that the financial statements were free from fraud or error The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error and detecting irregularities that result from fraud is inherently more difficult than detecting those that result from error, as fraud may involve collusion, deliberate concealment, forgery or intentional misrepresentations. Also, the further removed non-compliance with laws and regulations is from events and transactions reflected in the financial statements, the less likely we would become aware of it.

- We communicated relevant laws and regulations and potential fraud risks to all engagement team members, including the risk of management override of controls through journal entries, the potential for fraud in revenue and expenditure recognition, the potential for fraudulent capitalisation of expenditure and the potential for fraud through significant accounting estimates. We remained alert to any indications of non-compliance with laws and regulations, including fraud, throughout the audit.

- Our assessment of the appropriateness of the collective competence and capabilities of the engagement team included consideration of the engagement team's.

    - understanding of, and practical experience with audit engagements of a similar nature and complexity through appropriate training and participation
    - knowledge of the health sector and economy in which the Trust operates
    - understanding of the legal and regulatory requirements specific to the Trust including:

        - the provisions of the applicable legislation
        - NHS England's rules and related guidance
        - the applicable statutory provisions.

- In assessing the potential risks of material misstatement, we obtained an understanding of:

    - The Trust's operations, including the nature of its income and expenditure and its services and of its objectives and strategies to understand the classes of transactions, account balances, expected financial statement disclosures and business risks that may result in risks of material misstatement.
    - The Trust's control environment, including the policies and procedures implemented by the Trust to ensure compliance with the requirements of the financial reporting framework.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on other legal and regulatory requirements –the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2024.

We have nothing to report in respect of the above matter, except on 13 June 2024 we identified a significant weakness in how the Trust plans and manages its resources to ensure it can continue to deliver its services. This was in relation to the Trust's failure during 2023/24 to develop and continuously risk assess plans for required efficiency savings for 2024/25 which are intrinsic to addressing its underlying deficit and to maintain financial sustainability.

We recommended that the Trust should progress at speed the development of cost improvement plans for 2024/25 which are supported by robust assumptions, validated by the staff responsible for delivering the plans, and aligned with the Trust's other key plans and wider system plans. The cost improvement plans must undergo a continuous reassessment of the associated risks and the strategies to mitigate them, alongside rigorous monitoring of progress on the plans to identify any slippage and implement effective corrective actions.

Responsibilities of the Accountable Officer

As explained in the Statement of the Chief Executive's Responsibilities as the Accountable Officer of the Trust, the Chief Executive, as Accountable Officer, is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under Section 21(2A)(c) of the Local Audit and Accountability Act 2014 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.
We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in January 2023. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- Financial sustainability: how the Trust plans and manages its resources to ensure it can continue to deliver its services;

- Governance: how the Trust ensures that it makes informed decisions and properly manages its risks; and

- Improving economy, efficiency and effectiveness: how the Trust uses information about its costs and performance to improve the way it manages and delivers its services.

We have documented our understanding of the arrangements the Trust has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we have considered whether there is evidence to suggest that there are significant weaknesses in arrangements.

Report on other legal and regulatory requirements – Certificate

We certify that we have completed the audit of East Sussex Healthcare NHS Trust in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Use of our report

This report is made solely to the directors of the Trust, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Trust's directors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's directors as a body, for our audit work, for this report, or for the opinions we have formed.

John Paul Cuttle

John Paul Cuttle, Key Audit Partner

for and on behalf of Grant Thornton UK LLP, Local Auditor

London

Date: 26 June 2024

Statement of Comprehensive Income

	Note	2024/25 £000	2023/24 £000
Operating income from patient care activities	3	668,346	619,180
Other operating income	4	52,526	50,711
Operating expenses	7,9	(745,544)	(670,435)
Operating deficit from continuing operations		**(24,672)**	**(544)**
Finance income	11	1,875	2,760
Finance expenses	12	(99)	(103)
PDC dividends payable		(10,486)	(9,569)
Net finance costs		**(8,710)**	**(6,912)**
Other gains	13	37	76
Deficit for the year from continuing operations		**(33,345)**	**(7,380)**
Deficit for the year		**(33,345)**	**(7,380)**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	8	(2,934)	(17,509)
Revaluations	17	15,829	7,468
Total comprehensive expense for the period		**(20,450)**	**(17,421)**

Statement of Financial Position

	Note	31 March 2025 £000	31 March 2024 £000
Non-current assets			
Intangible assets	14	1,989	2,455
Property, plant and equipment	15	406,331	368,883
Right of use assets	18	8,736	9,861
Receivables	20	1,501	2,375
Total non-current assets		**418,557**	**383,574**
Current assets			
Inventories	19	9,299	7,853
Receivables	20	16,255	30,351
Cash and cash equivalents	21	27,371	17,636
Total current assets		**52,925**	**55,840**
Current liabilities			
Trade and other payables	22	(72,306)	(51,346)
Borrowings	24	(1,556)	(1,428)
Provisions	25	(1,746)	(646)
Other liabilities	23	(3,623)	(2,523)
Total current liabilities		**(79,231)**	**(55,943)**
Total assets less current liabilities		**392,251**	**383,471**
Non-current liabilities			
Trade and other payables	22	(1,000)	(2,000)
Borrowings	24	(7,073)	(8,102)
Provisions	25	(1,385)	(1,494)
Total non-current liabilities		**(9,458)**	**(11,596)**
Total assets employed		**382,793**	**371,875**
Financed by			
Public dividend capital		518,939	487,571
Revaluation reserve		106,159	93,264
Income and expenditure reserve		(242,305)	(208,960)
Total taxpayers' equity		**382,793**	**371,875**

The financial statements pages 2 to 5, and notes 1 to 37 (pages 6 to 48) form part of these accounts.

Name Jayne Black
Position Chief Executive
Date 20 June 2025

Statement of Changes in Taxpayers Equity for the year ended 31 March 2025

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2024 - brought forward	**487,571**	**93,264**	**(208,960)**	**371,875**
Deficit for the year	-	-	(33,345)	**(33,345)**
Impairments	-	(2,934)	-	**(2,934)**
Revaluations	-	15,829	-	**15,829**
Public dividend capital received	31,368	-	-	**31,368**
Taxpayers' and others' equity at 31 March 2025	**518,939**	**106,159**	**(242,305)**	**382,793**

Statement of Changes in Taxpayers Equity for the year ended 31 March 2024

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2023 - brought forward	**460,049**	**103,305**	**(201,580)**	**361,774**
Deficit for the year	-	-	(7,380)	**(7,380)**
Impairments	-	(17,509)	-	**(17,509)**
Revaluations	-	7,468	-	**7,468**
Public dividend capital received	27,522	-	-	**27,522**
Taxpayers' and others' equity at 31 March 2024	**487,571**	**93,264**	**(208,960)**	**371,875**

Information on reserves

Public dividend capital
Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to Trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the Trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve
Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Income and expenditure reserve
The balance of this reserve is the accumulated surpluses and deficits of the Trust.

Statement of Cash Flows

	Note	2024/25 £000	2023/24 £000
Cash flows from operating activities			
Operating deficit		(24,672)	(544)
Non-cash income and expense:			
Depreciation and amortisation	7	25,214	23,170
Net impairments	8	24,376	5,366
Income recognised in respect of capital donations	4	(1,960)	(4,059)
Decrease in receivables and other assets		12,184	8,557
(Increase) / decrease in inventories		(1,446)	2,386
Increase / (decrease) in payables and other liabilities		20,082	(17,039)
Increase / (decrease) in provisions		993	(534)
Net cash flows from operating activities		**54,771**	**17,303**
Cash flows from investing activities			
Interest received		1,875	2,760
Purchase of intangible assets		(182)	(87)
Purchase of PPE and investment property		(71,034)	(68,754)
Sales of PPE and investment property		49	51
Receipt of cash donations to purchase assets		4,370	2,851
Net cash flows used in investing activities		**(64,922)**	**(63,179)**
Cash flows from financing activities			
Public dividend capital received		31,368	27,522
Capital element of lease rental payments		(1,362)	(1,558)
Other interest		(8)	(1)
Interest paid on lease liability repayments		(1)	(1)
PDC dividend (paid) / refunded		(10,111)	(9,968)
Net cash flows from financing activities		**19,886**	**15,994**
Increase / (decrease) in cash and cash equivalents		**9,735**	**(29,882)**
Cash and cash equivalents at 1 April - brought forward		**17,636**	**47,518**
Cash and cash equivalents at 31 March	21	**27,371**	**17,636**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2024/25 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

Note 1.3 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Under the NHS standard contract, the Trust is paid according to a prescribed timetable based on estimated activity and performance levels with an agreed monthly payment plan, and then an activity reconciliation is performed between the paid and final agreed amounts, and adjustments are applied where appropriate. For 2024/25 this has only applied for three elements, High-cost drugs, Community Diagnostic Centre, and Virtual Wards.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's NHS income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS). The NHSPS sets out rules to establish the amount payable to Trusts for NHS-funded secondary healthcare.

Aligned payment and incentive contracts form the main payment mechanism under the NHSPS. API contracts contain both a fixed and variable element. Under the variable element, providers earn income for elective activity (both ordinary and day case), out-patient procedures, out-patient first attendances, diagnostic imaging and nuclear medicine, and chemotherapy delivery activity. The precise definition of these activities is given in the NHSPS. Income is earned at NHSPS prices based on actual activity. The fixed element includes income for all other services covered by the NHSPS assuming an agreed level of activity with 'fixed' in this context meaning not varying based on units of activity. Elements within this are accounted for as variable consideration under IFRS 15 as explained below.

High costs drugs and devices excluded from the calculation of national prices are reimbursed by NHS England based on actual usage or at a fixed baseline in addition to the price of the related service. High-cost drugs are paid on both a fixed block amount and a variable element, varied by specific drug type. Devices based on actual usage.

The Trust also receives income from commissioners under Commissioning for Quality Innovation (CQUIN) and Best Practice Tariff (BPT) schemes. Delivery under these schemes is part of how care is provided to patients. As such CQUIN and BPT payments are not considered distinct performance obligations in their own right; instead, they form part of the transaction price for performance obligations under the overall contract with the commissioner and are accounted for as variable consideration under IFRS 15. Payment for CQUIN and BPT on non-elective services is included in the fixed element of API contracts with adjustments for actual achievement being made at the end of the year. BPT earned on elective activity is included in the variable element of API contracts and paid in line with actual activity performed.

Where the relationship with a particular integrated care board is expected to be a low volume of activity (annual value below £0.5m), an annual fixed payment is received by the provider as determined in the NHSPS documentation. Such income is classified as 'other clinical income' in these accounts.

Elective recovery funding provides additional funding to integrated care boards to fund the commissioning of elective services within their systems. Trusts do not directly earn elective recovery funding, instead earning income for actual activity performed under API contract arrangements as explained above. The level of activity delivered by the Trust contributes to system performance and therefore the availability of funding to the Trust's commissioners.

Revenue from non-NHS contracts – SMSKE Partnership
Until 30 November 2024, the Trust received income for musculoskeletal services from a non-NHS commissioner. This uses the same contracting arrangements as NHS contracts. A performance obligation relating to delivery of a spell of health care is generally satisfied over time as health care is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the non-NHS commissioner but the customer benefits as services are provided to the patient. Even where a contract could be broken down into separate performance obligations, health care generally aligns with delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer.

From 1 December 2024, the Trust is the head contract holder for community musculoskeletal services and receives income for the contract from NHS Sussex ICB using NHS contracting arrangements.

Revenue from non-NHS contracts – Local Authority
The Trust receives income for two distinct services – provision of healthcare services and provision of staff. The healthcare service uses a similar contracting arrangement as the NHS contract. A performance obligation relating to delivery of an episode of health care is generally satisfied over time as health care is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the commissioner but the customer benefits as services are provided to the patient. Even where a contract could be broken down into separate performance obligations, health care generally aligns with the delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer.

For the provision of staff, revenue is recognised as and when performance obligations are satisfied during the period covered by the recharge.

Revenue from research contracts
Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases, it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

NHS injury cost recovery scheme
The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Non-patient care services to other bodies
The Trust supplies a range of staff and goods to a range of customers, and also rents out facilities. For these services, revenue is recognised as and when performance obligations are satisfied during the period covered by the recharge.

Revenue from education and training
Where education and training contracts fall under IFRS 15, revenue is recognised as and when obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract, in these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course.

Note 1.4 Other forms of income

Grants and donations

Government grants are grants from government bodies other than income from commissioners or Trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grant is used to fund capital expenditure, it is credited to the Statement of Comprehensive Income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's apprenticeship service account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.5 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the Trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

Note 1.6 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.7 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:
• it is held for use in delivering services or for administrative purposes
• it is probable that future economic benefits will flow to, or service potential be provided to, the Trust
• it is expected to be used for more than one financial year
• the cost of the item can be measured reliably
• the item has cost of at least £5,000, or
• collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, e.g., plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (i.e. operational assets used to deliver either front line services or back-office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use.
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Depreciation
Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

Revaluation gains and losses
Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments
In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised. Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition
Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged, and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and grant funded assets
Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

Note 1.8 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance controlled by the Trust. They are capable of being sold separately from the rest of the Trust's business or arise from contractual or other legal rights. Intangible assets are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised where it meets the requirements set out in IAS 38.

Software

Software, which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software, which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset where it meets recognition criteria.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Note 1.9 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) methodology. However, the Pharmacy system, uses weighted average cost formula, therefore, drugs are valued in this way. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

Between 2020/21 and 2023/24 the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department of Health and Social Care. Distribution of inventories by the Department of Health and Social Care ceased in March 2024.

Note 1.10 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.11 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through leasing arrangements are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets are classified as subsequently measured at amortised cost.

Financial liabilities classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense.

Impairment of financial assets
For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

The Trust does not normally recognise expected credit losses in relation to other NHS bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Derecognition
Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.12 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The Trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

The Trust as a lessee

Recognition and initial measurement

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments include fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 4.72% applied to new leases commencing in 2024 and 4.81% to new leases commencing in 2025.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

The Trust as a lessor
The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

Finance leases
Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Operating leases
Income from operating leases is recognised on a straight-line basis or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Note 1.13 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2025.

Early retirement provisions and injury benefit provisions both use the HM Treasury's post-employment benefits discount rate of 2.40% in real terms (prior year: 2.45%).

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at Note 25.1 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.14 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in Note 26 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in Note 26, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

• possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or

• present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.15 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

This policy is available at https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.16 Value added tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.17 Climate change levy

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

Note 1.18 Third party assets

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's *FReM*.

Note 1.19 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accrual's basis.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.20 Transfers of functions to other NHS bodies

For functions that the Trust has transferred to another NHS body, the assets and liabilities transferred are de-recognised from the accounts as at the date of transfer. The net gain corresponding to the net assets transferred is recognised within income, but not within operating activities. Any revaluation reserve balances attributable to assets de-recognised are transferred to the income and expenditure reserve.

Note 1.21 Early adoption of standards, amendments and interpretations
No new accounting standards or revisions to existing standards have been early adopted in 2024/25.

Note 1.22 Standards, amendments and interpretations in issue but not yet effective or adopted
IFRS 17 Insurance Contracts (replacing IFRS 4) will be adopted by the HM Treasury's FReM from 1 April 2025 and NHS bodies will be required to apply the standard in 2025/26. Management has reviewed existing contracts and does not expect IFRS 17 to apply to any contracts the Trust is already party to.

IFRS 18 Presentation and Disclosure in Financial Statements - The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted.

IFRS 19 Subsidiaries without Public Accountability: Disclosures - The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted.

Note 1.23 Critical judgements in applying accounting policies
The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the Trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

Valuation of Land and Buildings
The Trust has applied the concept of Modern Equivalent Asset (MEA) to estimate the valuation of its property assets as applicable with the DHSC GAM and independent professional valuers. This may result in impairment costs or reversals that are recognised in reserves or the income and expenditure statement.

Note 1.24 Sources of estimation uncertainty
The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

Valuation of Land and Buildings
The estimation of the valuation of Property and Land is based on professional valuer methodologies for applying modern equivalent asset (MEA) concepts to the estimation of depreciated replacement cost (DRC). The Department of Health and Social Care (DHSC) guidance specifies that the Trusts land and buildings should be valued based on depreciated replacement cost (DRC), applying the Modern Equivalent Asset (MEA) concept. This concept is defined as "the cost of a modern replacement asset that has the same productive capacity as the property being valued." Therefore, the MEA is not a valuation of the existing land and buildings held by the Trust, but a theoretical valuation for accounting purposes of what the Trust could need to spend to replace the existing assets. In determining the MEA, the Trust must make assumptions that are practically achievable, however the Trust is not required to have any plans to make these changes.

The main estimation uncertainty of the modern equivalent asset method would be the cost of the building at a new site and the floor area required to deliver healthcare services within this new build. The current carrying value of buildings including dwellings is £296,197k and a 5% reduction or increase in floor area or building costs would lead to a reduction or increase in valuation of £14,810k.

The Trust is satisfied that the assumptions underpinning the MEA valuation are practically achievable, would not change the services provided by the Trust, and would not impact on service delivery or the level and volume of service provided.

The land and buildings asset valuation carried out on 31 March 2025 was completed on a modern equivalent asset basis (MEA). The Trusts estate was classified as specialised operational properties, and an existing use value alternative was used. This assumes that the assets would be replaced with a modern equivalent, and although not necessarily a building of identical arrangement and composition, the service provision would be the same as the existing asset.

The alternative modern equivalent asset may be smaller under the Trusts alternative modern equivalent asset valuation with modern hospitals giving rise to the same service potential but on a smaller footprint, Gross Internal Area (GIA), to serve the catchment area of the local population.

The MEA valuations used by the Trust have been provided by the external valuers, Newmark Gerald Eve LLP.

Note 2 Operating Segments

The Trust has considered IFRS 8 Operating Segments and has taken the view that its activities should be reported as a single entity rather than in a segmental manner. Although financial performance is reported to the Executive Board Members at a divisional level, the key financial information for decision making purposes is based on the single entity as a whole. Furthermore, the Trust's business is the delivery of acute and community healthcare across a single economic environment. No separate reportable segments have therefore been identified.

Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.3.

Note 3.1 Income from patient care activities (by nature)	2024/25 £000	2023/24 £000
Acute services		
Income from commissioners under API contracts - variable element*	135,626	119,852
Income from commissioners under API contracts - fixed element*	365,131	335,762
High cost drugs income from commissioners	51,287	49,055
Other NHS clinical income	94	64
Community services		
Income from commissioners under API contracts*	54,345	51,757
Income from other sources (e.g. local authorities)	10,724	18,948
All services		
Private patient income	6,591	7,458
National pay award central funding***	1,138	230
Additional pension contribution central funding**	27,280	16,936
Other clinical income****	16,130	19,118
Total income from activities	**668,346**	**619,180**

*Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2023/25 NHS Payment Scheme documentation.

https://www.england.nhs.uk/pay-syst/nhs-payment-scheme/

**Increases to the employer contribution rate for NHS pensions since 1 April 2019 have been funded by NHS England. NHS providers continue to pay at the former rate of 14.3% with the additional amount being paid over by NHS England on providers' behalf. The full cost of employer contributions (23.7%, 2023/24: 20.6%) and related NHS England funding (9.4%, 2023/24: 6.3%) have been recognised in these accounts.

***Additional funding was made available directly to providers by NHS England in 2024/25 and 2023/24 for implementing the backdated element of pay awards where government offers were finalised after the end of the financial year. NHS Payment Scheme prices and API contracts are updated for the weighted uplift in in-year pay costs when awards are finalised.

****Other clinical income includes services provided to Sussex MSK Services.

Note 3.2 Income from patient care activities (by source)

	2024/25	2023/24
Income from patient care activities received from:	**£000**	**£000**
NHS England	89,164	72,369
Integrated care boards	548,915	503,794
Department of Health and Social Care	30	25
Local authorities	10,761	18,948
Non-NHS: private patients	6,591	7,458
Non-NHS: overseas patients (chargeable to patient)	390	353
Injury cost recovery scheme	546	773
Non NHS: other*	11,949	15,460
Total income from activities	**668,346**	**619,180**
Of which:		
Related to continuing operations	668,346	619,180

*Services to Sussex MSK Services £11.6m (2024/25 £15.2m) and relates to income received until 30 November 2024. From 1 December 2024, this date the income is received directly from Sussex Integrated Care Board and is included in the income from Integrated Care Boards detailed above.

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)

	2024/25	2023/24
	£000	**£000**
Income recognised this year	390	353
Cash payments received in-year	264	228
Amounts added to provision for impairment of receivables	422	127
Amounts written off in-year	83	96

Note 4 Other operating income

	2024/25			2023/24		
	income	income	Total	income	income	Total
	£000	£000	£000	£000	£000	£000
Research and development	596	-	**596**	445	-	**445**
Education and training	16,391	907	**17,298**	15,327	897	**16,224**
Non-patient care services to other bodies	21,657		**21,657**	19,098		**19,098**
Income in respect of employee benefits accounted on a gross basis	1,056		**1,056**	1,023		**1,023**
Receipt of capital grants and donations and peppercorn leases		1,960	**1,960**		4,059	**4,059**
Charitable and other contributions to expenditure		874	**874**		1,160	**1,160**
Revenue from operating leases		1,119	**1,119**		1,116	**1,116**
Other income	7,966	-	**7,966**	7,586	-	**7,586**
Total other operating income	**47,666**	**4,860**	**52,526**	**43,479**	**7,232**	**50,711**
Of which:						
Related to continuing operations			52,526			50,711

Note 4.1Analysis of 'Other Income'

	2024/25	2023/24
	£000	£000
Car Parking Income	1,333	1,000
Catering	1,481	1,059
Staff accommodation rental	1,920	1,742
Staff contribution to employee benefit schemes	70	66
Creche services	538	690
Clinical excellence awards	168	143
Other income generation schemes (recognised under IFRS 15)	2,456	2,762
Other income not already covered (recognised under IFRS 15)	-	124
	7,966	**7,586**

Note 5 Additional information on contract revenue (IFRS 15) recognised in the period

	2024/25	2023/24
	£000	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	2,523	3,251

Note 6 Operating leases - East Sussex Healthcare NHS Trust as lessor

This note discloses income generated in operating lease agreements where East Sussex Healthcare NHS Trust is the lessor.

The Trust leases office space, and space to third parties to provide food and beverages, and laundry services. The Trust also leases space recognised as specialised assets to Sussex Partnership NHS Foundation Trust to provide mental health services, and to University Hospitals Sussex NHS Foundation Trust to provide radiotherapy services. The terms of these leases vary between one and twenty-five years.

Note 6.1 Operating lease income

	2024/25	2023/24
	£000	£000
Lease receipts recognised as income in year:		
Minimum lease receipts	812	801
Variable lease receipts / contingent rents	307	315
Total in-year operating lease income	**1,119**	**1,116**

Note 6.2 Future lease receipts

	31 March 2025	31 March 2024
	£000	£000
Future minimum lease receipts due in:		
- not later than one year	801	802
- later than one year and not later than two years	801	702
- later than two years and not later than three years	117	642
- later than three years and not later than four years	117	77
- later than four years and not later than five years	117	77
- later than five years	946	1,024
Total	**2,899**	**3,324**

Note 7 Operating expenses

	2024/25 £000	2023/24 £000
Purchase of healthcare from NHS and DHSC bodies	5,129	4,198
Purchase of healthcare from non-NHS and non-DHSC bodies	14,412	10,275
Staff and executive directors costs	483,461	444,027
Remuneration of non-executive directors	163	171
Supplies and services - clinical (excluding drugs costs)	54,169	49,149
Supplies and services - general	8,463	8,490
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	61,493	60,683
Consultancy costs	12	59
Establishment	5,170	5,138
Premises	30,984	27,460
Transport (including patient travel)	3,142	3,280
Depreciation on property, plant and equipment	24,566	22,459
Amortisation on intangible assets	648	711
Net impairments	24,376	5,366
Movement in credit loss allowance: contract receivables / contract assets	120	1,085
Increase/(decrease) in other provisions	138	61
Change in provisions discount rate(s)	11	(42)
Fees payable to the external auditor		
audit services- statutory audit*	200	196
Internal audit costs	171	192
Clinical negligence	16,241	14,210
Legal fees	199	236
Insurance	380	350
Education and training	3,188	2,004
Expenditure on short term leases	104	1
Expenditure on low value leases	531	190
Early retirements	12	14
Redundancy	-	5
Hospitality	3	21
Other services, eg external payroll	537	398
Other**	7,521	10,048
Total	**745,544**	**670,435**
Of which:		
Related to continuing operations	745,544	670,435

*The statutory audit fee includes irrecoverable VAT of £33k (2023/24 £33k).

**Other expenditure includes Professional Fees of £4m (2023/24 £6.8m).

Note 7.1 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £2,000k (2023/24: £2,000k).

Note 8 Impairment of assets

	2024/25 £000	2023/24 £000
Net impairments charged to operating surplus / deficit resulting from:		
Abandonment of assets in course of construction	11,941	-
Changes in market price	12,435	5,366
Total net impairments charged to operating surplus / deficit	**24,376**	**5,366**
Impairments charged to the revaluation reserve	2,934	17,509
Total net impairments	**27,310**	**22,875**

The net impairments relate to a change in value of the Trusts estate following the annual review carried out by the external valuer, Newmark Gerald Eve LLP (£12,435k: 2023/24 £5,366k), and the impairment of the National Hospital Programme because of the Governments postponement of the scheme (£11,941k).

Note 9 Employee benefits

	2024/25 Total £000	2023/24 Total £000
Salaries and wages	365,860	338,372
Social security costs	38,628	36,681
Apprenticeship levy	1,882	1,803
Employer's contributions to NHS pensions	68,986	55,563
Pension cost - other	56	94
Termination benefits	4	2
Temporary staff (including agency)	8,239	12,206
Total gross staff costs	**483,655**	**444,721**
Total staff costs	**483,655**	**444,721**
Of which		
Costs capitalised as part of assets	182	675

Note 9.1 Retirements due to ill-health

During 2024/25 there were 5 early retirements from the Trust agreed on the grounds of ill-health (12 in the year ended 31 March 2024). The estimated additional pension liabilities of these ill-health retirements is £959k (£1,264k in 2023/24).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 10 Pension costs

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2025, is based on valuation data as at 31 March 2023, updated to 31 March 2025 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (considering recent demographic experience), and to recommend the contribution rate payable by employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 to 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

The 2024 actuarial valuation is currently being prepared and will be published before new contribution rates are implemented from April 2027.

c) National Employees Savings Trust (NEST)

The Trust participates in the National Employees Savings Trust (NEST) scheme as an alternative for those employees who do not wish to join the NHS Pension Scheme. NEST is a defined contribution scheme with a phased employer contribution rate, set at 3% for 2024/25 (3% for 2023/24). Trust contributions under the NEST scheme for 2024/25 financial year totalled £56k (£94k for 2023/24).

Note 11 Finance income

Finance income represents interest received on assets and investments in the period.

	2024/25	2023/24
	£000	£000
Interest on bank accounts	1,875	2,760
Total finance income	**1,875**	**2,760**

Note 12 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2024/25	2023/24
	£000	£000
Interest expense:		
Interest on lease obligations	98	107
Interest on late payment of commercial debt	9	1
Total interest expense	**107**	**108**
Unwinding of discount on provisions	(8)	(5)
Total finance costs	**99**	**103**

Note 12.1 The late payment of commercial debts (interest) Act 1998

	2024/25	2023/24
	£000	£000
Amounts included within interest payable arising from claims made under this legislation	9	1

Note 13 Other gains / (losses)

	2024/25	2023/24
	£000	£000
Gains on disposal of assets	37	78
Losses on disposal of assets	-	(2)
Total gains on disposal of assets	**37**	**76**
Total other gains	**37**	**76**

Note 14 Intangible assets - 2024/25

	Development expenditure	Total
	£000	£000
Valuation / gross cost at 1 April 2024 - brought forward	**7,284**	**7,284**
Additions	182	**182**
Valuation / gross cost at 31 March 2025	**7,466**	**7,466**
Amortisation at 1 April 2024 - brought forward	**4,829**	**4,829**
Provided during the year	648	**648**
Amortisation at 31 March 2025	**5,477**	**5,477**
Net book value at 31 March 2025	**1,989**	**1,989**
Net book value at 1 April 2024	**2,455**	**2,455**

Note 14.1 Intangible assets - 2023/24

	Development expenditure	Total
	£000	£000
Valuation / gross cost at 1 April 2023 - as previously stated	**7,197**	**7,197**
Additions	87	**87**
Valuation / gross cost at 31 March 2024	**7,284**	**7,284**
Amortisation at 1 April 2023 - as previously stated	**4,118**	**4,118**
Provided during the year	711	**711**
Amortisation at 31 March 2024	**4,829**	**4,829**
Net book value at 31 March 2024	**2,455**	**2,455**
Net book value at 1 April 2023	**3,079**	**3,079**

Note 15 Property, plant and equipment - 2024/25

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2024 - brought forward	**14,082**	**237,686**	**14,754**	**29,828**	**106,270**	**457**	**79,112**	**6,485**	**488,674**
Additions	-	14,245	106	32,387	8,505	2	16,430	337	**72,012**
Impairments	(261)	(15,453)	(1,482)	(11,941)	-	-	-	-	**(29,137)**
Reversals of impairments	-	695	-	-	-	-	-	-	**695**
Revaluations	271	8,914	-	-	-	-	-	-	**9,185**
Reclassifications	-	36,732	-	(36,732)	-	-	-	-	**-**
Disposals / derecognition	-	-	-	-	(46,194)	(197)	(16,888)	(2,641)	**(65,920)**
Valuation/gross cost at 31 March 2025	**14,092**	**282,819**	**13,378**	**13,542**	**68,581**	**262**	**78,654**	**4,181**	**475,509**
Accumulated depreciation at 1 April 2024 - brought forward	**-**	**1**	**-**	**-**	**75,774**	**258**	**39,099**	**4,659**	**119,791**
Provided during the year	-	7,078	697	-	5,998	33	8,977	283	**23,066**
Reversals of impairments	-	(1,011)	(121)	-	-	-	-	-	**(1,132)**
Revaluations	-	(6,068)	(576)	-	-	-	-	-	**(6,644)**
Disposals / derecognition	-	-	-	-	(46,183)	(197)	(16,888)	(2,635)	**(65,903)**
Accumulated depreciation at 31 March 2025	**-**	**-**	**-**	**-**	**35,589**	**94**	**31,188**	**2,307**	**69,178**
Net book value at 31 March 2025	**14,092**	**282,819**	**13,378**	**13,542**	**32,992**	**168**	**47,466**	**1,874**	**406,331**
Net book value at 1 April 2024	**14,082**	**237,685**	**14,754**	**29,828**	**30,496**	**199**	**40,013**	**1,826**	**368,883**

Note 15.1 Property, plant and equipment - 2023/24

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2023 - as previously stated	**11,085**	**216,209**	**8,150**	**35,340**	**100,511**	**424**	**63,254**	**5,919**	**440,892**
Additions	2,982	14,019	7,127	24,166	7,153	33	15,858	617	**71,955**
Impairments	(100)	(22,623)	(523)	-	-	-	-	-	**(23,246)**
Reversals of impairments	1	20	-	-	-	-	-	-	**21**
Revaluations	114	383	-	-	-	-	-	-	**497**
Reclassifications	-	29,678	-	(29,678)	-	-	-	-	**-**
Disposals / derecognition	-	-	-	-	(1,394)	-	-	(51)	**(1,445)**
Valuation/gross cost at 31 March 2024	**14,082**	**237,686**	**14,754**	**29,828**	**106,270**	**457**	**79,112**	**6,485**	**488,674**
Accumulated depreciation at 1 April 2023 - as previously stated	**-**	**-**	**-**	**-**	**70,762**	**228**	**32,398**	**4,338**	**107,726**
Provided during the year	-	7,023	299	-	6,404	30	6,701	372	**20,829**
Reversals of impairments	-	(230)	(120)	-	-	-	-	-	**(350)**
Revaluations	-	(6,792)	(179)	-	-	-	-	-	**(6,971)**
Disposals / derecognition	-	-	-	-	(1,392)	-	-	(51)	**(1,443)**
Accumulated depreciation at 31 March 2024	**-**	**1**	**-**	**-**	**75,774**	**258**	**39,099**	**4,659**	**119,791**
Net book value at 31 March 2024	**14,082**	**237,685**	**14,754**	**29,828**	**30,496**	**199**	**40,013**	**1,826**	**368,883**
Net book value at 1 April 2023	**11,085**	**216,209**	**8,150**	**35,340**	**29,749**	**196**	**30,856**	**1,581**	**333,166**

Note 15.2 Property, plant and equipment financing - 31 March 2025

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	14,092	254,216	13,378	13,542	28,692	168	47,433	1,669	**373,190**
Owned - donated/granted	-	28,603	-	-	4,300	-	33	205	**33,141**
Total net book value at 31 March 2025	**14,092**	**282,819**	**13,378**	**13,542**	**32,992**	**168**	**47,466**	**1,874**	**406,331**

Note 15.3 Property, plant and equipment financing - 31 March 2024

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	14,082	209,508	14,754	29,828	27,106	199	39,980	1,582	**337,039**
Owned - donated/granted	-	28,177	-	-	3,390	-	33	244	**31,844**
Total net book value at 31 March 2024	**14,082**	**237,685**	**14,754**	**29,828**	**30,496**	**199**	**40,013**	**1,826**	**368,883**

Note 15.4 Property plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2025

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Subject to an operating lease		8,943							**8,943**
Not subject to an operating lease	14,092	273,876	13,378	13,542	32,992	168	47,466	1,874	**397,388**
Total net book value at 31 March 2025	**14,092**	**282,819**	**13,378**	**13,542**	**32,992**	**168**	**47,466**	**1,874**	**406,331**

Note 15.5 Property plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2024

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Subject to an operating lease		8,657							**8,657**
Not subject to an operating lease	14,082	229,028	14,754	29,828	30,496	199	40,013	1,826	**360,226**
Total net book value at 31 March 2024	**14,082**	**237,685**	**14,754**	**29,828**	**30,496**	**199**	**40,013**	**1,826**	**368,883**

Note 16 Donations of property, plant and equipment

The following organisations donated assets to the Trust during 2024/25:

Friends of Eastbourne Hospital £1,381,439 (2023/24 £243,152)
The League of Friends of the Bexhill Hospital CIO £117,747 (2023/24 £56,362)
Friends of Conquest Hospital CIO £122,692 (2023/24 £56,815)
East Sussex Healthcare NHS Charitable Fund £6,059 (2023/24 £0)
The League of Friends of Uckfield Community Hospital £0 (2023/24 £7,490)

Note 17 Revaluations of property, plant and equipment

The freehold property known as East Sussex Healthcare NHS Trust was valued as at 31 March 2025 by an external valuer, Newmark Gerald Eve LLP, a regulated firm of Chartered Surveyors. The valuation was prepared in accordance with the requirements of the RCIS Valuation - Global Standards 2022 and the national standards and guidance set out in the UK national supplement (November 2018), the International Valuation Standards, and IFRS as adapted and interpreted by the Financial Reporting Manual (FReM). The valuations of specialised properties were derived using the Depreciated Replacement Cost (DRC) method, with other in-use properties reported on an Existing Use Value basis.

As a result of the revaluation carried out on 31 March 2025, the Trusts assets were valued upwards by £460k (2023/24 downwards £15,407k). The revaluation resulted in gains of £15,829k (2023/24 £7,468k) which were applied to the Revaluation Reserve, and impairments of £15,369k (2023/24 £22,875k: £17,509k to Revaluation Reserve, £5,366k to I&E), of which £12,435k was taken to I&E, and the remainder was applied to the Revaluation Reserve.

The annual review of asset lives resulted in an in-year increase in depreciation of £481,807 (2023/24 £41,722 decrease). Reducing asset lives increases in-year depreciation costs but decreases the number of years in which depreciation is charged for individual assets.

The range of lives of property, plant and equipment and intangibles are as follows:
Buildings (excluding dwellings), between 4 and 90 years (as per valuation)
Dwellings, 4 to 70 years (as per valuation)
Plant and machinery, 3 to 80 years
Motor vehicles, 5 to 7 years
IT equipment, 3 to 15 years
Furniture and fittings, 3 to 55 years
IT in-house software (intangibles), 5 to 10 years

Note 18 Leases - East Sussex Healthcare NHS Trust as a lessee

This note details information about leases for which the Trust is a lessee.
The Trust has leasing arrangements including building leases, equipment leases and vehicle leases.

The Trust is a lessee of space and property with NHS Property Services, and the following properties:
Amberstone Hospital, Hailsham
Apex Enterprise Park, Hailsham
Beeching Road, Bexhill-on-Sea
Brampton Road, Eastbourne
Family Learning Centre Egerton Park, Bexhill-on-Sea
Ivy House, Eastbourne
Rye Memorial Care Centre, Rye
St. Nicholas Centre, St. Leonards-on-Sea
Wheel Farm Business Park, Hastings
Firwood House, Eastbourne
Leaf Hospital, Eastbourne

Note 18.1 Right of use assets - 2024/25

	Property (land and buildings)	Plant & machinery	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2024 - brought forward	**12,202**	**788**	**12,990**	**9,462**
Additions	326	-	**326**	-
Remeasurements of the lease liability	19	24	**43**	-
Movements in provisions for restoration / removal costs	6	-	**6**	-
Disposals / derecognition	-	(194)	**(194)**	-
Valuation/gross cost at 31 March 2025	**12,553**	**618**	**13,171**	**9,462**
Accumulated depreciation at 1 April 2024 - brought forward	**2,661**	**468**	**3,129**	**1,859**
Provided during the year	1,336	164	**1,500**	947
Disposals / derecognition	-	(194)	**(194)**	-
Accumulated depreciation at 31 March 2025	**3,997**	**438**	**4,435**	**2,806**
Net book value at 31 March 2025	**8,556**	**180**	**8,736**	**6,656**
Net book value at 1 April 2024	**9,541**	**320**	**9,861**	**7,603**

Net book value of right of use assets leased from other NHS providers	411
Net book value of right of use assets leased from other DHSC group bodies	6,245

Note 18.2 Right of use assets - 2023/24

	Property (land and buildings)	Plant & machinery	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2023 - brought forward	**12,176**	**1,019**	**13,195**	**9,429**
Additions	314	46	**360**	263
Movements in provisions for restoration / removal costs	4	-	**4**	3
Disposals / derecognition	(292)	(277)	**(569)**	(233)
Valuation/gross cost at 31 March 2024	**12,202**	**788**	**12,990**	**9,462**
Accumulated depreciation at 1 April 2023 - brought forward	1,370	285	**1,655**	949
Provided during the year	1,345	285	**1,630**	933
Disposals / derecognition	(54)	(102)	**(156)**	(23)
Accumulated depreciation at 31 March 2024	**2,661**	**468**	**3,129**	**1,859**
Net book value at 31 March 2024	**9,541**	**320**	**9,861**	**7,603**
Net book value at 1 April 2023	**10,806**	**734**	**11,540**	**8,480**

Net book value of right of use assets leased from other NHS providers	469
Net book value of right of use assets leased from other DHSC group bodies	7,134

Note 18.3 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 24.

	2024/25	2023/24
	£000	£000
Carrying value at 1 April	**9,530**	**11,062**
Lease additions	326	360
Lease liability remeasurements	43	-
Interest charge arising in year	98	107
Early terminations	(5)	(440)
Lease payments (cash outflows)	(1,363)	(1,559)
Carrying value at 31 March	**8,629**	**9,530**

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.

These payments are disclosed in Note 7. Cash outflows in respect of leases recognised on SoFP are disclosed in the reconciliation above.

Note 18.4 Maturity analysis of future lease payments

	Total	Of which leased from DHSC group bodies:	Total	Of which leased from DHSC group bodies:
	31 March 2025	31 March 2025	31 March 2024	31 March 2024
	£000	£000	£000	£000
Undiscounted future lease payments payable in:				
- not later than one year;	1,634	980	1,494	953
- later than one year and not later than five years;	5,261	3,906	5,153	3,802
- later than five years.	2,122	2,000	3,324	2,895
Total gross future lease payments	**9,017**	**6,886**	**9,971**	**7,650**
Finance charges allocated to future periods	(388)	(289)	(441)	(364)
Net lease liabilities at 31 March 2025	**8,629**	**6,597**	**9,530**	**7,286**
Of which:				
Leased from other DHSC group bodies		6,597		7,286

Note 19 Inventories

	31 March 2025 £000	31 March 2024 £000
Drugs	4,434	2,678
Consumables	4,707	4,995
Energy	158	180
Total inventories	**9,299**	**7,853**

Inventories recognised in expenses for the year were £75,195k (2023/24: £76,502k

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2023/24 the Trust received £636k of items purchased by DHSC. Distribution of inventory by the Department ceased in March 2024.

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

Note 20 Receivables

	31 March 2025 £000	31 March 2024 £000
Current		
Contract receivables	9,445	19,582
Capital receivables	103	2,514
Allowance for impaired contract receivables / assets	(466)	(1,249)
Deposits and advances	7	34
Prepayments (non-PFI)	3,807	5,277
PDC dividend receivable	305	680
VAT receivable	1,547	2,435
Other receivables	1,507	1,078
Total current receivables	**16,255**	**30,351**
Non-current		
Contract receivables	2,212	2,401
Allowance for impaired contract receivables / assets	(1,242)	(554)
Other receivables	531	528
Total non-current receivables	**1,501**	**2,375**
Of which receivable from NHS and DHSC group bodies:		
Current	3,023	12,749
Non-current	531	528

Note 20.1 Allowances for credit losses

	2024/25 Contract receivables and contract assets	2023/24 Contract receivables and contract assets
	£000	£000
Allowances as at 1 April - brought forward	**1,803**	**910**
Changes in existing allowances	120	1,085
Utilisation of allowances (write offs)	(215)	(192)
Allowances as at 31 Mar 2025	**1,708**	**1,803**

Note 20.2 Exposure to credit risk

The expected credit loss is only applied to non-NHS debt. NHS and other DHSC organisations are excluded from the calculation as NHS transactions are considered to be part of the DHSC group accounts, with balances therefore eliminated on consolidation. As the majority of the Trusts revenue comes from contracts with other public sector bodies, the Trust has a low exposure to credit risk.

Note 21 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2024/25	2023/24
	£000	£000
At 1 April	**17,636**	**47,518**
Net change in year	9,735	(29,882)
At 31 March	**27,371**	**17,636**
Broken down into:		
Cash at commercial banks and in hand	82	95
Cash with the Government Banking Service	27,289	17,541
Total cash and cash equivalents as in SoFP	**27,371**	**17,636**
Total cash and cash equivalents as in SoCF	**27,371**	**17,636**

Note 21.1 Third party assets held by the Trust

East Sussex Healthcare NHS Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties and in which the Trust has no beneficial interest. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2025	31 March 2024
	£000	£000
Monies on deposit	23	17
Total third party assets	**23**	**17**

Note 22 Trade and other payables

	31 March 2025 £000	31 March 2024 £000
Current		
Trade payables	7,401	2,738
Capital payables	4,471	2,493
Accruals	43,843	29,571
Receipts in advance and payments on account	23	17
Social security costs	4,625	4,623
Other taxes payable	5,183	4,641
Pension contributions payable	5,841	5,370
Other payables	919	1,893
Total current trade and other payables	**72,306**	**51,346**
Non-current		
Capital payables	1,000	2,000
Total non-current trade and other payables	**1,000**	**2,000**
Of which payables from NHS and DHSC group bodies:		
Current	7,336	5,338

Note 23 Other liabilities

	31 March 2025 £000	31 March 2024 £000
Current		
Deferred income: contract liabilities	3,623	2,523
Total other current liabilities	**3,623**	**2,523**

Note 24 Borrowings

	31 March 2025 £000	31 March 2024 £000
Current		
Lease liabilities	1,556	1,428
Total current borrowings	**1,556**	**1,428**
Non-current		
Lease liabilities	7,073	8,102
Total non-current borrowings	**7,073**	**8,102**

Note 24.1 Reconciliation of liabilities arising from financing activities

	Lease Liabilities	Total
	£000	£000
Carrying value at 1 April 2024	**9,530**	**9,530**
Cash movements:		
Financing cash flows - payments and receipts of principal	(1,362)	**(1,362)**
Financing cash flows - payments of interest	(1)	**(1)**
Non-cash movements:		
Additions	326	**326**
Lease liability remeasurements	43	**43**
Application of effective interest rate	98	**98**
Early terminations	(5)	**(5)**
Carrying value at 31 March 2025	**8,629**	**8,629**

	Lease Liabilities	Total
	£000	£000
Carrying value at 1 April 2023	**11,062**	**11,062**
Cash movements:		
Financing cash flows - payments and receipts of principal	(1,558)	**(1,558)**
Financing cash flows - payments of interest	(1)	**(1)**
Non-cash movements:		
Additions	360	**360**
Application of effective interest rate	107	**107**
Early terminations	(440)	**(440)**
Carrying value at 31 March 2024	**9,530**	**9,530**

Note 25 Provisions for liabilities and charges analysis

	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Other	Total
	£000	£000	£000	£000	£000
At 1 April 2024	**15**	**1,149**	**116**	**860**	**2,140**
Change in the discount rate	-	11	-	(5)	**6**
Arising during the year	1	106	47	1,439	**1,593**
Utilised during the year	(8)	(209)	(62)	(11)	**(290)**
Reversed unused	(4)	-	(10)	(323)	**(337)**
Unwinding of discount	-	(8)	-	27	**19**
At 31 March 2025	**4**	**1,049**	**91**	**1,987**	**3,131**
Expected timing of cash flows:					
- not later than one year;	4	205	91	1,446	**1,746**
- later than one year and not later than five years;	-	474	-	65	**539**
- later than five years.	-	370	-	476	**846**
Total	**4**	**1,049**	**91**	**1,987**	**3,131**

The provision for pensions early departure costs, and pensions injury benefits costs, are calculated by current payments to the NHS Pensions Agency and adjusted for average life expectancy and discounted using the HM Treasury published discount rates.

The provision for legal claims provides for the Liability to Third Party Schemes (LTPS) and Public & Employers Liability Scheme (PES). The provision covers the excess amount payable by the Trust and not the full liability of the claims which is borne by NHS Resolution under the non-clinical risk pooling scheme. The timings of cash flows are based on estimated dates for the finalisation of the claims. All are expected to be settled within one year.

The Clinicians' Pension Scheme relates to clinicians who are members of the NHS Pension Scheme and who as a result of work undertaken in the previous tax year (2019/20) face a tax charge in respect of the growth of their NHS pensions benefits above their pension savings annual allowance threshold and will be able to have this charge paid by the NHS Pension Scheme. NHS England have used the information provided by Government Actuary's Department (GAD) and Business Services Authority (BSA) and calculated a national 'average discounted value per nomination'. A provision broadly equal to the tax charge owed by clinicians who want to take advantage of the 2019/20 commitment. This will be offset by the commitment from NHS England and the Government to fund the payments to clinicians as and when they arise. Clinicians' Pension provision has been disclosed within other provisions and totals £544k (2023/24 £534k).

The Trust submitted a claim to HMRC for the recovery of VAT on car parking charges following the principles established in the Northumbria Healthcare NHS Foundation Trust case which considers whether VAT is due on hospital car parking when provided by NHS Trusts. While this matter has been subject to legal proceedings and found in favour of Northumbria Healthcare NHS Foundation Trust, the final outcome and its implications for the Trust's claim are dependent on the pending judgement of the Supreme Court hearing scheduled in 2025/26. As the outcome of the case remains uncertain, the Trust has provided for the liability £1,119k.

Note 25.1 Clinical negligence liabilities

At 31 March 2025, £210,553k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of East Sussex Healthcare NHS Trust (31 March 2024: £186,778k).

Note 26 Contingent assets and liabilities

	31 March 2025 £000	31 March 2024 £000
Value of contingent liabilities		
NHS Resolution legal claims	(15)	(68)
Employment tribunal and other employee related litigation	(445)	(17)
Gross value of contingent liabilities	**(460)**	**(85)**
Net value of contingent liabilities	**(460)**	**(85)**

The contingent liability for legal claims represents the Liability to Third Party Schemes (LTPS) and Public & Employers Liability Scheme (PES) notified to the Trust by NHS Resolution.

Note 27 Contractual capital commitments

	31 March 2025 £000	31 March 2024 £000
Property, plant and equipment	13,427	13,120
Total	**13,427**	**13,120**

Note 28 Financial instruments

Note 28.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the NHS Trust has with NHS healthcare commissioners and the way the latter bodies are financed, the NHS Trust is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The NHS Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the NHS Trust in undertaking its activities.

The Trusts treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the Board of Directors. Trust treasury activity is subject to review by the Trust's internal auditors.

Currency Risk
The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest Rate Risk
The Trust may also borrow from government for revenue financing subject to approval by NHS England. Interest rates are confirmed by the Department of Health and Social Care (the lender) at the point borrowing is undertaken. The Trust therefore has low exposure to interest rate fluctuations.

Credit Risk
Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2025 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity Risk
The Trust's operating costs are incurred under contracts with Integrated Care Boards (ICBs), which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from within its capital resourcing limit as approved by Sussex ICB and DHSC. The Trust is not, therefore, exposed to significant liquidity risks.

Note 28.2 Carrying values of financial assets

Carrying values of financial assets as at 31 March 2025	Held at amortised cost	Total book value
	£000	£000
Trade and other receivables excluding non financial assets	12,089	**12,089**
Cash and cash equivalents	27,371	**27,371**
Total at 31 March 2025	**39,460**	**39,460**

Carrying values of financial assets as at 31 March 2024	Held at amortised cost	Total book value
	£000	£000
Trade and other receivables excluding non financial assets	24,299	**24,299**
Cash and cash equivalents	17,636	**17,636**
Total at 31 March 2024	**41,935**	**41,935**

Note 28.3 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2025	Held at amortised cost	Total book value
	£000	£000
Obligations under leases	8,629	**8,629**
Trade and other payables excluding non financial liabilities	55,519	**55,519**
Total at 31 March 2025	**64,148**	**64,148**

Carrying values of financial liabilities as at 31 March 2024	Held at amortised cost	Total book value
	£000	£000
Obligations under leases	9,530	**9,530**
Trade and other payables excluding non financial liabilities	36,341	**36,341**
Total at 31 March 2024	**45,871**	**45,871**

Note 28.4 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	31 March 2025	31 March 2024
	£000	£000
In one year or less	56,153	35,835
In more than one year but not more than five years	6,261	7,153
In more than five years	2,122	3,324
Total	**64,536**	**46,312**

Note 28.5 Fair values of financial assets and liabilities

The fair value of receivables and cash is consistent with the carrying value in the Statement of Financial Position. Receivables consist of amounts to be collected within 1 year and the non-current receivables for Injury Cost Recovery income. Non current receivables are not discounted as the difference to carrying values is not considered material.

Payables arising under statutory obligations such as payroll taxes are not classified as financial liabilities. The fair value of payables is consistent with the carrying value in the Statement of Financial Position.

Note 29 Losses and special payments

	2024/25		2023/24	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Cash losses	19	12	3	4
Bad debts and claims abandoned	141	202	46	189
Stores losses and damage to property	20	225	12	382
Total losses	**180**	**439**	**61**	**575**
Special payments				
Ex-gratia payments	45	33	38	23
Total special payments	**45**	**33**	**38**	**23**
Total losses and special payments	**225**	**472**	**99**	**598**

Note 30 Related parties

The Department of Health and Social Care (DHSC) is regarded as a related party. During 2024/25 East Sussex Healthcare NHS Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department.

The bodies listed below have entered into income or expenditure transactions with the Trust over £500,000:
Kent and Medway ICB
NHS England - Central Specialised Commissioning Hub
NHS England - Core
NHS England (Formally Health Education England and NHS Digital)
NHS England South East Regional Office
Queen Victoria Hospital NHS Foundation Trust
Royal Surrey NHS Foundation Trust
Sussex Community NHS Foundation Trust
Sussex ICB
Sussex Partnership NHS Foundation Trust
University Hospitals Sussex NHS Foundation Trust

In addition, the Trust has had transactions over £500,000 with the following government body:
East Sussex County Council

The Trust has had a number of transactions over £500,000 with central government bodies:
NHS Blood and Transplant
NHS Pension Scheme
NHS Property Services
NHS Resolution
HM Revenue and Customs

The Trust has received revenue and capital payments of £275,855 (2023/24: £244,541) from East Sussex Healthcare NHS Trust Charitable Fund. East Sussex Healthcare NHS Trust (ESHT) is the sole Trustee of the East Sussex Healthcare NHS Charity. The Chair of the Charity is a non-Executive Director of the Trust Board. On 31 March 2025, £24,218 was owed to the Trust by the Charitable Fund (2023/24: £81,736).

The East Sussex Healthcare NHS Charitable Fund is not consolidated with the Trust accounts on the grounds of materiality.

Note 31 Prior period adjustments

The Trust has not made any prior period adjustments.

Note 32 Events after the reporting date

Events after the reporting period are events, both favourable and unfavourable, that occur between the end of the reporting period and the date when the financial statements are authorised. These events can be adjusting or non adjusting.

There are no adjusting or non-adjusting events after the reporting period.

Note 33 Better Payment Practice code

Non-NHS Payables	2024/25 Number	2024/25 £000	2023/24 Number	2023/24 £000
Total non-NHS trade invoices paid in the year	91,156	247,378	106,465	254,285
Total non-NHS trade invoices paid within target	81,129	235,365	94,865	241,558
Percentage of non-NHS trade invoices paid within target	89.0%	95.1%	89.1%	95.0%
NHS Payables				
Total NHS trade invoices paid in the year	2,163	37,837	2,259	38,919
Total NHS trade invoices paid within target	2,079	37,312	2,157	37,475
Percentage of NHS trade invoices paid within target	96.1%	98.6%	95.5%	96.3%

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later.

Note 34 Capital Resource Limit

	2024/25 £000	2023/24 £000
Gross capital expenditure	72,563	72,402
Less: Disposals	(17)	(415)
Less: Donated and granted capital additions	(1,960)	(4,059)
Charge against Capital Resource Limit	**70,586**	**67,928**
Capital Resource Limit	71,249	68,425
Underspend against CRL	**663**	**497**

Note 35 Breakeven duty financial performance

	2024/25 £000	2023/24 £000
Adjusted financial performance deficit (control total basis)	(8,941)	(5,004)
Breakeven duty financial performance deficit	**(8,941)**	**(5,004)**

Note 36 Reconciliation of accounting performance to adjusted performance (control total basis)

	2024/25	2023/24
Adjusted financial performance (control total basis):		
Deficit for the period	(33,345)	(7,380)
Remove net impairments not scoring to the Departmental expenditure limit	24,376	5,366
Remove I&E impact of capital grants and donations	(280)	(2,944)
Remove net impact of DHSC centrally procured inventories	308	(46)
Adjusted financial performance deficit	**(8,941)**	**(5,004)**

Note 37 Breakeven duty rolling assessment

Due to the introduction of International Financial Reporting Standards (IFRS) accounting in 2009/10, NHS Trust's financial performance measurement needs to be aligned with the guidance issued by HM Treasury measuring departmental expenditure. Therefore, the incremental revenue expenditure resulting from the application of IFRS to IFRIC 12 schemes (which would include PFI schemes), which has no cash impact and is not chargeable for overall budgeting purposes, is excluded when measuring breakeven performance. Other adjustments are made in respect of accounting policy changes (impairments and the removal of the donated asset and government grant reserves) to maintain comparability year to year.

Statutory breakeven duty, overall and recurrent financial position: Prior to 2019/20 the Trust has been in technical breach of the statutory breakeven duty (NHS Act 2006), for some time. Until 2023/24, the Trust had delivered a breakeven position for the previous four accounting periods albeit through non-recurrent support and covid funding. However, in the previous two years, the Trust has reported adjusted deficits of £5.0m, and £8.9m respectively. The deficit in 2024/25 has been driven by pay and non-pay inflation, and an increase in emergency care resulting in escalation wards.

The Trust is in regular contact with NHS England via the Sussex Integrated Care Board and work at a system level has seen the Trust develop a break-even plan for 2025/26.

	1997/98 to 2008/09 £000	2009/10 £000	2010/11 £000	2011/12 £000	2012/13 £000	2013/14 £000	2014/15 £000	2015/16 £000	2016/17 £000
Breakeven duty in-year financial performance		350	(4,704)	87	522	(23,094)	88	(47,997)	(43,792)
Breakeven duty cumulative position	1,745	2,095	(2,609)	(2,522)	(2,000)	(25,094)	(25,006)	(73,003)	(116,795)
Operating income		282,807	299,623	385,281	387,400	364,240	384,876	356,152	379,307
Cumulative breakeven position as a percentage of operating income		0.7%	(0.9%)	(0.7%)	(0.5%)	(6.9%)	(6.5%)	(20.5%)	(30.8%)

	2017/18 £000	2018/19 £000	2019/20 £000	2020/21 £000	2021/22 £000	2022/23 £000	2023/24 £000	2024/25 £000
Breakeven duty in-year financial performance	(53,878)	(44,781)	68	346	68	28	(5,004)	(8,941)
Breakeven duty cumulative position	(170,673)	(215,454)	(215,386)	(215,040)	(214,972)	(214,944)	(219,948)	(228,889)
Operating income	387,934	408,783	476,581	533,988	568,336	657,259	669,891	720,872
Cumulative breakeven position as a percentage of operating income	(44.0%)	(52.7%)	(45.2%)	(40.3%)	(37.8%)	(32.7%)	(32.8%)	(31.8%)

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