East Sussex Healthcare NHS Trust

EAST SUSSEX HEALTHCARE NHS TRUST

BOARD OF DIRECTORS

TRUST BOARD MEETING IN PUBLIC

ST MARY'S BOARDROOM, EDGH

17th FEBRUARY 2026, 09:30 – 12:45

NHS
East Sussex Healthcare
NHS Trust

East Sussex Healthcare NHS Trust Board Agenda

Date: Tuesday 17th February 2026

Time: 09:30 – 12:45

Venue: St Mary's Boardroom, Eastbourne District General Hospital

	Opening Business	Lead	Action	Time	Paper
1.	Welcome and apologies	Chair	Information	09:30	
2.	Colleague Recognition	Chair	Information	09:35	Yes
3.	Dementia Training Service	Julie Allen	Information		No
4.	Declarations of Interest	Chair	Information		No
5.	Minutes of Trust Board Meeting in public on 16th December 2025	Chair	Approval	09:50	Yes
6.	Matters Arising	Chair	Approval		Yes
7.	Board Committee Chairs' Reports	Committee Chairs	Assurance	10:00	Yes
8.	Chief Executive's Report	CEO	Information	10:10	Yes
Quality, Safety and Performance					
9.	Integrated Performance Report, Month 9 (December) (i) Chief Executive Summary (ii) Quality & Safety (iii) Our People (iv) Access and Responsiveness (v) Financial Control and Capital Development	CEO DCNO/CMO DCEO COO CFO	Assurance	10:20	Yes
10.	Maternity Incentive Scheme Year 7 Submission	DCNO / Aly Hulme	Approval	11:00	Yes
11.	Avoidability of Inpatient Deaths Q1	CMO	Information	11:10	Yes
12.	EDGH Power Outage	COS	Information	11:20	Yes

Break – 10 minutes

Strategy					
13.	Medium-term and 5-year planning	CEO	Assurance	11:40	Yes
14.	Local Government Reorganisation	COS	Information	11:50	Yes

Governance and Assurance					
15.	Improving Working Lives Report	DOP / CMO	Information	12:00	Yes
16.	Board Assurance Framework Q3	COS	Assurance	12:10	Yes
17.	Annual Reports: 1. Emergency Preparedness, Resilience and Response 2. ESHT Charity Annual Report and Accounts	COO Ama Agbeze	Assurance	12:20	Yes
For Information					
18.	Use of Trust Seal	Chair	Information	12:30	Yes
19.	Board Forward Planner	Chair	Information	12:30	Yes
20.	Questions from members of the public	Chair		12:30	No
21.	Date of Next Meeting: 21st April 2026	Chair	Information		
22.	Close	Chair			

Steve Phoenix
Chair

Key:	
Chair	Trust Chair
CEO	Chief Executive
CFO	Chief Finance Officer
CNO	Chief Nurse and DIPC
COO	Chief Operating Officer
COS	Chief of Staff
CMO	Chief Medical Officer
CW&C	Chief of Women & Children's Division
DCEO	Deputy Chief Executive
DCNO	Deputy Chief Nurse
DOP	Director of People
DTSI	Director of Transformation, Strategy & Improvement

Board Meetings in public: Etiquette

Please be aware that there are a number of things that we know contribute to productive meetings and show respect to all members in the room. If you are attending the meeting then we would be grateful if you would consider the following:

- Mobile devices that are not used solely for the purpose of following the meeting ought not to be brought into the meeting
- If you are required to have a mobile device about your person, please keep the use to a minimum, and ensure that it is on silent mode. If you are required to take a call, please do so outside the meeting
- All members of the public are asked to sign in
- Recording devices should not be used in the meeting
- The Trust Board is a meeting in public, not a public meeting. As such, the Chair leads and directs the meeting. Papers are presented to the chair (not to the public) so where points are raised/responses are made these should be directed to the Chair
- Questions from members of the public may only relate to items on the agenda, and these will be considered in the time set aside on the agenda
- If several members of the public wish to raise questions, the Chair will seek to ensure a fair allocation of time among questioners

Board Meetings in public 2026:

Date	Location	Timing	Any other information
21st April	Relais Cooden Beach, Bexhill	0930-1245	
16th June	Lecture Theatre, Conquest Hospital	0930-1245	
18th August	St Mary's Boardroom, EDGH	0930-1245	
15th September	Relais Cooden Beach, Bexhill	1400-1600	Annual General Meeting
20th October	Relais Cooden Beach, Bexhill	0930-1245	
15th December	Lecture Theatre, Conquest Hospital	0930-1245	

Agenda Item: 2

Report To/Meeting	Trust Board	**Date of Meeting**	17th February 2026
Report Title:	Colleague Recognition		
Key question	How does the Trust recognise and thank colleagues for their contribution, effort and loyalty?		
Decision Action:	For approval ☐ For Assurance ☒ For Information ☒ For Discussion ☐		
Report Sponsor:	Jacquie Fuller, Assistant Director of HR – People Engagement	**Presenter(s):**	Steve Phoenix, Chair
Report Author:	Melanie Adams, People Experience Manager – People Engagement		
Outcome/Action requested:	The Board is asked to receive this report for information and assurance about the formal recognition of our people over the last two months.		
Executive Summary	East Sussex Healthcare NHS Trust recognises that the high standard of care and quality of service it provides is dependent on the contribution, effort and loyalty of its people. This is an opportunity for the Trust to acknowledge the exceptional performance, behaviour, achievements and contribution that our colleagues and volunteers have made to the organisation.		
Regulatory/legal requirement:	Not applicable		
Business Plan Link:	Quality ☒ People ☒ Sustainability ☒		
Equality, Diversity, and Inclusion Impact Assessment/Comment	EDI issues have been taken into consideration		
Resource Implication/VFM Statement:	Not applicable		
Risk:	Not applicable		
No of Pages	6	**Appendixes**	0
Governance and Engagement pathway to date:	None		
What happens next?	Rolling delivery of the colleague recognition programme		
Publication	Yes		

1. Introduction

Recognising the contributions of our colleagues is more than a gesture of appreciation, it is a key part of fostering a positive and inclusive culture at the Trust. Every day, individuals and teams go above and beyond to deliver compassionate care, support each other and drive improvement in patient outcomes. By celebrating these efforts, we not only boost morale and engagement but also reinforce our values which underpin the service we provide to the people of East Sussex.

This report highlights the incredible work of our colleagues and the impact of meaningful recognition in strengthening our workforce and enhancing the overall experience for our colleagues and our patients.

2. Celebrating our people

2.1 Trust Awards 2026

The annual Trust Awards celebrate the dedication, compassion and innovation our people demonstrate every day. They provide an opportunity to recognise individuals and teams who go above and beyond to deliver exceptional care and support to our patients and communities. A key part of the Trust's colleague recognition programme, the awards align with our People Strategy and reinforce our commitment to valuing, engaging and supporting colleagues at ESHT.

This year's Trust Awards event will take place on 17 September 2026 at the De La Warr Pavilion.

In preparation for this year's event we have taken the opportunity to review feedback from colleagues who attended last year's event and will be proposing changes to enhance the experience for our people, while remaining mindful of expenditure. An options paper is being prepared to share with the Executive Leadership Team in February.

2.2 Hero of the month

Colleagues can nominate an individual or team who has gone above and beyond their job role to help a patient, family member or colleague, demonstrating the Trust values of kindness, integrity and inclusivity. At the end of each month nominations are scored against the three trust values. Each division will have a winner and the individual or team with the highest overall score will be announced as the Trust's Hero of the Month.

November 2025 - Critical Care: A Touch of Gentleness team, Conquest Hospital - DAS

'The Touch of Gentleness project brought healing touch back to critical care when we needed it most. The team developed a hand massage initiative program for ITU patients to address pain, agitation, delirium, immobility and sleep disruption through therapeutic human connection.

What makes this exceptional is their evidence-based approach to something so fundamentally human. They didn't just introduce a feelgood intervention - they created measurable protocols that address multiple clinical challenges simultaneously.

I am nominating Critical Care: A Touch of Gentleness because the project goes beyond expectations in making sure Kindness and Humanity is incorporated in the care of our critically ill patients They trained staff across sites, developed a system incorporating hand massages to daily routine, and measured real outcomes.

Their dedication shows in the amount of years the project has been up and running. This wasn't a quick initiative - they've built something lasting that transforms how we connect with our most vulnerable patients. They have presented at this year's Critical Care Conference in East Kent, have made a pledge to help Staff Wellness by participating in the hospital's "Celebrating You" program and, for two years in a row, undertook a Valentines Day Hand Massage project for hospital staff. This is dedication to Kindness

which is a core value of the Trust.

They've proven that simple human touch can be as powerful as our most sophisticated medical interventions. One of the most powerful pieces of feedback that we received from one of our ITU patients is "It made me feel human and safe at a time I was scared and uncertain". I do think that this is worthy of a nomination for Hero of the Month.

2.3 Long service recognition

The number of long service awards issued between December 2025 and January 2026:

Month	Year											Total
	5 years	10 years	15 years	20 years	25 years	30 years	35 years	40 years	45 years	50 years	Extras	
December 25	31	21	13	11	6	1	1	0	0	0	3	87
January 26	63	19	12	15	11	3	2	0	0	0	1	126

2.3.1 Celebrating our long service colleagues

Eleanor Toms - 5 years

Emma Clarke – 10 years

Mariel Del Rosario – 15 years

Marykutty (Jessy) Benny Mathew – 15 years

Wendy Mills – 20 years

Diane Wise – 30 years

2.4 Our retiring colleagues

The Trust recognises colleagues who are retiring after 20 years of dedicated service to the NHS. Each month a retirement celebration is hosted alternately across our sites, led by the Chairman. Retiring colleagues are invited to attend with a family member and/or a work colleague or manager.

These events provide a meaningful opportunity for the Trust Board to formally express gratitude for the contributions of our long-service staff. Each retiree is presented with a framed certificate of appreciation, acknowledging their commitment and service.

Feedback from attendees has been overwhelmingly positive, with many expressing how valued they feel by the gesture. Those attending consistently share how much they appreciate the personal touch, and the events themselves are always joyful occasions, filled with warmth and appreciation.

We extend our sincere thanks to all colleagues who have dedicated many years to supporting our patients and communities. Below are retiring colleagues receiving their Appreciation and Recognition certificates from Steve Phoenix, Chairman.

December 2025

Rachel Seal

Wendy Southan

3. Festive Cheer

The People Engagement team, on behalf of the Trust Board, coordinated the annual festive refreshments initiative to recognise and thank colleagues for their contribution throughout the year.

Comprehensive planning was undertaken to ensure all areas of the Trust were included, with plans adapted to comply with updated infection-control requirements following increased flu activity.

On 15 December, colleagues across the acute hospital sites received festive refreshments from designated collection areas, via lunchtime trolley deliveries, or from the People Engagement team directly to the wards for operationally challenged areas.

Our community teams received token vouchers, distributed in the weeks leading up to Christmas, enabling them to enjoy refreshments at a time suitable to their operational needs.

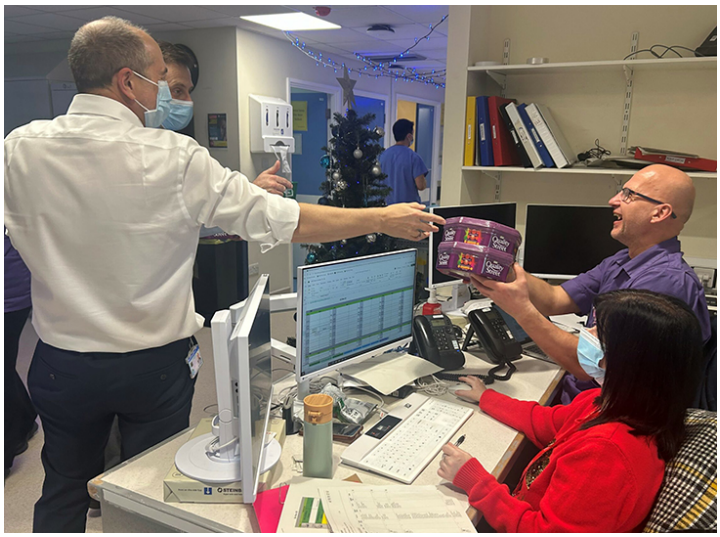
This coordinated approach ensured all teams were acknowledged and able to take part in this seasonal appreciation initiative.

'Thank you so much!' – Ophthalmology Outpatients, Bexhill Hospital

Additionally, in the run up to the 25 December, members of the Executive team visited wards and departments to personally thank staff for their efforts this year.

We know from regular feedback just how much colleagues appreciate these gestures of appreciation at this time of year.

Simon Merritt and Claire Bishop delivering chocolates



Steve Aumayer and Richard Milner handing out chocolates on MDU

4. Conclusion

Over the past two months, the Trust has continued to prioritise colleague recognition, reinforcing a strong culture of appreciation that is essential for sustaining staff morale and engagement. Recognising achievements and service milestones not only showcases the dedication and excellent of individuals and teams but also strengthens staff connection to our Trust values. These activities support a sense of belonging, highlighting the value of long-term commitment, and contribute to a motivated workforce focused on delivering compassionate, high-quality care for our patients and service users.

5. Recommendations

Continued investment in colleague recognition initiatives is key to encouraging and sustaining a positive workplace culture of thanks and respect, which plays a valuable role in people engagement at ESHT.

East Sussex Healthcare NHS Trust Board Minutes

Date: Tuesday 16th December 2025

Time: 09:30 – 12:45

Venue: MS Teams

		Actions
	Voting Directors: Steve Phoenix, Chair and Non-Executive Director Jayne Black, Chief Executive (CEO) Simon Merritt, Chief Medical Officer (CMO) Charlotte O'Brien, Chief Operating Officer (COO) Spencer Prosser, Non-Executive Director Vikki Carruth, Chief Nurse and Director of Infection Prevention and Control (CNO) Frank Sims, Non-Executive Director Carys Williams, Non-Executive Director Andrew Strevens, Chief Finance Officer (CFO) Non-Voting Directors Ama Agbeze, Associate Non-Executive Director Chris Hodgson, Director of Estates and Facilities (DEF) Steve Aumayer, Deputy Chief Executive and Chief People Officer (DCEO) Amber Lee, Associate Non-Executive Director Richard Milner, Chief of Staff (COS) In Attendance Claire Bishop, Deputy Chief Nurse (Workforce and Prof Standards) (DCN) Matthew Clarke, Chief of Women and Children's Division (CW&C) for item 115/25 only Dr Simon Dowse, Director of Transformation, Strategy and Improvement (DTSI) Gail Gowland, Head of Safeguarding (HoS) Judith Highgate, Consultant Anaesthetics & ICU (CAICU) for item 104/25 only, Claire Cree, Clinical Educator and Simulation Trainer (CEST) for item 104/25 only Kirsten Mitchell, Team Lead Physiotherapist (TLP) for item 104/25 only Dylan Owen Apprentice Simulation Technician (AST) for item 104/25 only Nicola Kelly, Midwife (MW) Cathy Lee, Medical Devices Lead Educator (MDLE) Soumya Sononey, Medical Devices Training Manager (MDTM) Josh Graham, Assistant Company Secretary (minutes) Five members of the public were in attendance at the meeting.	
	Apologies: Paresh Patel, Vice Chair and Non-Executive Director Amanda Fadero, Non-Executive Director Pete Palmer, Board Secretary (BSec)	
102/25	**Chair's Opening Remarks** The Chair welcomed everybody to the meeting. It was confirmed that the notice of the meeting had been duly issued to the members of the Board entitled to receive notice and attend Board meetings. The meeting was quorate according to the Constitution of the Trust.	

	The Chair thanked the DCN for her fantastic work stepping up to cover for the CNO during her period of absence. He also welcomed the CNO back. It was noted that the DEF would soon be retiring after 10.5 years with ESHT. The Chair thanked him on behalf of the Board and praised his major impact upon the organisation.	
103/25	**Colleague Recognition** The Chair noted that the paper encompassed winners of the annual staff awards, long service awards, and the heroes of the month. The Chair reported that he had recently visited the Conquest Theatre team to present their Hero of the Month award. He commended their positivity, enthusiasm, and commitment.	
104/25	**Virtual Reality (VR) Use for Critical Care Patients** The CEST explained she had a broad remit across patient safety and education. She advised that her team adopted a systems approach, focusing on interactions between people and their environment. Part of this work involved simulation, which was expanding rapidly, particularly in VR education and learning. The Trust had recently purchased a package called Oxford Medical Simulation, which had been used extensively for training medical students and nurses. To support this, the team had created 360-degree VR videos in collaboration with various specialties, including cardiology and urology and had recently undertaken robotic surgery filming. Another of main projects over the past year had been to create 360-degree videos aimed at reducing patient stress and promoting wellness during rehabilitation. The AST played a video illustrating the virtual environment experienced by students, including a view of his own interaction with the simulation. He described the functionality, noting that it enabled users to perform all standard patient care tasks with support from a clinical support worker and access to medications. At the conclusion of each scenario, detailed feedback was provided on performance, highlighting strengths and areas for improvement. The TLP gave a presentation related to a project undertaken as part of her master's degree, exploring the role of VR in reducing stress and anxiety for critical care patients to improve engagement with rehabilitation. She emphasised that early rehabilitation was key to better outcomes and faster recovery. VR acted as a simulated digital environment and the videos chosen featured local nature areas to help patients escape the confines of their clinical environment and normalise their experience. She outlined the broader use of VR in healthcare, noting its application in distraction during procedures, education, and well-being in hospice settings. It could also be used to address the multi-dimensional impacts of critical illness, including physical deconditioning and cognitive, psychological, and emotional challenges. She referenced research supporting early intervention to mitigate post-intensive care syndrome and described how virtual reality could contribute to this goal. The TLP detailed the filming process, which involved creating three 15-minute videos in different local environments using an Insta360 camera, with patients viewing the content via a head-mounted display. She reported positive patient feedback, with participants feeling safe and experiencing reduced anxiety and improved well-being. She noted that the intervention was not suitable for all patients, as some declined to use it, but emphasised the importance of offering choice to empower patients in their recovery. Next steps included completing a quality improvement project, writing up findings for academic purposes, and developing a sustainable process for wider use across the multidisciplinary team. The TLP reported that additional filming had been undertaken in different locations and seasons to expand the library of content. She expressed gratitude	

	to colleagues who supported the project, including the CAICU, the simulation team, and her academic partners. Carys (NED) asked whether Wi-Fi stability, previously identified as a challenge in some areas during Board walks, had improved or remained a concern. The CEST acknowledged that connectivity issues had occurred and explained that the team had requested the virtual reality headsets be whitelisted on the network to improve stability. She confirmed that work was ongoing with IT to address this. The TLP added that, from a practical perspective, connectivity had not posed significant problems during implementation. Frank (NED) thanked the presenters and commended the innovation demonstrated. He asked whether virtual reality interventions could be applied to patients with prolonged hospital stays, particularly elderly or frail individuals, including those with dementia. The TLP confirmed that the intervention was designed to be adaptable for any patient who wished to use it and could do so safely. She explained that some projects arising from this work, led by occupational therapists, had focused specifically on elderly and frail patients. She shared an example of a patient who had been disengaged and depressed, showing little interest in rehabilitation or interaction with family and staff. After viewing a 10-minute coastal video, which resonated with his personal history, the patient began discussing past experiences and activities, enabling the therapy team and nursing staff to develop a tailored plan for his recovery. She emphasised that the intervention had facilitated meaningful engagement and improved motivation. Spencer (NED) thanked the presenters and commented on the groundbreaking nature of the work. He asked what future applications were being considered for the virtual reality intervention, noting that he could envisage numerous possibilities, including its use in design and quality improvement initiatives. The TLP responded that the immediate priority was to establish a robust standard operating procedure with clear criteria for patient selection and safe usage. Beyond that, she stated that the intervention could be utilised widely across the Trust, including acute, intermediate care, and community settings, provided that the necessary equipment was available. She explained that the intention was to make the films accessible to all teams so that any area where the intervention could benefit patients would have the opportunity to use it. The CNO thanked the presenters and commended the project. She referenced research conducted by the Society of Psychiatrists in Scandinavia, which explored the use of tablet-based games for patients in emergency departments following road traffic accidents. This research had reduced the formation of traumatic visual memories and flashbacks, which contribute to post-traumatic stress disorder (PTSD), by engaging the brain in tasks that interfered with spatial memory processing. She suggested that similar approaches could be considered within the Trust, using technology to support patients in the immediate aftermath of critical events. She concluded by congratulating the team on their work. The TLP thanked the CNO and noted that further research was emerging in this area, particularly in trauma and palliative care settings. She mentioned that the trauma centre in Brighton was exploring similar concepts and highlighted the potential benefits of such interventions in reducing PTSD and improving psychological recovery. She accentuated the importance of multidisciplinary collaboration in guiding patients toward appropriate psychological support and integrating technology into rehabilitation strategies.	
105/25	**Declarations of Interest** There were no interests declared for any item to be considered on the agenda. All declarations of interest were noted as held on the Register of Directors' Interest.	

106/25	**Minutes** The minutes of the Trust Board meeting held on 14th October 2025 were reviewed. No amendments were noted and they were agreed as a correct and accurate record of the meeting.	
107/25	**Matters Arising** The DCEO reported that both outstanding actions had been addressed. From November data onwards, which would be available later in December, the layout of the Integrated Performance Reports (IPRs) would change. The revised format would focus on key performance indicators identified through consultation with the chairs of Board subcommittees and divisional teams. These indicators, considered most important by stakeholders, would form the basis of the new Board pack. The indicators would be supported by a series of "watch metrics," governed by business rules to ensure that any deviation triggered appropriate attention. Additionally, all charts would display two years of historical data and one year of forward planning, enabling comparison between current performance and planned trajectory. Carys (NED) requested that both actions should remain open until the new reporting had been finalised and shared.	
108/25	**Board Committees Chairs' Reports** <u>Audit Committee</u> Spencer (NED) provided an update and noted that this had been his first Audit Committee meeting. He thanked the ACS and the BSec for their support. The Committee had received and discussed the annual Fire Safety Report and the Security Report, both of which prompted constructive discussion. External auditors had confirmed that their audit timeline remained on track, which he noted was positive for governance assurance. The Committee also considered several internal audit reports, highlighting the Theatre Stock Report, which had received partial assurance. He stated that the Committee had engaged in detailed discussion on this matter and agreed actions to address the findings. <u>Finance and Productivity Committee</u> The Chair reported that the Committee had spent significant time at its recent meeting discussing the financial challenge facing the Trust and reviewing progress against plans. He highlighted an interesting discussion regarding the workforce contribution to the financial position, which had involved detailed analysis using waterfall charts. He explained that this work had improved understanding of the complex interrelationships between different domains and categories within the financial data. <u>People and Organisational Development (POD) Committee</u> Frank (NED) noted that the Committee received an excellent presentation on the Mental Health Strategy, focusing particularly on its impact on staff. He explained that the discussion also explored wider implications that cut across different committees, and the Committee agreed that it was important to maintain visibility and alignment between committees on how the strategy was being implemented. Frank reported that the Committee flagged two areas for sight by the Board: the development of a separate Children and Young People's Mental Health Strategy to complement the wider strategy, and estate-related issues, including ligature risks and the need to provide supportive environments within existing facilities. He noted that these matters were not solely within the remit of POD but required cross-committee collaboration, echoing the Chair's earlier point about integrating themes across committees.	

	He highlighted positive progress on staff engagement, reporting that the staff survey response rate had reached 50%, which represented a significant improvement. He commended all involved and noted that the Trust was introducing pulse surveys from February, which would provide more frequent insights and be reported to POD. Finally, he confirmed that the behavioural framework had been launched in October, marking another important step in supporting and engaging staff. <u>Quality and Safety Committee</u> The DCN reported that the main areas of focus for the Committee had included ongoing work to improve training compliance and mandatory training rates. She noted that further work was required to ensure the safety of bed rails and associated equipment. A deep dive from the Children's and Young People's Division had been particularly informative and the Committee continued to monitor progress in maternity services. She confirmed that the annual Infection Control Report was included in the Board papers for review. The Committee also discussed crossover themes between mental health services, workforce issues, and quality and safety of care. Medicines safety had been a key topic, and the timely administration of medications formed part of a Royal College of Nursing campaign launched in December. ***The Board noted the Committees Chairs' reports.***	
109/25	**Chief Executive's Report** The CEO highlighted the significant operational pressures being experienced by the Trust, which had arrived earlier than usual and persisted for several months. She expressed her gratitude to staff for their exceptional efforts in maintaining high standards of care under challenging circumstances. The CEO explained that the Trust had been asked by the national team to accelerate certain initiatives in response to rising flu cases and increased attendances at emergency departments. These measures had been implemented successfully. She reported that the Trust had recently undertaken a "Perfect Week" initiative, which had improved discharge profiling and patient flow and enabled the implementation of further initiatives such as the Frailty Same Day Emergency Care model. These actions had positioned the Trust well for the Christmas and New Year period. The public were being encouraged to use alternative services where appropriate, although emergency services remained available for those in need. The CEO highlighted recent achievements, reporting that the Trust had received multiple awards in recent months, including the HSJ Award for work with veterans. She expressed pride in this recognition and congratulated teams in stroke, maternity, and haematology for their achievements. A major incident had occurred at the Conquest site in early December and the CEO commended the emergency department and partner agencies for their effective response. She also expressed her thoughts for the families and victims affected by the recent Bondi Beach terrorism incident. Finally, she confirmed that preparations were underway for the forthcoming doctors' strike, with further planning to commence the following morning. Carys (NED) thanked the CEO for her report and commended the recognition of staff achievements during a period of high operational pressure. She noted feedback from staff during Board walks that there appeared to be an increase in patients with mental health challenges on wards. She asked whether this perception was reflected in the data and sought an update on plans for training staff to support patients with mental health needs. The DCN explained that the number of patients awaiting inpatient mental health beds varied but had recently decreased, with an average of five to six acutely unwell patients waiting for placement. She highlighted improved shared working with Sussex Partnership Foundation Trust (SPFT), which had facilitated quicker movement of complex patients	

	compared to previous practice. There was also ongoing work at ICB level to improve access to acute mental health facilities. The Trust had been commended at a recent inquest for its mental health provision. Staff were receiving actor-led virtual reality training and support from subject matter experts, particularly in emergency departments, to enhance understanding and care for patients with mental health needs. She acknowledged environmental challenges, such as busy and cluttered spaces, which could increase patient anxiety, and confirmed that work was underway to address these risks. Recruitment to the mental health outreach team remained a challenge but was progressing. These teams provided individualised support, including risk assessments and therapeutic care plans, which had proven effective. The next step was to expand this provision more widely across the Trust. She emphasised the strong working relationship with SPFT and the collective commitment to improving care for patients with mental health needs. ***The Board noted the CEO's report.***	
110/25	**Integrated Performance Report (IPR) for Month 7 (October)** The IPR was jointly reported by the DCN, CMO, DOP, CFO and COO. The CEO noted the importance of triangulating reports that came to the Board. <u>Quality and Safety</u> The DCN noted an increased number of reported events, with 992 incidents recorded in the month. Of these, 97.7% were classified as 'low' or 'no harm' or 'near miss', which she described as indicative of a strong reporting culture. She confirmed that the small number of higher-severity incidents (levels 3–5) were reviewed through the patient safety and PSIRF processes, with some already reclassified and others under investigation. She confirmed that no 'never' events were reported in the month and that previous 'never' events were at the audit and learning-embedding stage. Patient Safety Week in November had been scaled back but still successfully promoted communication, speaking up, and civility. There were no thematic trends among severity 3–5 incidents, although a chronology review was underway regarding radiology reporting cases. The top three incident categories remained slips, trips, and falls, and she confirmed that the Trust was working with the Sussex-wide Falls Reduction Plan. Falls Week had delivered valuable learning across clinical teams. There had been an increase in reported incidents in antenatal, labour, and postnatal care, though all but one were 'low' or 'no harm'; the single 'moderate' harm case was under Maternity Safety Investigations (MSI) review. Diagnostic services were the next highest category, driven by a cluster of radiology misreporting cases, which were under review by Core Services. The DCN reported that Lisa Funnel, Specialist Children's Practitioner, had won an award for her work on safeguarding transitions at a countywide event. She noted ongoing discussions with the ICB regarding contracting for children-in-care services due to rising referrals and resource pressures. She confirmed that the annual Infection Control Report was included in the Board papers and that there were no significant issues to note. Numbers of complaints had decreased slightly, although there had been an increase in PALS concerns related to communication and appointment wait times, which were being investigated. Despite operational pressures, patient feedback remained positive. Workforce updates included ongoing work with clinical teams on rostering and nursing establishment reviews to ensure staffing matched patient acuity. She reported that vacancy gaps had reduced, redeployments were complete, and nurses had moved into substantive roles.	

The Chief Medical Officer (CMO) presented the mortality report. He explained that the Summary Hospital-level Mortality Indicator (SHMI) had increased marginally and provided context for this change. He outlined three key factors: firstly, approximately 50 out of 118 trusts had removed Same Day Emergency Care (SDEC) patients from the admitted patient dataset, which excluded a healthier cohort and skewed mortality rates for trusts that had implemented this change, including ESHT. Secondly, the data provider acknowledged that SHMI was less reliable for integrated trusts, as adjustments for community beds could not be made. Thirdly, coding frailty required detailed documentation of its constituent elements rather than a single reference, and incomplete coding had affected expected mortality calculations. He noted that in-depth mortality reviews had identified patients flagged as low-risk deaths who were, in fact, very frail and nearing end-of-life, and coding improvements were being implemented.

The CMO reminded the Board that SHMI data was four to five months in arrears and presented on a rolling basis. He also referenced the Risk-Adjusted Mortality Index (RAMI), which was calculated differently and reported with less delay. He highlighted diagnostic group data used to identify areas for deep dives, noting that reviews were underway for sepsis, acute renal failure, fluid and electrolyte disorders, and Chronic Obstructive Pulmonary Disease, with a previous review of congestive cardiac failure completed and actions being monitored. He confirmed the Trust was within expected mortality limits.

Carys (NED) thanked the CMO for his explanation and asked for clarification on whether the marginal increase in SHMI should be a concern for the Board, given that the chart on page 51 flagged it as such. The CMO explained that the “concern” indicator was automatically generated and did not reflect his interpretation. He confirmed that he was not concerned about SHMI and directed members to the funnel plot, which demonstrated wide confidence intervals and categorised the Trust as within the expected range. He anticipated improvement in future data as frailty coding changes and national dataset adjustments took effect. He noted that updated figures for November and December would be available in March-May.

Our People – Our Staff

The DCEO highlighted that October had been operationally challenging, with high demand compounded by increased sickness absence due to early circulation of viral illnesses, including COVID-19, flu, and seasonal colds. He confirmed that this trend had continued into November and December and was expected to persist over the coming months.

Workforce expenditure for Month 7 closed with a £100,000 overspend, primarily driven by bank staff costs. However, year-to-date expenditure remained £2 million under plan. He noted that worked whole-time equivalents were 143 below plan, although usage had increased by 41 in-month, with 26 attributable to waiting list initiatives funded separately. Reducing bank usage remained a key focus, supported by a programme targeting high-cost medical bank, which had delivered well and was planned to continue.

He explained that while substantive workforce costs were below target year-to-date, temporary workforce costs were above budget due to a deliberate strategy to protect substantive staff. This approach involved allowing turnover without immediate recruitment and supplementing staffing with bank workers to avoid redundancy costs, enabling workforce and cost control.

The CPO addressed appraisal compliance, which had fallen to 76.3%, attributing this to challenges with transitioning to the online system and data migration. He confirmed that approximately 600 appraisals were marked as “in progress” and that a validation exercise was underway, expected to complete in December. If these appraisals were finalised, compliance would rise to around 80-83%.

He reiterated that sickness absence was expected to remain elevated and provided an update on flu vaccination uptake, which had improved by 14% compared to last year, reaching 47% as of the previous day. This exceeded the national average of 43.2% and

matched the South East average. He noted that uptake remained lowest among frontline staff groups, including nursing, midwifery, clinical support workers, and estates staff, and confirmed that targeted efforts were underway to improve coverage.

Finally, he highlighted positive engagement with the staff survey, which had achieved a 50% response rate, an improvement on the previous year. He noted that bank staff response rates were particularly strong at 33%, the highest among comparator acute and integrated trusts nationally.

Spencer (NED) thanked the DCEO for his report and asked about sickness absence, acknowledging seasonal fluctuations but seeking clarity on the organisation's aspiration for a baseline sickness rate. He queried what level could realistically be achieved with sustained effort. The DCEO responded that the Trust had set a maximum target of 5%, which had only been achieved once in the past year, in May 2025. He noted that sickness rates had otherwise ranged between 5% and a peak of 6.3% in January of the previous year. He confirmed that the target remained below 5%, with an ambition to reduce further over time. He also highlighted the need to focus on the average number of sick days per whole-time equivalent per year, currently at 20 days, which he described as typical across the NHS but still high and an area for improvement.

Access and Responsiveness

The COO reported that overall performance remained strong across most standards, though pressures on non-elective pathways continued. In October, the Trust had delivered 75.1% against the Emergency Access Standard, placing it in the second quartile nationally (36th out of 123 trusts). She noted a 3% increase in Type 1 A&E attendances and a 13% increase in Type 3 attendances compared to the same period last year. November performance was more challenged, with 72.3% achieved against the four-hour standard. She confirmed that initiatives such as the recent "Perfect Week" had been implemented to improve patient flow and reduce pressure in A & E, including addressing the number of patients waiting over 12 hours.

Non-elective length of stay increased slightly in October, primarily for pathway two patients, and work continued with system partners to improve discharge flow. Elective performance remained positive, with only one patient waiting over 65 weeks in October and none in November. The number of patients waiting more than 52 weeks had reduced by 35.5% since the start of the financial year. RTT performance improved to 64.2% in October, meeting the planned trajectory for a 5% improvement.

Cancer performance continued to improve, with progress noted in Faster Diagnosis Standard (FDS), 62-day performance, and DM01 diagnostics, although challenges remained in MRI capacity. Urgent Community Response (UCR) consistently met the 70% standard.

The COO highlighted ongoing challenges in community paediatric waiting times, with prolonged waits for some children. A new outsourcing arrangement had been implemented, and discussions were underway with the ICB regarding additional funding to reduce delays. Adult community services had experienced spikes in referrals, and work was ongoing to maintain delivery of the 13-week standard.

Carys (NED) thanked the COO and her teams for their hard work under significant pressure and asked about the three priorities within the Length of Stay Programme. The COO explained that the recent "Perfect Week" initiative had focused heavily on these priorities, including ensuring early discharge decisions and improving organisational alignment. She noted that the initiative had worked well during the concentrated effort but acknowledged the challenge of sustaining this level of focus amid competing priorities. She confirmed that learning from the week was being analysed to identify improvements that could be embedded more permanently.

Carys observed that building habits took time and asked whether any single lesson stood out as particularly beneficial. The COO replied that there was no single solution, as the issues were complex and involved multiple factors, including coordination with system partners and front-door flow. She stated that the learning would identify practical changes that could be implemented quickly and noted that the initiative had successfully reduced corridor care, which was a significant benefit.

The CEO added that the Perfect Week demonstrated strong clinical ownership and timely decision-making, particularly around early discharge planning. She emphasised that discharging patients earlier in the day improved patient experience and operational flow and commended the clinical teams for driving these improvements. She concluded that the challenge was in sustaining these gains, but the principles established during the week were fundamental to good practice. The COO added that they also created a better working environment for staff.

Financial Control and Capital Development

The CFO highlighted that the Trust had reported on plan in terms of financial performance for Month 7, which he described as a significant achievement, and confirmed that this position had continued into Month 8. However, he cautioned that substantial risks remained for the full year, with £10.7 million of risk to the annual plan identified as at Month 7, excluding any capital opportunities. He confirmed that the Trust had responded to NHS England regarding its roadmap to break-even and outlined steps being taken, noting that some actions were dependent on activity levels.

The Trust was currently over-performing on activity, which was positive and contributed to the bottom line. He referenced ongoing national discussions regarding Elective Recovery Fund (ERF) allocations and performance, noting that further activity could deliver immediate financial benefit. He acknowledged that risks could increase due to factors such as winter pressures, industrial action, and the need to maintain additional capacity longer than planned. Improvements in length of stay would also support financial performance, and the Trust was exploring targeted investments that could deliver savings through operational efficiencies.

He confirmed that discussions were underway regarding deficit support funding for Quarter 4, with a Sussex system meeting scheduled with the South East region; eligibility for this funding was linked to Month 8 financial results. On capital, he reported an underspend at Month 7 but confirmed plans to fully utilise the allocation by year-end. He referenced future capital planning, including environmental improvements highlighted earlier in the meeting, and confirmed that a pipeline for the five-year plan was being developed, with a meeting scheduled to progress this work. He also noted receipt of additional funding for critical infrastructure risk.

The Chair thanked the CFO and emphasised the scale of the financial challenge, noting that the Trust was aiming to deliver an extremely ambitious 10.3% Cost Improvement Programme (CIP). He acknowledged the enhanced oversight arrangements in place, with joint executive and non-executive meetings held fortnightly, and expressed appreciation for the additional work undertaken by staff to address the challenge.

Carys (NED) thanked the CFO for his update and noted that cash management was critical during challenging financial periods. She observed that the Trust appeared to be holding the lowest level of cash in recent years and asked how confident he felt about cash flow. The CFO confirmed that cash flow was being closely monitored through 13-week rolling forecasts and that discussions had already taken place with the regional team regarding potential cash requirements for the next financial year. The Trust expected to manage the current year successfully, subject to receiving Quarter 4 deficit support funding of approximately £3 million, which had been clearly communicated to NHS England. He added that conversations with the ICB had been productive and supportive, with full transparency maintained.

	Carys sought reassurance that the Trust was not deferring supplier payments beyond agreed terms. The CFO confirmed that this was not the case. ***The Board noted the Integrated Performance report.***	
111/25	**Green Plan Refresh (2026-2030)** The DEF reflected on the progress made during the 2020–2025 plan period, highlighting significant achievements, including the elimination of high global warming potential anaesthetic gases and the installation of air source and water source heat pumps and solar panels at the Eastbourne site. These initiatives were expected to reduce carbon emissions by approximately 20%, equivalent to 4,000 tonnes, with anaesthetic gas reductions contributing a further 50 tonnes. The DEF emphasised that while substantial progress had been made, the next five-year plan aligned with ambitious NHS England targets and would require continued effort. He confirmed that the plan would focus on seven workstreams (reduced from eight following the removal of health and wellbeing, which was now managed nationally), with leads identified for each. Detailed actions linked to these workstreams would be developed and monitored through the Green Plan Steering Committee. Oversight of progress would transition to the Finance and Performance Committee. He noted improvements in governance and delivery, including the appointment of the Deputy Chief Medical Officer to lead clinical practice integration and the embedding of Continuous Quality Improvement (CQI) processes into all green initiatives. He concluded that the refreshed plan incorporated lessons learned from the previous five years and would ensure sustainability and compliance with national objectives. Amber (ANED) suggested that Board awareness and ownership of green issues needed to increase and asked for the DEF's views on how this could be achieved. The DEF stated that embedding sustainability into the Continuous Quality Improvement (CQI) process and subjecting progress to Finance and Performance Committee scrutiny would strengthen accountability. He added that these steps would help maintain visibility and momentum. Amber proposed incorporating a "green test" into Board papers, similar to the existing equality impact assessment, to ensure environmental considerations were addressed in decision-making. The DEF confirmed that an environmental impact assessment was being developed for inclusion in processes, which would evaluate the effect of decisions on emissions and climate impact. Frank (NED) commended the progress made and asked about next steps for staff engagement, noting the importance of making sustainability a live issue across the organisation. The DEF agreed that more could be done and suggested that Board members use opportunities such as Board walks to ask staff about green initiatives, helping to build awareness and momentum. He confirmed that presentations had been delivered to groups such as the Partnership Forum and reiterated the need for ongoing engagement at all levels. Spencer (NED) noted that while the Trust had made strong progress, achieving net zero within five years would require prioritisation. He asked where efforts should be focused to deliver the greatest cost benefit, given the significant investment required for some initiatives. The DEF agreed that the most impactful interventions were related to building decarbonisation, noting that Eastbourne had benefited from a £28 million grant, which was no longer available. He explained that similar work at Conquest would require substantial investment, and funding sources were currently uncertain. He suggested that, alongside major projects, smaller initiatives such as fleet transition to electric vehicles and technical improvements could deliver meaningful reductions and were more achievable in the short term. He emphasised the need to integrate sustainability measures into other capital developments and pursue external funding opportunities where possible.	

	The CEO added that sustainability was embedded within the Trust's strategic priorities and would be cascaded through the organisation via CQI processes, ensuring that environmental considerations were integrated into operational planning. The CFO highlighted the importance of reflecting the challenge in the narrative for the five-year plan, noting that ambitions for net zero must be caveated by the reality of an ageing estate and uncertain capital availability. He stressed the need for support from national bodies to achieve these objectives. ***The Board approved the Revised Green Plan***	
112/25	**Uckfield Community Hospital – Day Surgical Unit** The DTSI noted that the paper presented to the Board was the same as that submitted to the Health Overview and Scrutiny Committee (HOSC) meeting on 11 December, which he and several colleagues had attended. He explained that the content had previously been discussed by the Board in October. The DTSI reminded members that the pilot had involved relocating day surgery lists from the Uckfield Day Surgical Unit to the main sites, with the aim of bringing care closer to where most patients lived and increasing capacity to reduce waiting times. He reported that the evaluation demonstrated these objectives had been achieved, with more patients than anticipated benefiting from reduced travel distances. He confirmed that HOSC had reviewed the proposal and determined that it did not constitute a substantial variation, and therefore no further review was required. He requested Board approval to proceed with implementation, noting that a communications plan had been developed in collaboration with the ICB to ensure effective engagement with stakeholders. The CoS added that the HOSC discussion had gone well, with initial concerns about the proposal being addressed during the meeting. The Chair sought confirmation from Board members to proceed as planned. No objections were raised, and the proposal was formally approved. The Chair acknowledged concerns expressed by some local residents and the Uckfield League of Friends regarding the future of the Uckfield site, noting that this was a separate issue from the relocation of day surgery. The CEO clarified that the Trust continued to provide outpatient services at Uckfield alongside Sussex Community and Sussex Partnership. She confirmed that the site was owned by NHS Property Services and that discussions were ongoing at system level regarding future use of the facility. She emphasised that Uckfield would remain part of conversations about neighbourhood teams and opportunities to deliver care closer to home. ***The Board approved steps to permanently move day surgery lists from Uckfield Community Hospital to ESHT's main sites.***	
113/25	**Freedom to Speak Up Guardian Update** The DCEO presented the Freedom to Speak Up (FTSU) Guardian report on behalf of the Guardians. He confirmed that the report had been provided directly by the Guardians. The number of FTSU cases remained stable, consistent with previous trends, and the main themes continued to relate to systems and processes, behaviours, and worker safety, with the latter less frequently cited as a primary reason for speaking up, reflecting the national picture. He highlighted a positive development whereby fewer staff were approaching Guardians without first raising concerns through their management route, enabling Guardians to focus on cases requiring their direct involvement rather than signposting. The DCEO noted that Guardians continued proactive work to promote speaking up and supported the people function and leaders in addressing underlying causes of concerns. He confirmed that the recommendations in the report were directed to the organisation and that plans were already in place to respond. The Trust continued to meet all statutory responsibilities for reporting and Guardian provision. He advised that Guardians would be available during the afternoon Board session to answer any specific questions.	

	Carys (NED) expressed appreciation for the quality and importance of the Guardians' work and asked that thanks be passed on to the team. ***The Board noted the report.***	
114/25	**Annual Reports** <u>Guardian of Safe Working Hours</u> The CMO explained that the Guardian of Safe Working Hours role was a statutory requirement introduced following changes to the resident doctor contract in 2016. The role enabled resident doctors, and non-training grade doctors, to submit exception reports when they missed educational events due to work pressures or worked beyond contracted hours. These reports ensured appropriate compensation or time in lieu and allowed the Trust to identify trends and hotspot areas. The CMO highlighted that the report showed a high number of exception reports from cardiology at Conquest, primarily due to missed breaks and extended hours. He noted that this issue had been addressed through service reconfiguration, which removed inpatient cardiology from Conquest. Respiratory services at Eastbourne had also been identified as an area of concern, but staffing had since been increased. Geriatrics remained under observation. He emphasised that most exception reports related to missed breaks rather than missed educational events, which were limited. Improvements had also been made in approving annual leave requests for resident doctors, supported by a process requiring escalation of unapproved leave to the Deputy Divisional Lead. Frank (NED) asked about the broader support provided to medical staff, referencing the national 10-point plan for resident doctors. The CMO confirmed that the Trust was ahead of the curve in most areas and that a survey was underway to identify key issues impacting doctors. He advised that an update on the 10-point plan would be presented at the next public Board meeting, supported by the resident doctor lead. He also noted that a letter had recently been sent to all resident doctors outlining progress. <u>Infection Control Annual Report</u> The DCN advised that the paper had been reviewed by the Quality and Safety Committee and was presented to the Board for assurance of statutory requirements being met. An outbreak of C. difficile had occurred earlier in the year, partly due to patient movement and the lack of decant facilities. Improvements had since been made, with decant facilities now available on both sites to support cleaning and prevention measures. For 2025/26, priorities included continued education and training, strengthening the antimicrobial strategy, and embedding a Trust-wide aseptic non-touch technique, which was being developed in collaboration with the education team. She noted that environmental challenges remained due to the age and condition of the estate, which impacted cleaning and maintenance despite strong cleaning scores. She assured the Board that current C. difficile levels were within limits, with no concerns regarding transmission or cross-infection. She also confirmed that the new MRSA policy would support delivery of key performance indicators for the year. <u>Safeguarding Annual Report</u> The DCN presented the Safeguarding Annual Report, confirming that it had been reviewed by the Quality and Safety Committee and was provided to the Board for assurance that statutory safeguarding requirements were being met. She reported that the team continued to monitor themes and trends, noting an increase in both the number and complexity of referrals across multiple services. There was also strong partnership working with other organisations to review cases and share learning. The DCN advised that priorities for 2025/26 included reviewing demand on the service, particularly in relation to out-of-area children in care, where referrals exceeded available	

	resources. Discussions with the ICB were ongoing to address this challenge. She thanked the Head of Safeguarding and her team for their continued work, noting significant progress in improving reporting and recent initiatives on domestic violence awareness in gateway areas. She also highlighted recognition of the team's work on safeguarding transitions at the East Sussex Awards. Amber (ANED) commended the team's efforts and raised concerns about the growing scope and complexity of safeguarding responsibilities, which posed future resourcing challenges. The DCN agreed, citing increased complexity in cases such as self-neglect and rising numbers of relocated children in care. She noted that this might reflect both greater awareness and broader societal challenges. She emphasised the importance of neighbourhood teams and improved information sharing across health, education, and partner agencies. The CNO added that safeguarding was increasingly linked to wider issues such as mental health and multiple disadvantages, which had been exacerbated by the Covid pandemic. She stressed the need for enhanced training for all healthcare professionals and a focus on prevention and population health. The CFO echoed the importance of integrating safeguarding into neighbourhood alliance discussions and highlighted the principle of "making every contact count." ***All three annual reports were formally noted by the Board.***	
115/25	**Maternity Overview Q2** The CW&C explained that the report now comprised three sections: quality and safety, patient experience, and workforce. The quality and safety section began with clinical outcomes, highlighting areas of good performance and those requiring improvement. Each indicator was linked to the relevant regulatory framework and associated quality improvement projects, many of which were nationally mandated. The patient experience section focused on engagement with the Maternity Voices Partnership, while the workforce section addressed staffing challenges and forthcoming investment. Overall, the report was positive, but the stillbirth rate remained a concern and was likely to feature prominently in the next quarter's report. He confirmed that the issue had been subject to intense scrutiny, including a recent roundtable with NHS England regional experts, which provided reassurance that the Trust was focusing on the right areas for improvement. He added that the discussion recognised that some poor outcomes were unexplained despite high-quality services, reflecting limitations in current clinical knowledge. The CW&C stated that learning from this review would inform the quality improvement plan and feature in the next report. The DCN thanked the CW&C for his leadership during quarters two and three and for supporting the interim team in managing maternity services. She noted that while the report provided an overview of quarter two, improvements had already been implemented in quarter three, which would be reflected in the next Board report. She also acknowledged support from the ICB in compiling the report and data. The Chair commended the refreshed report format, noting that it was easier to navigate and provided clearer links between clinical outcomes, regulatory requirements, and quality improvement initiatives. He emphasised the importance of recognising the significant positive work and high-quality care delivered by staff, alongside addressing areas for improvement.	

	The CNO reminded the Board that discussions should encompass maternity and neonatal services, not solely maternity, and stressed the importance of maintaining focus on both areas. The Chair agreed, noting the breadth of work underway and reiterating appreciation for the teams involved. He thanked the CW&C for attending and for his contribution. ***The Board acknowledged the contents of the report for assurance on the quality and safety of our Maternity and Neonatal Services.***	
116/25	**Use of Trust Seal** The Board noted that the Trust Seal had not been used since the last Board meeting.	
117/25	**Questions from members of the public** Due to operational pressures, questions from members of the public were not taken at the meeting. Those wishing to submit a question to the Board were invited to do so via email.	
118/25	**Any Other Business** Carys (NED) highlighted that the Board work programme had fallen off the agenda as a standing item and requested that it be reinstated. She also suggested that the Board should plan some time to look at cybersecurity issues in detail, given the rising threat level posed. The Chair advised that he had discussed this with the CEO and some time would be scheduled. The Chair thanked all the members of the public who had attended the meeting.	**BSec**
	Date of Next Trust Board Public Meeting Tuesday 17th February 2025	

Matters Arising from Public Board meetings

MEETING DATE	MINUTE NO:	ACTION	BY WHOM	BY WHEN	COMMENTS – INCLUDING ANY UPDATES
OPEN ACTIONS					
10.10.23	73/23	Consider how to increase the focus on community services data within the Trust IPR	Richard Milner	November 2025	04.12.25 This enhanced information will be included from the month 8 (November) IPR onwards. 16.12.25 It was agreed these actions should remain open until the new reporting was shared.
08.10.24	72/24	Executives were asked to reflect on how reporting to the Board could be improved moving forward.	Execs	November 2025	
NOT YET DUE					
None					
ACTIONS COMPLETED					
16/12/25	118/25	Board forward planner to be reinstated as a standing agenda item. Cybersecurity to be incorporated into the work programme	Pete Palmer	17/02/26	The forward planner would be brought to each meeting moving forward and Cybersecurity would be covered at the Board Development Day in March.

East Sussex Healthcare NHS Trust

Report to:	Board of Directors	Agenda Item:	7.1
Date of Meeting	28 January 2026		

Title of Report:	Audit Committee – Chair's Report
Status:	For Discussion
Sponsor:	Spencer Prosser, Chair of Audit Committee
Author:	Spencer Prosser, Chair of Audit Committee
Appendices:	None

Purpose

This report summarises the discussions, recommendations and approvals made by the Audit Committee on 28 January 2026 to provide the Board with an update of the Committee's activities.

Background

The Audit Committee holds delegated responsibility from the Board of Directors as set out in ToRs; this report provides evidence to satisfy the Board that the tasks required to meet those responsibilities are being carried out.

Business Undertaken

Emergency Preparedness, Resilience & Response (EPRR) Annual Report

- The Trust achieved full compliance with the national assurance framework for the second consecutive year.
- Significant progress in training compliance, with Strategic & Tactical Command training at 89%, improved from 59% the previous year.
- Substantial progress in Business Impact Assessments (75%, up from 35% the previous year).
- Business Continuity Plans now 91% complete.
- Need to strengthen business continuity action cards
- Two team members received regional EPRR awards for the second year running.
- Forthcoming requirement to prepare for Martyn's Law (over-700 persons category).

Cyber Security Update

- Patching compliance temporarily affected by a system failure, now resolved, with compliance restored (servers 87%, clients 81% progressing to 85%).
- Progress on Windows 10 estate upgrades (35% completed, aiming for 80% by March).
- Multi-factor authentication (MFA) largely implemented, with ~15 systems pending supplier capability.
- Increasing focus on supply-chain cyber risk, with a regional third-party assurance tool being procured.
- Discussion on making cyber training mandatory, supported by the Committee.

Losses & Special Payments

- Stock discrepancies between sites, attributed to drugs being processed through Conquest before redistribution.
- Some issues with overpayments due to payroll processing errors under external provider, including one large case.
- Approved write-offs, largely relating to overseas patients.

Board Assurance Framework (BAF)

- Noted that risk scores remain within tolerance limits except Finance & Resources (BAF 3).
- Capital risk to be increased to 20, reflecting recent major power outage.

- The Committee discussed improving early identification of emerging risks and mitigating "fatigue" in reporting issues within an ageing estate.

Tender Waivers
- Waiver levels remain in line with previous years; slightly reduced YTD.
- Largest waiver related to cardiology transformation engineering consultancy work.
- ICS-related contract limitations continue to cause administrative waivers

Counter Fraud
- Significant increase in fraud awareness training uptake (189 participants over 12 sessions).
- Strong staff diligence leading to £480k fraud prevention this year.
- Noted concerns regarding external payroll control issues, leading to material overpayments.

Alert, Advise and Assure

Alert:
Payroll processing challenges, and further work needed for business continuity action cards.

Advise:
Monitor third-party cyber risk, and estates reporting fatigue (BAF).

Assure:
Full EPRR compliance, strengthened cyber posture, and progressing internal audit actions.

Key Risks or Opportunities and their impact on the Trust

N/A

Key Decisions

- Approved losses and write-offs.
- Endorsed move toward mandatory cyber training.

Exceptions and Challenges

N/A

Recommendations

The Board is asked to note this report.

East Sussex Healthcare NHS Trust

Report to:	Trust Board	**Agenda Item:**	7.2
Date of Meeting	17th February 2026		

Title of Report:	Finance & Performance (F&P) Committee
Status:	For Discussion
Sponsor:	Paresh Patel, Chair of F&P Committee
Author:	Paresh Patel, Chair of F&P Committee
Appendices:	None

Purpose

This report summarises the discussions, recommendations and approvals made by the Finance & Performance Committee on 29th January 2026.

Background

The Finance & Performance (F&P) Committee holds delegated responsibility from the Board of Directors as set out in Terms of Reference; this report provides evidence to satisfy the Board that the tasks required to meet those responsibilities are being carried out.

Business Undertaken

Alert, Advise and Assure

The Committee received updates on the following matters:

1. Board Assurance Framework

The Committee reviewed the updated BAF, which showed that finance remained a high risk at 20; they agreed that the estates risk should increase to 20 following the recent power outage. Digital risks remain stable, with progress noted, and the organisation would scope a small number of priority AI initiatives next year in line with the wider digital strategy.

2. Financial Performance

Month 9 performance remains on plan, supported by a £1m holiday pay release and additional income, with the underlying run rate improving. The most likely forecast outturn is a £9m deficit. Q4 sprint funding and transferred University Hospital Sussex activity are expected to help deliver this. Cash remains extremely tight with a potential £20 - £25m drawdown required in May 2026.

3. CIP Delivery

Month 9 CIP delivery rose to £4.9m, driven by increased SSC activity, medical job planning gains, overpayment recoveries and the £1m annual leave accrual release. Year-to-date delivery reached £35.1m with a £52.1m forecast, including £40.5m recurrent schemes, and reporting improvements will be introduced from 2025/26.

4. Capital Update

Capital spend remains behind plan but is expected to accelerate towards the end of the year to deliver the overall plan. Constitutional standards funding has been approved, and all spend will be receipted in year.

5. Five Year Plan Update

The Committee noted that five year plan required further work and would be discussed at an additional Board session before submission on 12th February.

6. Efficiency & Transformational Diagnostic Review
The Committee received an interim overview of emerging themes from the ongoing diagnostic work on strengthening governance of the efficiency and CIP programme.

7. Performance Update
A&E performance remained the key pressure point, with January performance falling to 68.1% against a 72% target, though a recovery plan is in development to improve flow and reduce corridor care. Cancer performance was broadly on trajectory, elective performance remained strong with national recognition, and RTT improved to 65.2%. Diagnostics saw pressures in echo, CT and MRI, with recovery plans underway, and length of stay remained a focus.

8. The Perfect Week
The December Perfect Week delivered clear operational benefits, including decompression, new Frailty SDEC, improved paediatric ED flow, and removal of corridor care, though sustaining these gains remains the key challenge. A further Perfect Week is planned for early March.

9. Business Case for External Support to implement ESHT's CQI Management System
The Committee supported a business case for external support to implement a sustainable CQI management system and endorsed partnering with KPMG/Royal Berkshire after previous internal approaches proved insufficient.

10. Financial Reporting – Internal Audit Management Actions
An update was provided on the position of the Financial Reporting Internal Audit management actions.

Key Risks or Opportunities and their impact on the Trust

Key Decisions

Exceptions and Challenges

Recommendations

The Board is asked to note this report.

Report to:	Board of Directors	**Agenda Item:**	7.3
Date of Meeting	17th February 2026		

Title of Report:	People & Organisational Development (POD) Committee
Status:	For Discussion
Sponsor:	Frank Sims, Chair of POD Committee
Author:	Frank Sims, Chair of POD Committee
Appendices:	None

Purpose

This report summarises the discussions, recommendations and approvals made by the People & Organisational Development (POD) Committee on 29 January 2026 to provide the Board with an update of the Committee's activities.

Background

The People & Organisational Development (POD) Committee holds delegated responsibility from the Board of Directors as set out in Terms of Reference; this report provides evidence to satisfy the Board that the tasks required to meet those responsibilities are being carried out.

Business Undertaken

POD Workforce Insight Report

The Committee reviewed the December workforce position, which remained broadly on plan with substantive staffing increasing as organisational change concluded. Temporary staffing reliance decreased, pay was £1.2m lower due to reduced medical bank usage, and workforce efficiency delivery remained strong. Sickness rose to 6.3% due to seasonal pressures, with further analysis underway. The Committee also discussed significant operational pressure across teams and welcomed the plan to strengthen CSW recruitment through a centralised "new to care" programme, which will shift a proportion of nursing uplift into substantive roles to reduce bank use.

Alert, Advise and Assure

Leadership Development

The Committee received an update on national delays to the new management framework and noted that ESHT had continued progressing no-cost elements of leadership development in the meantime. Programmes such as triumvirate development, consultant leadership training, and coaching and mentoring had advanced despite CPD funding restrictions. Members discussed future prioritisation due to national funding changes and welcomed reassurance that leadership and CQI development remained core organisational priorities, supported by strong coordination between People, Education and Transformation teams.

Appraisal Compliance

Appraisal compliance was reported at 81%, with a small dip linked to sickness, industrial action and recording issues between ESR and MyLearn. Divisions continue to receive targeted support, and work is ongoing to improve recording accuracy and consistency. The aim remains to return appraisals to MyLearn in April, subject to system updates. The Committee discussed national appraisal framework changes and agreed that ESHT should continue progressing local work rather than wait for national decisions. The importance of realistic expectations during ongoing structural and operational pressures was also noted.

Apprenticeships

The Committee were updated on several recent national apprenticeship policy changes, including halving of the levy expiry window and the removal of Level 7 apprenticeships for those over 22. Divisions are working closely with the central team to maximise levy use and avoid employer penalties. The team has developed alternative pathways such as micro-credentials, stackable Level 6 routes, expanded T-Level placements and a new pre-apprenticeship programme. EDI monitoring shows no evidence that protected groups are disproportionately impacted, though the Committee requested clearer articulation of this in future papers.

CPD Funding

National CPD changes continue to create uncertainty, including the introduction of a £2,000 cap and the removal of Level 7 funding. The Trust has mitigated a financial exposure of around £40k and is planning for multiple scenarios while lobbying nationally. Work is underway to incorporate financial implications into

2026/27 planning. Level 6 development remains fully supported, while Level 7 proposals are being shaped through system-wide collaboration and new delivery models.

Resident Doctors – Ten Point Plan

A progress update was provided on the national 10-point plan. The Trust has been recognised nationally for its early work, supported by a comprehensive resident doctor survey, audit activity and practical improvements such as better SLEC (Safe Learning Environment Charter) implementation and improved support infrastructure. Some elements, such as the lead-employer model and study leave rules, await national guidance. Engagement remains challenging due to workload pressures, but visibility on wards, teaching attendance and peer-to-peer communication have been effective. Communications will be further strengthened through medical induction and engagement in an active national peer network.

Staff Survey – Organisational Update

The Committee received an update on progress against staff survey actions, noting improved engagement, rising response rates—including exceptional participation from bank staff and stronger divisional feedback loops through dashboards and local communications. Challenges remain around operational pressures, inconsistent ownership of actions and limited integrated workforce and patient data. Members discussed the need for a more strategic, year-round focus rather than a reactive annual cycle. The upcoming Trust strategy provides an opportunity to align staff experience, leadership development and CQI. NEDs emphasised the importance of embedding people priorities into mainstream planning rather than treating them as parallel activity. Concerns were also raised about inconsistent Datix feedback, and the importance of clear, closed-loop learning was highlighted.

Items for Information

GMC Action Plan

No concerns raised.

Employment Rights Bill

Updates on the Employment Rights Bill confirmed that national gender-related changes do not affect current Trust compliance.

Successes

- The Trust received a Bronze Award for Work Experience
- The People Engagement Team achieved the Gold Award for Wellbeing

Key Risks or Opportunities and their impact on the Trust

The Committee requested for update on the following risks: N/A

Key Decisions

Board Assurance Framework (BAF) Quarter 3

BAF 1: Failure to attract, develop and retain a workforce that delivers the right care in the right place at the right time.

BAF 2: Decline in staff welfare, morale and engagement impacts on activity levels and standards of care.

BAF scores remained unchanged and noted positive external recruitment feedback. Some divisional workforce risks appeared misaligned with actual vacancy and recruitment data, with assurance reviews underway. NEDs emphasised the importance of linking divisional risks with corporate oversight while acknowledging the more dynamic nature of the risk register compared with the BAF snapshot.

Exceptions and Challenges

N/A

Recommendations

The Board is asked to note this report.

Report to:	Board of Directors	Agenda Item:	17.4
Date of Meeting	17th February 2026		

Title of Report:	Quality & Safety Committee (QSC) – Chair's Report
Status:	For Discussion
Sponsor:	Amanda Fadero, Chair of QSC
Author:	Amanda Fadero, Chair of QSC
Appendices:	None

Purpose

This report summarises the discussions, recommendations and approvals made by the QSC on 28th January 2026 to provide the Board with an update of the Committee's activities.

Background

The QSC holds delegated responsibility from the Board of Directors as set out in Terms of Reference; this report provides evidence to satisfy the Board that the tasks required to meet those responsibilities are being carried out.

Business Undertaken

IGM Update (by exception): The Committee received an update on key IGM issues, including ongoing concerns with data accuracy in speech and language therapy, challenges in audiology phone access, continued pressure ulcer and infection control management, and the significant backlog of overdue policies and procedural documents. The Committee, discussed risks, current mitigations and the need for strengthened governance capacity. The potential for digital and AI-enabled solutions to support policy management was highlighted, alongside the importance of new risk review meetings focusing on infection control, PPE training, hand hygiene and theatre ventilation.

Deep Dive / Divisional Report: SPH: The report highlighted successful new collaborations, including the positive launch of private robotic cases at the Hastings site. Concerns were raised about private patient experience at Eastbourne, with a business case developed to address concerns. Further improvements would be realised through plans across theatres, wards and radiology, supported by business cases for essential refurbishments, including anaesthetic rooms and medicines cupboards.

Maternity Dashboard & Ockenden Perinatal Quality Surveillance Report: Stillbirth rates, while above the national average, continued to fall, and ongoing staffing challenges were being mitigated through revised team structures and support, with longer-term staffing solutions being developed. The Committee discussed the service's higher-than-average induction rate, noting that this was influenced by clinical guidance and patient choice and ongoing work to broaden induction method options. Deep dives into key maternity areas would be presented to the Committee moving forward for assurance.

High Level Risk Register – for information only: The quarterly risk register update was presented to the Committee. A new Head of Risk was due to start in role which would strengthen corporate risk management and support work on defining risk appetite. A new risk review meeting had been established to strengthen oversight of divisional and corporate risks.

Quality Governance Report: Incident volumes remained stable and within control limits, with harm levels aligned to national benchmarks; the top themes during the month had been falls, medication errors and antenatal/postnatal care. Duty of candour performance showed improved verbal compliance although written compliance had dipped slightly, and work continues to

address overdue incident reviews through strengthened weekly oversight. The Committee discussed the management of patients experiencing multiple falls and the Trust's improvement plans.

Quality Dashboard: The Committee reviewed the dashboard, and thanked colleagues for their hard work during an exceptionally challenging couple of months which had included two business continuity incidents.

Mortality Dashboard: The Trust's SHMI had remained stable in the latest reporting period. No immediate concerns were identified, and ongoing monitoring continued, particularly in areas where observed deaths exceeded expected levels. Deep dives would be undertaken as needed, with learning fed back to the Committee.

Board Assurance Framework: The Board Assurance Framework was presented, outlining current and emerging risks. BAF risks 8 and 9 remained rated at 16, with no expected reduction in the near term due to sustained system-wide pressures across the region. Several improvements have been made to strengthen the clarity and forward-looking nature of the BAF.

Community Paediatrics – waiting list report: Progress had been made in some areas but ongoing significant challenges remained with Autism assessment times. Despite the improvements seen waiting numbers remained above target, and work continued to reduce delays through insourcing for over-fives and detailed trajectory planning through to 2027. Any further improvements would require additional funding and a wider strategic review. The Committee noted the need for continued commissioner involvement while national guidance was awaited, and acknowledged that although recent improvements were positive, demand remained volatile and could rise quickly with new referrals.

External Visits Report: Continued improvement in the notification and recording of visits was reported with colleagues increasingly proactive in reporting both upcoming and completed visits. Submission of post-visit reports has also strengthened, enabling the maintenance of a central, easily accessible repository.

NHSE Paediatric Audiology Improvement Programme - Update on Action plan: An update on the NHSE Paediatric Audiology Improvement Programme was presented, outlining progress against the action plan, recent capital investment and ongoing risks. Capital funding had been secured for a new paediatric soundproof booth at the Conquest site, with installation progressing and close engagement with estates and outpatients teams to ensure compliance with national standards.

MADE/Perfect Week Update: The outcomes of the recent MADE and Perfect Week initiatives were presented, highlighting measurable improvements in patient flow, reduced corridor care, and strengthened ward processes, including the introduction of the golden patient approach and earlier identification of discharges. Another event was planned for March to build on this progress.

Cat 2 Pressure Ulcers and Progress on Improvement Plans: An update on the rise in category 2 pressure ulcers was presented, outlining work to improve data accuracy and strengthen monitoring. Although an increase has been reported, a review had identified instances of misclassification and over-reporting and new Power BI dashboards were being introduced to support divisions in tracking trends and improving data quality. Actions to improve reporting had ben put in place and were now being embedded.

Alert, Advise and Assure

Alert

None.

Advise/Inform/Update

Assurances

Key Risks or Opportunities and their impact on the Trust

None.

Key Decisions

None required for this meeting.

Exceptions and Challenges

None.

Recommendations

The Board is asked to note this report.

Agenda Item: 8

Report To/Meeting	Trust Board	**Date of Meeting**	17 February 2026
Report Title:	Chief Executive's Report		
Key question	What key news from the Trust does the Chief Executive want to highlight to the board?		
Decision Action:	For approval ☐ For Assurance ☐ For Information ☒ For Discussion ☐		
Report Sponsor:	Jayne Black Chief Executive	**Presenter(s):**	Jayne Black Chief Executive
Outcome/Action requested:	The board is asked to note the Chief Executive's report.		

Executive Summary

A busy start to our year

We began the year with exceptionally high demand across our services. An unexpected power outage at Eastbourne DGH added further pressure, though contingency plans ensured services continued safely. Ongoing operational pressures later led us to declare a business continuity incident at Eastbourne to maintain safety and service continuity.

Teams across Eastbourne DGH and Conquest Hospital worked tirelessly to manage activity levels, supported by our Community Services, whose efforts have been vital in easing pressure on hospital care. Thanks to these combined efforts, our Emergency Departments continued to operate safely during a period of very high attendance.

I want to express my sincere thanks to all colleagues, partners and our local communities for their continued support during this challenging period.

Care Quality Commission (CQC) visit to Eastbourne DGH Emergency Department

The Care Quality Commission (CQC) conducted an inspection of the Emergency Department at Eastbourne District General Hospital as part of their routine inspection programme. Early feedback from the inspection has been broadly positive. Inspectors highlighted the strong foundations of care within the department, the compassion and professionalism demonstrated by our staff, and the valuable contribution of our volunteers in supporting patients and the service.

Visit from Ian Smith, Chair of NHS Sussex

We were pleased to welcome Ian Smith who is the Chair of NHS Sussex, to Eastbourne DGH. He met clinical colleagues who provided a tour of the Sussex Surgical Centre, which offers state-of-the-art care for day surgery for patients across all surgical specialties, and met with the senior leadership team to discuss NHS delivery in Sussex. He is due to visit Conquest Hospital in March.

Ophthalmology Department hands-on training day

Our Ophthalmology team at Bexhill Hospital recently delivered their first "Introduction to Emergency Ophthalmology" practical training day for specialty doctors and trainees from across the Trust and neighbouring organisations.

The course offered a rare opportunity to complete extensive hands-on emergency ophthalmology training in a single day, combining short introductory videos with more than four hours of simulated surgical practice. This enabled participants to build confidence, strengthen technical skills and prepare for real-world clinical scenarios.

The highly positive feedback reflects strong regional demand for continued practical, simulation-based ophthalmology training.

Emergency Department team shortlisted for HSJ Partnership Award

Our Emergency Department team has been shortlisted for an HSJ Partnership Award for their innovative collaboration with Frontier Health. Together, they have developed 'Juno' - an AI-enabled tool that reduces repetitive administrative work for clinicians, nurses and pathway trackers.

Juno helps monitor diagnostics, identify available beds and validate breaches, supporting quicker and safer decision-making. Co-designed with the ED team, it provides real-time oversight of patient flow and highlights potential risks.

This nomination is a testament to the team's commitment to innovation, operational improvement and partnership working to enhance patient safety and frontline care.

Friends continue to show their support

At Bexhill Hospital, the League of Friends of Bexhill Hospital funded a new kitchen at the Bexhill Irvine Unit. Its location beneath the Unit means meals can now be prepared on-site, removing the need for staff to transport food from the main hospital three times a day. This will save time and effort and support a safer, more efficient catering service for patients.

At Conquest Hospital, the Friends of Conquest Hospital worked with our Grounds and Gardens team to transform a previously unused courtyard between MacDonald and Murray Wards into a peaceful, festive space for patients, visitors and staff. The courtyard was officially opened by the High Sheriff of East Sussex, Anne Brown, at a ceremony attended by our Chairman Steve Phoenix, Helena Dollimore MP, local Mayors and Mayoresses, councillors, business leaders and charity representatives, demonstrating the strong community support for Conquest Hospital and its vital role across Hastings, Rother and Wealden.

At Eastbourne DGH, the Friends of Eastbourne Hospital funded the purchase of two endoscopes and an ultrasound machine, enabling the endoscopy service to carry out procedures that previously required sending patients elsewhere. They also provided trolleys, monitors, and a defibrillator. In addition, the Friends offered cash donations to wards and

departments working on Christmas Day, which helped teams decorate their wards, provide small gifts for patients, and offer treats to staff on duty. They also funded two digital interactive tables for the Elderly Care Wards, including for patients with dementia, providing access to cognitive-stimulating puzzles, visual activities, and calming music to support engagement and wellbeing.

OBE for Trust consultant in the New Year Honours

Professor Scarlett McNally, Consultant Orthopaedic Surgeon at the Trust since 2002, has been recognised in the New Year Honours List and has been awarded an OBE for services to medicine, surgery and the NHS.

Professor McNally is widely respected both within the Trust and nationally for her significant contributions to clinical practice, leadership and education. Her dedication to improving patient care, advancing surgical standards and supporting workforce development has had a meaningful impact across the healthcare system.

Bronze Award for Work Experience Quality Standard

Our Integrated Education team has been awarded the Bronze Award in the NHS England Work Experience Quality Standard. This accreditation confirms that our work experience programmes meet high standards of planning, delivery and evaluation, ensuring learners receive a safe, structured and meaningful introduction to healthcare.

This achievement highlights the team's commitment to supporting future talent and promoting high-quality learning opportunities across the organisation.

Cuckmere ward at Eastbourne DGH refurbishment

Cuckmere Ward at Eastbourne DGH has been fully refurbished as part of our cardiology transformation programme, with the East Dean ward team now relocated into the modernised space. This significant project involved the safe transfer of seventeen beds and has created additional capacity for stroke and cardiovascular Same Day Emergency Care (SDEC).
The refurbishment marks an important milestone in our wider cardiology transformation plans, with further major developments to follow, including a new Coronary Care Unit and a third Catheter Laboratory.

Prestigious Gold Wellbeing at Work award

We have been awarded the Gold Wellbeing at Work accreditation by East Sussex County Council's Public Health team. This is a remarkable achievement and reflects the dedication of our Wellbeing Team, who have guided us through the programme from Bronze in May 2024 to Silver and now to the highest Gold standard.

The Gold Award recognises organisations that have strong foundations in staff wellbeing and have fully embedded health, wellbeing and positive working practices into their culture. It is awarded to employers who not only provide excellent support for their own workforce but also serve as role models for others across the county.

Regulatory/legal requirement:	Not applicable		
Business Plan Link:	Quality ☐ People ☐ Sustainability ☐		
Equality, Diversity, and Inclusion Impact Assessment/Comment	EDI issues have been taken into consideration		
Resource Implication/VFM Statement:	Not applicable		
Risk:	Not applicable		
No of Pages	4	**Appendixes**	None
Governance and Engagement pathway to date:	Not applicable		
What happens next?	Not applicable		
Publication	This report is for publication		

East Sussex Healthcare NHS Trust

Integrated Quality & Performance Report

Prepared for East Sussex Healthcare NHS Trust Board

KINDNESS

INCLUSIVITY

For the Period December 2025 (Month 9)

INTEGRITY

Content

East Sussex Healthcare NHS Trust

About our IPR

East Sussex Healthcare NHS Trust

Our IPR outlines how the Trust is currently working and how the on-going journey of improvement and excellence, as reflected within our 2025/26 Operational Plan, is being delivered.

Throughout our work we remain committed to delivering and improving on:

- Care Quality Commission Standards
  - Are we safe?
  - Are we effective?
  - Are we caring?
  - Are we responsive?
  - Are we well-led?
- Constitutional Standards
- Financial Sustainability in the long-term plan

Our IPR, therefore, aims to narrate the story of how we are doing and more importantly how we will be doing as we look towards the future.

Our vision describes our ambition for the organisation over the five years of this plan:

- **To develop outstanding services, building a reputation for excellence in care, becoming the best integrated care provider**
- **To lead a modern organisation for our people, enabled by technology, agile working and a light environmental footprint**
- **To harness existing strong relationships to forge a vanguard collaborative tackling the social and health challenges that face our coastal towns**
- **To make a demonstrable economic and social impact through our partnership commitments; on health, employment, education, training and skills development across Sussex**
- **To develop as a financially sustainable and innovation-led organisation**

KINDNESS
INCLUSIVITY
INTEGRITY

Chief Executive Summary

East Sussex Healthcare NHS Trust

ESHT continues to prioritise long-term financial sustainability by driving targeted initiatives that strengthen efficiency. At the same time, we remain firmly committed to upholding the highest standards of patient care and delivering strong operational performance.

The Trust has agreed a challenging breakeven plan for 25-26, which includes an efficiencies target of £49.6m. Cost pressures and high-income assumptions within the plan has resulted in significant risk to delivering the breakeven position.

December was a particularly challenging month for the Trust, with cases of flu and other respiratory illnesses rising sharply, placing significant pressure on our services and planning for the industrial action to ensure minimal impact on elective care. Despite these challenges, ESHT was able to achieve trajectories against ED 4-hour standard, cancer and referral to treatment performance.
The Trust carried out Perfect Weeks in December, community and acute focused, working with teams across the health system, to improve patient flow.

97% of all harm events fell within the no / low harm category, consistent with previous months and national benchmarks. Where these harm events fall into the more severe category, the cases are reviewed following the national Patient Safety Incident Response Framework. The Trust is monitoring an increase in moderate to severe cases in recent months – there is no discernible pattern to the harm events.
The Trust reported no MRSA infections in December, in line with the national zero-tolerance standard. All other infection indicators remained within nationally accepted thresholds.
FFT satisfaction scores remain high and above benchmarked peers across all care settings.

Agency staffing usage continues to remain low, supported by ongoing controls that ensure safe staffing levels are maintained while sustaining reductions in both agency and bank reliance.
There has been a marked increase in sickness. In addition to staff vaccination, staff have been supported with guidance to avoid/reduce seasonal illnesses.

Balanced Scorecard

East Sussex Healthcare NHS Trust

Safety	Target/ Limit	Previous Month	Current Month	19/20 Same Period	Variation	Assurance
Number of Patient safety events (severity 1-5)		972	939		Common Cause	Target required
Number of Patient safety events (severity 3)		11	17		Common Cause	Target required
Number of Patient safety events (severity 4 ...		6	9		Common Cause	Target required
Never Events		0	0		Common Cause	Target required
Inpatient Falls per 1,000 Bed days		4.35	4.20		Common Cause	Target required
Cat 3 ESHT Acq. PU (rate) per 1,000 bed days		0	0		Common Cause	Target required
Cat 4 ESHT Acq. PU (rate) per 1,000 bed days		0	0		Common Cause	Target required
Healthcare Associated MRSA Bacteraemia (r...		0.0414	0		Common Cause	Target required
Healthcare Associated C Diff Infections (rate...		0.248	0.240		Common Cause	Target required
Healthcare Associated MSSA Bacteraemia (r...		0.0828	0.160		Common Cause	Target required
RAMI		87.6	88.1		Common Cause	Target required
SHMI (NHS Digital monthly)		107	107		Concern	Target required
Nursing Fill Rate (IP - RN, RNA and HCA)		93.1%	90.7%		Common Cause	Target required
Patient Safety Incident Investigation Events		0	0		Improvement	Target required
Maternity and Newborn Safety Investigation...		0	0		Common Cause	Target required

Patient Experience	Target/ Limit	Previous Month	Current Month	19/20 Same Period	Variation	Assurance
Complaints received		33	34		Common Cause	Target required
Complaints Response Compliance (60 work...	80%	69.8%	67.4%		Common Cause	Inconsistent
Reopened Complaints		6	7		Common Cause	Target required
A&E FFT Score	85%	82.9%	84.0%		Improvement	Inconsistent
A&E FFT Response Rate		13.6%	13.1%		Concern	Target required
Inpatient FFT Score	95%	98.1%	98.5%		Common Cause	Achieving
Inpatient FFT Response Rate		6.39%	5.79%		Concern	Target required
Maternity FFT Score	95%	66.7%	100%		Common Cause	Inconsistent
Maternity FFT Response Rate		1.24%	0.823%		Concern	Target required
Outpatient FFT Score	95%	95.2%	96.1%		Concern	Inconsistent

Our People	Target/ Limit	Previous Month	Current Month	19/20 Same Period	Variation	Assurance
Establishment (WTE) All		8,223	8,264		Improvement	Target required
Agency Rate	1%	0.458%	0.577%		Improvement	Inconsistent
Vacancy Rate	5%	3.2%	3.3%		Improvement	Inconsistent
Staff Turnover	10.6%	9.12%	9.12%		Improvement	Inconsistent
Sickness - Average Days Lost per Fte	18.8	19.8	19.9		Concern	Not Met
Staff Appraisals	85%	79%	81%		Concern	Not Met
Statutory & Mandatory Training	90%	92.6%	92.7%		Improvement	Achieving
Annual Sickness - Absence %	5%	5.43%	5.46%		Concern	Not Met
Medical Job Plan Compliance Rate	95%	66.3%	68%		Common Cause	Not Met

Our Performance	Target/ Limit	Previous Month	Current Month	19/20 Same Period	Variation	Assurance
4 hour standard	72%	72.3%	72.9%		Common Cause	Inconsistent
4 hour standard with additional mappe...		74.0%	74.8%		Common Cause	Target required
A&E waits over 12 hours from DTA	0	101	70		Common Cause	Inconsistent
A&E > 12 hours from arrival to discharge	0	1204	1117		Concern	Not Met
% Type 1 A&E > 12 hours from arrival t...		10.9%	9.71%		Common Cause	Target required
Conveyance handover >30 mins	0%	7.43%	7.61%		Improvement	Not Met
Conveyance handover >45 mins		1.72%	2.24%		Improvement	Target required
Non Elective Length of Stay		4.68	4.75		Common Cause	Target required
1+ Non Elective LoS (Acute)	8.1	6.59	6.86		Improvement	Inconsistent
Average daily NCTR		149	137		Improvement	Target required
Intermediate Care Length of Stay	30	37.8	36.3		Common Cause	Inconsistent
Number of Deferred visits/ care plans		8297	9008		Concern	Target required
RTT 65 week wait	0	0	1		Improvement	Not Met
RTT proportion waiting over 52 weeks	1%	1.26%	1.19%		Improvement	Not Met
RTT under 18 weeks	59.0%	64.2%	65.2%		Improvement	Not Met
RTT Total Waiting List Size	56418	61749	61443		Concern	Inconsistent
Diagnostic <6 weeks	1%	11.4%	11.9%		Common Cause	Not Met
Urgent Community Response within 2 h...	70%	81.7%	82.3%		Common Cause	Achieving
CHIC wait times < 13 weeks	80%	76.2%	75.4%		Common Cause	Inconsistent
104 day Backlog		42	63		Concern	Target required
28 Day General FDS	77.0%	83.6%	84.9%		Improvement	Inconsistent
Cancer 31 Day Combined	93.8%	95.2%	96.1%		Common Cause	Inconsistent
Cancer 62 Day	70%	79.5%	75.8%		Improvement	Inconsistent
Elective Activity (ELIP,DC,OPFA, OPFUP P...		103%	93.2%		Concern	Target required

Finance	Target/ Limit	Previous Month	Current Month	1920 Same period	Variation	Assurance
Surplus/(deficit) (£'000) - in month	683	(210)	700	n/a	n/a	Achieving
Surplus/(deficit) (£'000) - YTD	(1,798)	(2,449)	(1,749)	n/a	n/a	Achieving
ERF (£'000) - in month	11,047	10,914	12,950	n/a	n/a	Achieving
ERF (£'000) - YTD	101,063	91,379	104,329	n/a	n/a	Achieving
Efficiency (£'000) - in month	9,520	3,630	4,931	n/a	n/a	Not met
Efficiency (£'000) - YTD	46,811	30,209	35,140	n/a	n/a	Not met
Capital (£'000) - YTD	23,204	12,888	16,855	n/a	n/a	Not met
Capital (£'000) - FOT	45,016	44,248	44,548	n/a	n/a	Achieving

Constitutional Standards | Benchmarking

East Sussex Healthcare NHS Trust

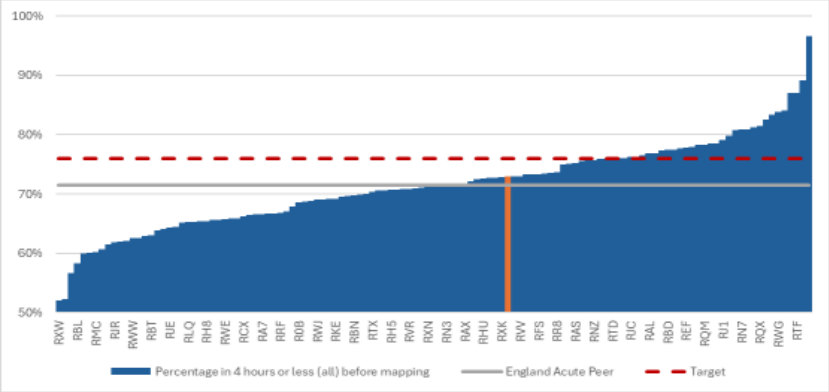
*NHS England has yet to publish all December 2025 Provider based waiting time comparator statistics

ESHT denoted in orange, leading rankings to the right

Urgent Care – A&E Performance

December 2025 Peer Review

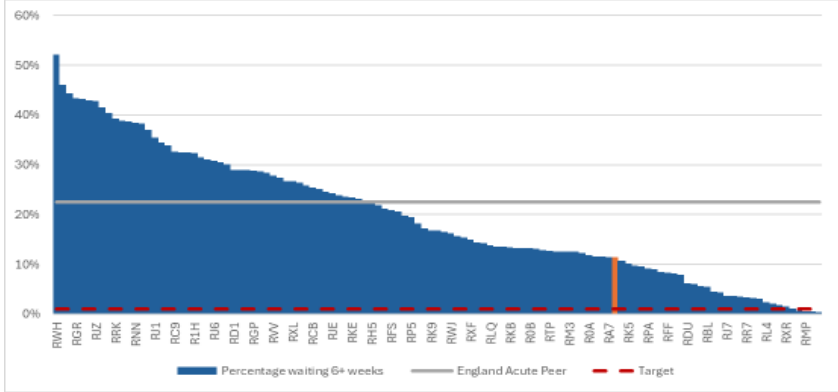
National Average: 71.5% ESHT Rank: 50/123



Planned Care – Diagnostic Waiting Times

November 2025 Peer Review*

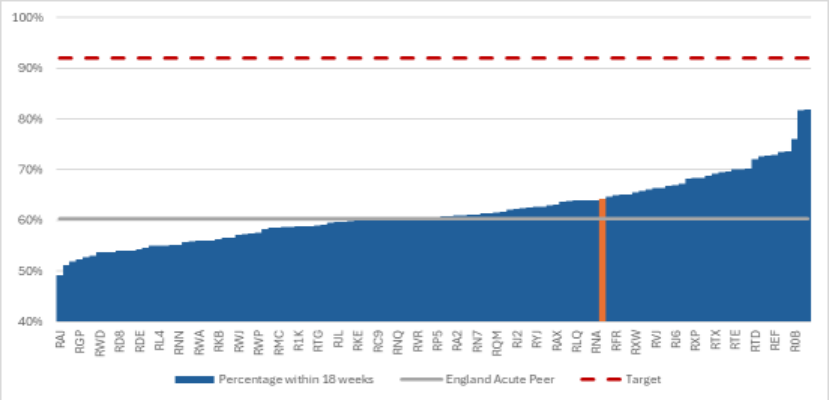
National Average: 22.6% ESHT Rank: 32/117



Planned Care – Referral to Treatment

November 2025 Peer Review*

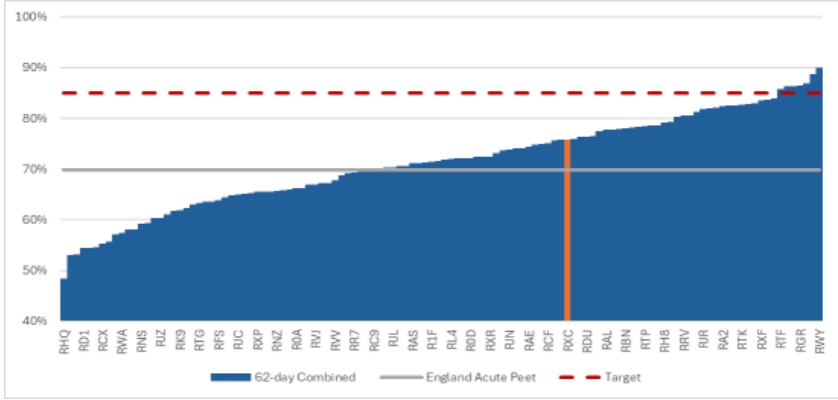
National Average: 60.3% ESHT Rank: 32/114



Cancer Treatment – 62 Day Combined Standard

November 2025 Peer Review*

National Average: 69.9% ESHT Rank: 40/118



Quality and Safety

Delivering safe care for our patients

What our patients are telling us?

Delivering effective care for our patients

Safe patient care is our highest priority

Delivering high quality clinical services that achieve and demonstrate the best outcomes and provide excellent experience for patients

Quality and Safety | Executive Summary

East Sussex Healthcare NHS Trust

Infection Control
Healthcare Associated Infection limits have been set by NHSE for 2025/26. Current performance against thresholds is: Three unavoidable MRSA bacteraemia against a limit of zero avoidable. CDI 48/67, E. coli 63/109 and Pseudomonas 13/19. Klebsiella 22/44.

One MRSA bacteraemia reported for ESHT in November was previously reported community onset case, treatment since successfully completed.

Six *C. difficile* infections were reported in December against a limit of six, all were HOHA. There is no evidence of cross infection.
Four MSSA infections were reported in November, two HOHA and two COHA. Both HOHA cases were reported as unavoidable, one due to pneumonia in a patient with autoimmune disease and the other bacteraemia is possibly due to urinary catheter or leg wounds as MSSA isolated from both sources. Both COHA cases were assessed as unavoidable and due to skin/soft tissue infection.

Safety Events
1344 incidents were reported in December 2025 of which 939 were ESHT patient safety incidents.

Harm
97% were reported as 'No/Low harm/Near miss' (Sev 1 & 2) consistent with previous months, and National benchmarks.
0.2% were reported as 'Fatal' harm (severity 5), 0.5% as 'Severe' harm (severity 4) and 2.6% as 'Moderate' harm (severity 3). There were no 'Never Events' incidents.
All harm incidents are reviewed to identify gaps in care or service delivery that might have resulted in the harm for learning and improvement.

The top three categories of incidents reported were;
1. Slips, Trips and Falls – 137 incidents reported were No/Low harm except three reported 'moderate' harm and one reported as 'fatal' harm (a patient fell and hit her head on the floor while mobilising independently). The inpatient falls rate in November was 4.21, a common cause variation with no concerns.
2. Medication Errors and other Related Medication Errors – 102 incidents were reported of which 3 were reported as 'moderate' harm. The rest were no / low harm and near misses (97%).
3. Antenatal, Labour and Postnatal care (94) – 98% were no/low harm; one was reported as 'moderate ' harm where a neonate required SCBU after birth. This is being reviewed to ascertain whether there were any gaps in care or service delivery. One incident was reported as 'severe' harm as a neonate sustained a fractured clavicle at birth. A PSIRF review has been undertaken and confirmed there were no gaps in care or service delivery that led to the incident.

Safeguarding
Analysis has been undertaken regarding Domestic Abuse in quarter 3. Overall, there has been an increase in domestic abuse referrals made by 19% compared to the previous years Q3. The use of the rapid assessment screening tool demonstrated an increase in compliance at the Conquest with the screening tool during October, the busier month, whereas EDGH shows a decrease in compliance October but an increase in December. There seems to be an ongoing trend with Conquest ED showing stronger screening consistency.
However, the Screening Tool use across both areas reduced in Q3, despite stable attendances, the percentage of those assessed decreased from 21% → 17% across the quarter.
Positive disclosures are low but useful.1.2–1.3% of assessments result in "yes" in Oct/Dec, implying a consistent response when screening is completed, in November both use and "yes" responses drop in Nov (18.5% assessed; 0.76% yes). The HIDVA continues to support patients as required, the safeguarding team are establishing a Domestic Abuse Steering group.

Work has been undertaken to establish a staff allegations database that has oversight of Safeguarding and HR management jointly.

Mortality
RAMI 23 rolling 12 months is 88 for the current period and positioned at 46 out of 119 Acute Peer Trusts. SHMI is showing an overall value of 107.2 and is within the expected range and showing slight improvement. EDGH has an index of 106.4 and Conquest 108.1. Both sites are within the expected range.
Weekend RAMI continues to show a value below the national average for HES Acute peers. SHMI contextual data is not yet available for the period.

Author(s)

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

Simon Merritt
Chief Medical Officer

Quality and Safety | Executive Summary

East Sussex Healthcare NHS Trust

Patient Experience:
We received 34 new complaints, an increase of 1 vs. November's number. Against our internal targets, 7 complaints were overdue at the end of December (the oldest being 12 working days over). Of the 43 complaints closed in-month: Against the timeframe of 60 working days, 67% were completed in time (November =70%), against our local target response, which is 80%.

Reviewing the monthly risk rating of all complaints, most were 'moderate' in common with the general pattern: 0 high risk (November =3), 26 moderate risk (November =24) where aspects of clinical care appear suboptimal and 8 low risk (November =6) where clinical quality does not form part of the complaint.

We take re-opened complaints/PHSO contacts as proxies for where we can learn:
7 complaints were reopened (November =6), 3 to DAS, 2 to Urgent Care, 1 to Medicine and 1 to Core Services, (4 were meeting requests, 1 consent was received, 1 unhappy with response and 1 where further queries were raised). The Trust received 1 contact from the PHSO in December (1 for Urgent Care).

Of the 34 complaints received in December 74% came from 3 categories: Clinical Treatment =9 (treatment delays), Patient Care =8 (unhappy with overall care provided) and Values and Behaviours =8 (attitude of medical and nursing staff).

Top complaint location in December was (this does not necessarily relate to care provided in December): Emergency Department =9 (CQ =7 and EDGH =2), Outpatients Department =3 (EDGH =2 and CQ =1) and Sussex Premier Health =3.

583 contacts were recorded by PALS in December, which is a decrease of 36 when compared to November (=619). Of these contacts, 357 PALS contacts were recorded as "concerns" (November =393)

The top three primary PALS subjects recorded as a "concern" were as follows:
Communication =78 (of these 50% related to communication with patients/relatives and 23% related to communication failure within speciality). Appointments =76 (of these 61% related to long waiting times and cancelled appointments). Patient Care =55 (of these 44% related to where a patient's care needs were not adequately met).

Top 3 locations of PALS concerns: Outpatients Department (=41) (EDGH =21 and CQ =20), Emergency Department (=32) (EDGH =22 and CQ =10) , Audiology Department (=8) and Cardiology Outpatient Department (=8).

4% of PALS concerns (=13) were escalated to formal complaints.

The Trust received 8,915 FFT responses; this is a slight drop on November responses (=9,290). The Trust-wide positive FFT feedback rate was 93.57%, which is in line with the last six-month average of 93.51%.

The comments patients provide as to why they gave their rating generate word-based themes; this month, the top positive theme was Staff Attitude (4,292 positive comments), followed by Implementation of Care (2,234) and Environment (1,402). Conversely, the top negative theme was Staff Attitude (246 negative comments), followed by Environment (183) and this month, Implementation of Care (166).

The positive FFT comments (=6,208) accounted for 98% of all plaudits (=6,309) received in the month, with a significant number of these reflecting staff and service compliance with the Trust values.

Workforce
Due to seasonal variation, we have continued with high level of attendances to the Emergency Departments and high occupancy, which has required additional escalation and boarding capacity to be opened, putting significant pressure on the available workforce. We continue to focus on improvement programmes for discharge and length of stay and work with SPFT to ensure the safety and quality of care for our patients requiring specialist Mental Health support/skills.
Acute and Community staffing remained stretched to cover the additional requirements and the focus continues on workforce wellbeing and support and rostering and efficiency, job planning and use of additional nursing workforce.
There are significant improvements noted regarding the reduction in use of agency including security and additional shifts through roster efficiency, mental health outreach team support and senior nursing oversight.

Author(s)

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Chief Nurse and Director of Infection Prevention & Control (DIPC)

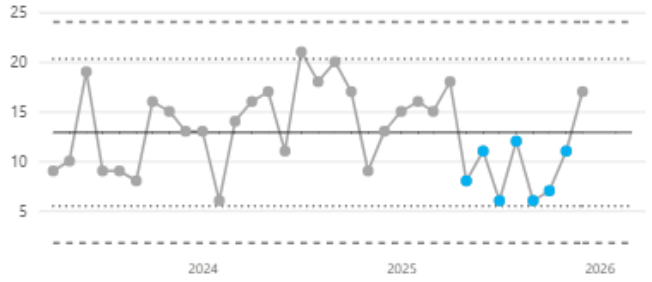
Simon Merritt
Chief Medical Officer

Quality and Safety Core Metrics

East Sussex Healthcare NHS Trust

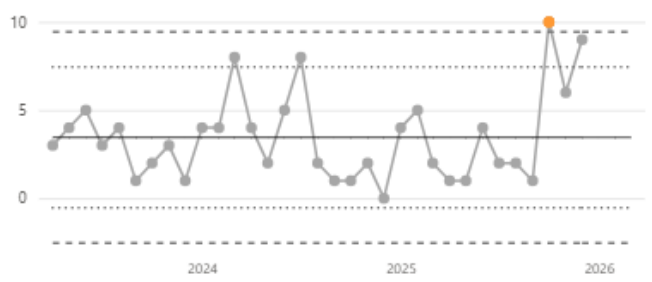
Number of Patient safety events (severity 3): Total, Safety

Target required	Common Cause	17



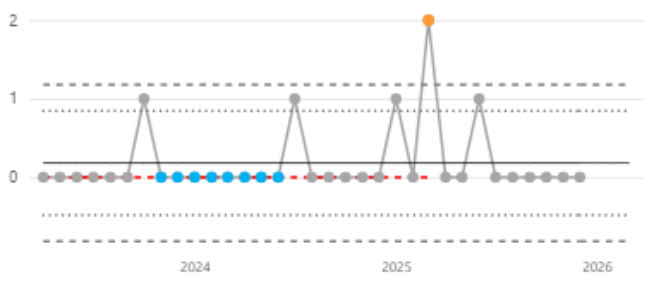
Number of Patient safety events (severity 4 and 5): Total, Sa...

Target required	Common Cause	9



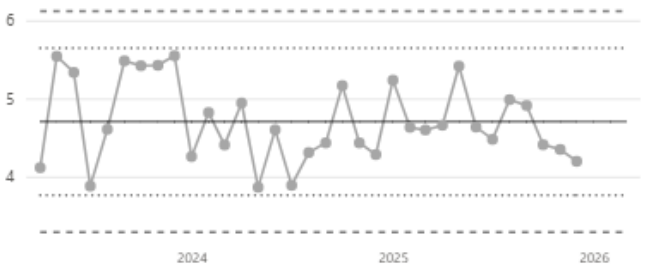
Never Events: Total, Safety

Target required	Common Cause	0



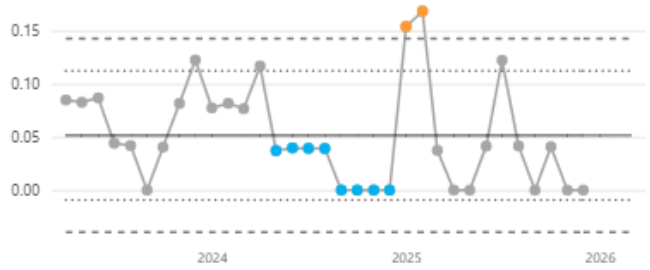
Inpatient Falls per 1,000 Bed days: Total, Safety

Target required	Common Cause	4.20



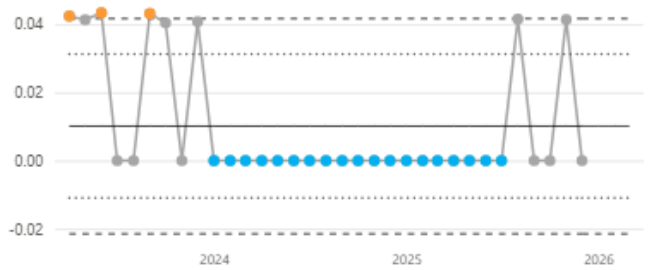
Cat 3 and 4 ESHT Acq. PU (rate) per 1,000 bed days: Total, S...

Target required	Common Cause	0



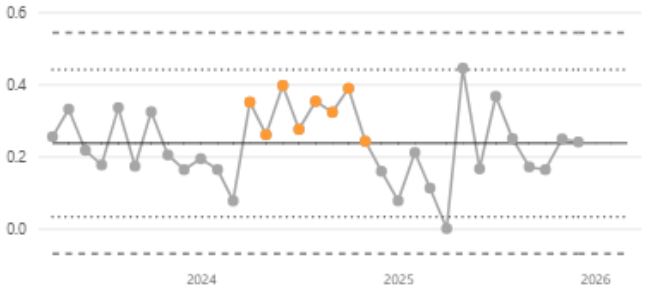
Healthcare Associated MRSA Bacteraemia (rate) per 1,000 ...

Target required	Common Cause	0



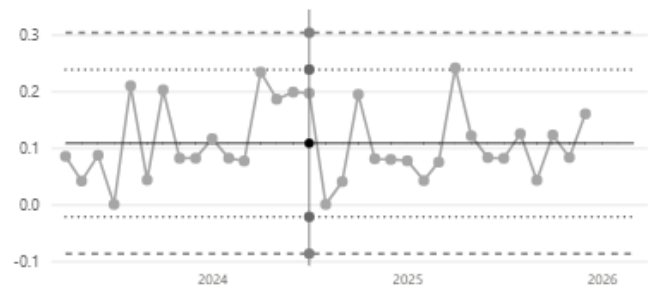
Healthcare Associated C Diff Infections (rate) per 1,000 Bed ...

Target required	Common Cause	0.240



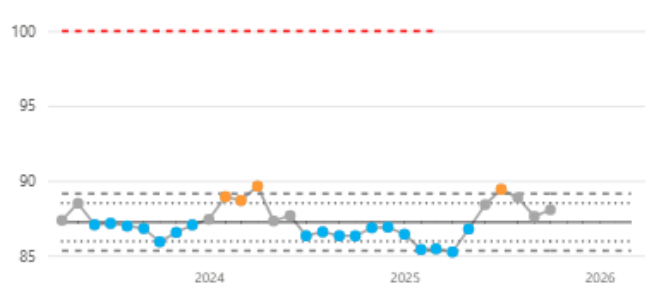
Healthcare Associated MSSA Bacteraemia (rate) per 1,000 ...

Target required	Common Cause	0.160



RAMI: Total, Safety

Target required	Common Cause	88.1

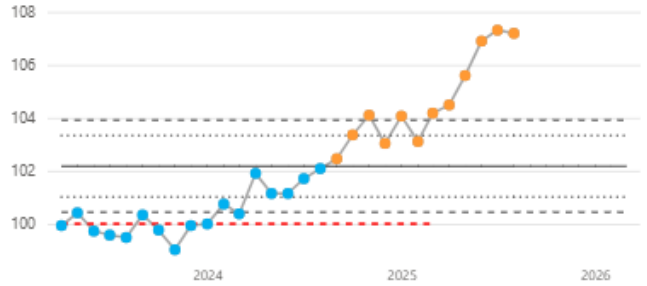


Quality and Safety Core Metrics

East Sussex Healthcare NHS Trust

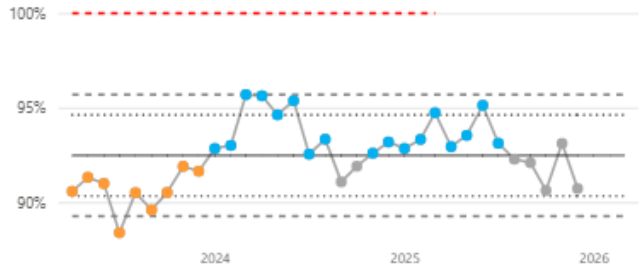
SHMI (NHS Digital monthly): Total, Safety

Target required	Concern	107



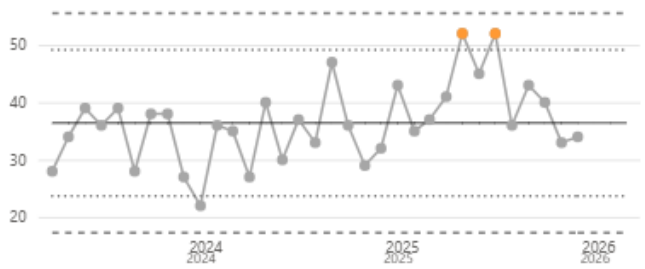
Nursing Fill Rate (IP - RN, RNA and HCA): Total, Safety

Target required	Common Cause	90.7%



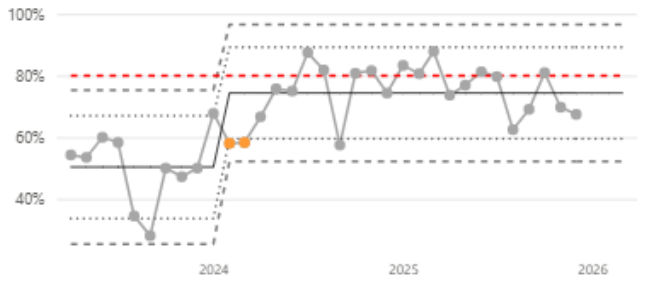
Complaints received: Total, Patient Experience

Target required	Common Cause	34



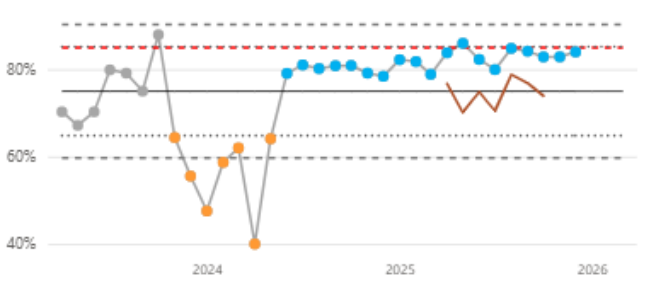
Complaints Response Compliance (60 working days as of 1...

Inconsistent	Common Cause	67.4%



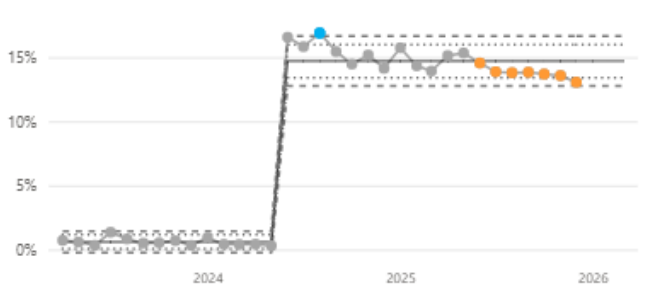
A&E FFT Score: Total, Patient Experience

Inconsistent	Improvement	84.0%



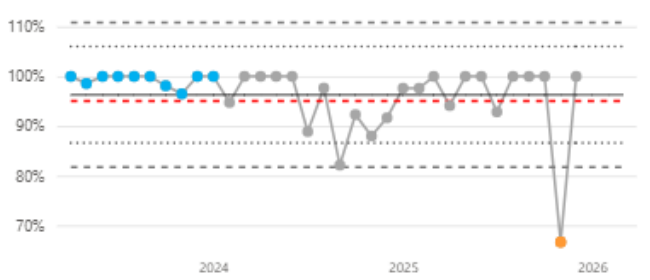
A&E FFT Response Rate: Total, Patient Experience

Target required	Concern	13.1%



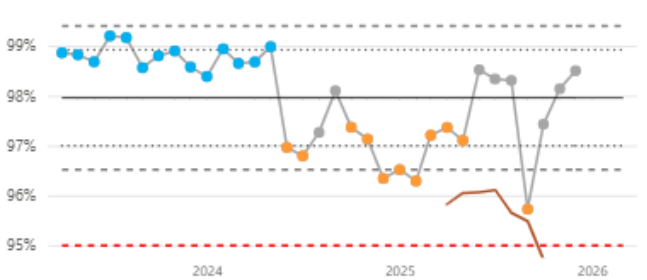
Maternity FFT Score: Total, Patient Experience

Inconsistent	Common Cause	100%



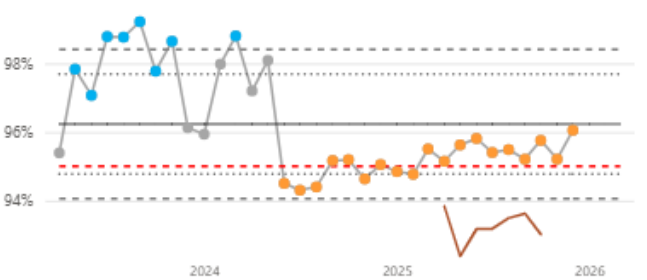
Inpatient FFT Score: Total, Patient Experience

Achieving	Common Cause	98.5%



Outpatient FFT Score: Total, Patient Experience

Inconsistent	Concern	96.1%



Quality and Safety | Areas of Focus

East Sussex Healthcare NHS Trust

Title	Summary	Actions
Patient Safety Incident Response Framework (PSIRF)	Duty of Candour (DoC) compliance continues to be monitored, and Divisions supported to complete in a timely manner. Following review of the applicable incidents over the 12-month rolling period, compliance for December 2025 was 78% for verbal DOC and 80% for written (compared to 75% and 81% in November, respectively). Incident harm grading and DoC applicability were provided from Oct – Dec 2025 in workshops to improve reporting, and support understanding and knowledge of the process to improve compliance. PSIRF templates have continued to be updated to improve consistency and clarity as part of the updates to the PSIRF Plan and Policy.	• Phased approach to Datix improvement plan is ongoing. This includes; ◦ Incident Reporting Form ◦ Investigation Fields ◦ Categories & Sub-categories ◦ User Group Securities • Incident Reporting Policy and the PSIRF Policy & Plan to be ratified in Q4 • PSIRF Templates continue to be reviewed / updated with staff involvement via the PSIRF Peer Review Group using a PDSA approach.
Nursing & Midwifery Workforce	During December occupancy remained very high with ongoing use of additional capacity and pre-emptive boarding in corridors and significant numbers of patients requiring enhanced observation in relation to high risk of falls or patients with challenging/violent behaviour. Controls remain in place to ensure staffing continues to meet the needs of our patients. Ward nursing CHPPD overall was 7.8 for December (noting distortion by specialist areas) reflecting the additional demands on our nursing workforce and the current levels of occupancy. Nursing fill rates for day shifts = RN 90% and HCSW 82%. Nursing fill for night shifts = 95% for RN and 98%.	• The annual Nursing Establishment Review (NER) for 2025, the second data collection for acute and community is completed and under review. • Non-medical job planning, education and supervision frameworks are in progress • Recruitment to the Mental Health Outreach team continues and they are deployed to support our most complex patients. Training opportunities for staff as part of the MH Strategy are also underway. The Trust is continuing to work with SPFT to offer enhanced assessment and initial care plans for those patients who present with an acute mental illness crisis and have agreed to roll out the body worn cameras for teams working in our urgent care areas • Nursing/Midwifery monthly Roster Compliance sessions continue, led by the Deputy Chief Nurse to ensure effective/efficient nursing rosters. There is a weekly vacancy control panel in place to review all recruitment requests. There is evidence of good controls to support enhanced observations and requests for additional staff and we continue to work on reducing reliance on Agency and bank staffing, including security • Analysis of the job specific skills and leadership training needs is on going and we are working with NHS Elect to identify the skills gap and plan an education framework to ensure training meets the needs of our people • We offer training and support with the restorative supervision programme and the network of practice educators and current education/preceptorship resources • The senior nursing teams continue to help plan to meet the additional operational demands and offer support to our frontline teams and promote staff wellbeing.

Quality and Safety | Areas of Focus

East Sussex Healthcare NHS Trust

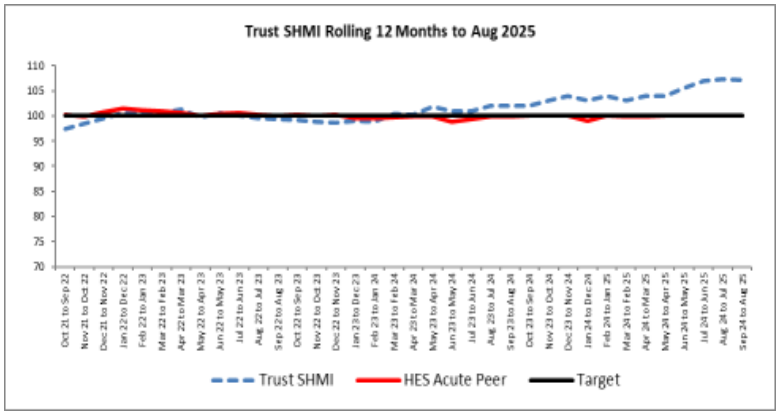
Title	Summary	Actions
Inpatient Falls	The falls rate for all falls for ESHT per 1000 inpatient bed days was 4.21 and remains within the control limits with no cause for concern. One incident was reported as Fatal harm (severity 5) where a patient fell and hit their head on the floor while attempting to mobilise to the commode. A SWARM review is being undertaken for learning. Three moderate harm (severity 3) were reported. All other Falls incidents were reported as no and low harm. 15 patients had multiple falls in December (consistent wit the average monthly numbers), with 14 of these patients sustaining 2 falls, and 1 patient sustaining 3 falls. Majority of the reported falls while patients were mobilising independently. There are no hotspots in relation to wards / sites. Of the patients who had multiple falls, one was reported as moderate harm. All falls incidents undergo SWARM reviews to identify potential gaps in care or service delivery to support learning and improvement.	•Completed SWARM forms continue to be monitored, and peer reviewed in the PSIRF Review Group • Divisional themes and trends are reported to the Falls Steering Group for oversight and consideration for quality improvement activities.
Patient Experience	Audiology was the third top location for PALS concerns (second consecutive month). Sussex Premier Health (SPH) featured in the top 3 complaint locations and 7 PALS concerns raised. Lack of learning identified in complaint responses .	11/21 Audiology PALS concerns relate to “unable to contact department”. Themes of complaints and PALS concerns for SPH: 4 cases relate to charging issues and lack of clarity around this. 2 cases relate to delay in receiving reports of imaging. But no themes as relate to different staff groups and specialities.
Harm reviews	The NCTR Harm Review Process was redesigned based on staff feedback, and the request to start completing the updated version of these was sent out again in mid October of last year, the intent being to allow approximately three months of data to be collected before January’s Q&S	• On checking the data for review, only five had been submitted as of w/c 19/01. This clearly presents inadequate data with which to draw any firm conclusions • Recommendation: the main reasons cited for this not being completed was the winter staffing plan (reduced management time), and winter pressures. A further attempt should be made to embed this process starting in March or April, with closer supervision of submissions, and the data be reviewed two months following
Pressure Damage	No new category 3 or 4 pressure ulcers were reported amongst patients in hospital during December 2025. One category 3 pressure ulcer was identified and reported in a patient in their own home.	• The newly improved Power BI PU dashboard report which includes all categories of pressure damage, by division and by ward to be integrated into divisional processes for reporting and monitoring • New PU specific After Incident Review form to be developed for direct entry in DCIQ to support thematic reviews • Introduction of corridor reporting for inclusion in AARs related to PUs

Effective Care - Mortality

East Sussex Healthcare NHS Trust

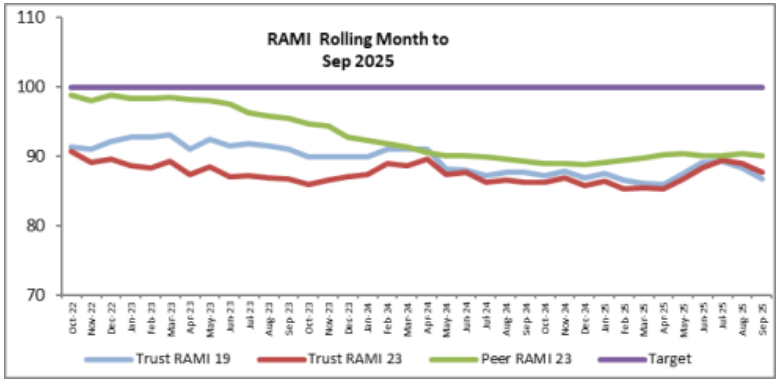
Why we measure Mortality – it's used as an indicator of hospital quality in order to look for improvement in mortality rates over time, improve patient safety and reduce avoidable variation in care and outcomes.

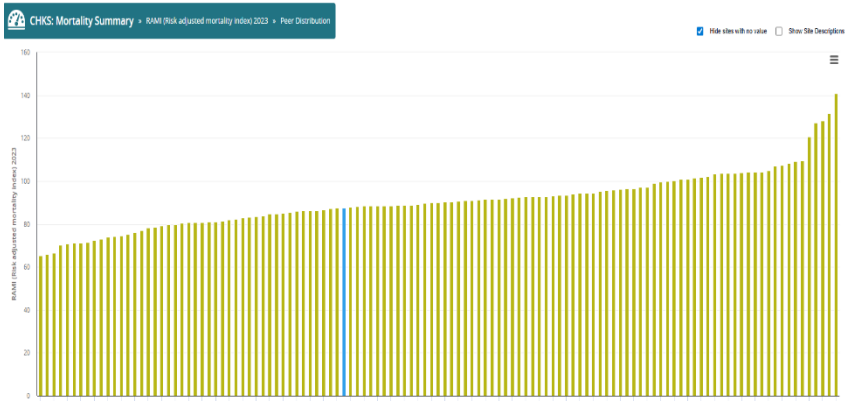
Summary Hospital Mortality Indicator (SHMI)
Ratio between the number of patients who die following hospitalisation and the number that would be expected to die on the basis of average England figures



- SHMI – September 2024 to August 2025 is showing an index of 107.2 and is within the expected range. This is showing a slight improvement from the last period. EDGH is showing 106.4 and Conquest is 108.1, both also within the expected range.
- The Trust is submitting Same Day Emergency Care (SDEC) data to the Emergency Care Data Set (ECDS) rather than the Admitted Patient Care (APC) dataset. SHMI is calculated using APC data. Removal of SDEC activity from the APC data affects the Trust's SHMI value.
- SHMI is rebased each time it is published whereas RAMI is not.
- RAMI 23 – October 2024 to September 2025 (rolling 12 months) is 88, and 86 for the same period last year. Peer RAMI was 90 for this period
- The line graph below shows the rolling 12 month figure.
- Crude mortality shows Oct 2024 to Sep 2025 at 1.56% compared to 1.56% for the same period last year.
- The new mortality database was rolled out in November 2025. The Consultant acknowledgement rates of the Medical Examiner reviews for November was 18% within the timescale allowed

Risk Adjusted Mortality Index (RAMI)





This shows our position nationally against other acute trusts – currently 46/119

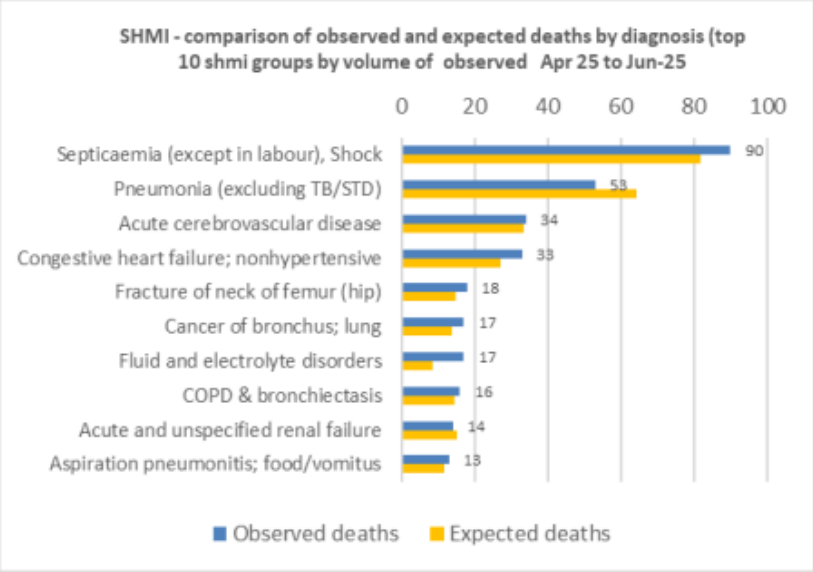
Effective Care - Mortality

East Sussex Healthcare NHS Trust

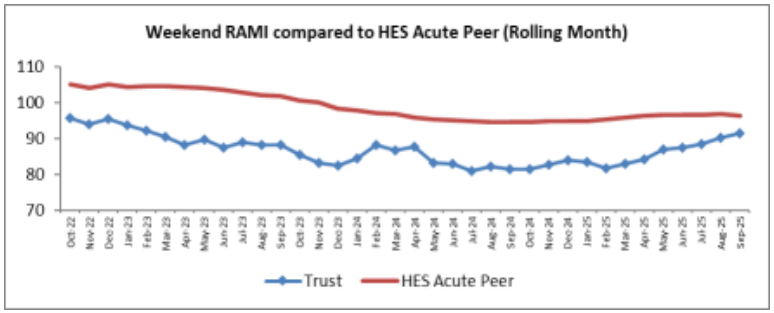
Dec 2025 Main Cause of In-Hospital Death Groups

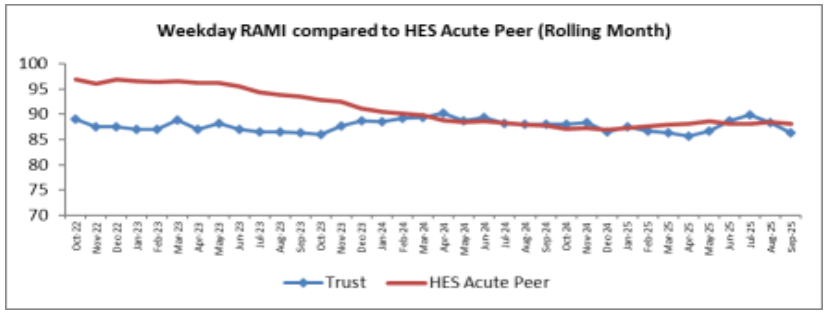
Description	Apr-Dec 2025	Dec-25
Acute Kidney Injury (AKI)	9	1
Alcoholic liver disease	4	
Aspiration Pneumonia	53	9
Atrial Fibrillation (AF)	11	0
Bowel Obstruction	13	1
Bowel Perforation	2	0
Bronchopneumonia	9	
Cancer	161	18
Cellulitis	3	
Cerebrovascular Accident	2	
Chronic Obstructive Pulmonary Disease (COPD)	34	5
Community-acquired Pneumonia	53	12
Congestive Cardiac Failure	10	
COVID-19	3	1
Dementia	10	2
Frailty of Old Age	83	5
Heart Failure	95	17
Hospital-acquired Pneumonia	49	2
Intersitial lung/pulmonary disease	3	
Ischaemic Bowel	4	
Liver Disease	14	2
Multiple Organ Failure	26	
Myocardial Infarction (MI)	32	4
Pneumonia	101	13
Pulmonary Embolism	10	
Pulmonary Oedema	1	
Sepsis/Septicaemia	151	28
Spontaneous Intracerebral Haemorrhage	15	
Spontaneous Upper Gastrointestinal Haemorrhage	5	
Stroke	59	10
Type 1 Respiratory Failure	7	
Type 2 Respiratory Failure	9	
Urosepsis	17	2
Other not specified	194	36
[Uncertified]	97	14
Total	**1349**	**182**

SHMI Diagnosis Main Groups



Risk Adjusted Mortality Index (RAMI)
Weekend and Weekday Mortality Trends





Summary Hospital-level Mortality Indicator (SHMI)

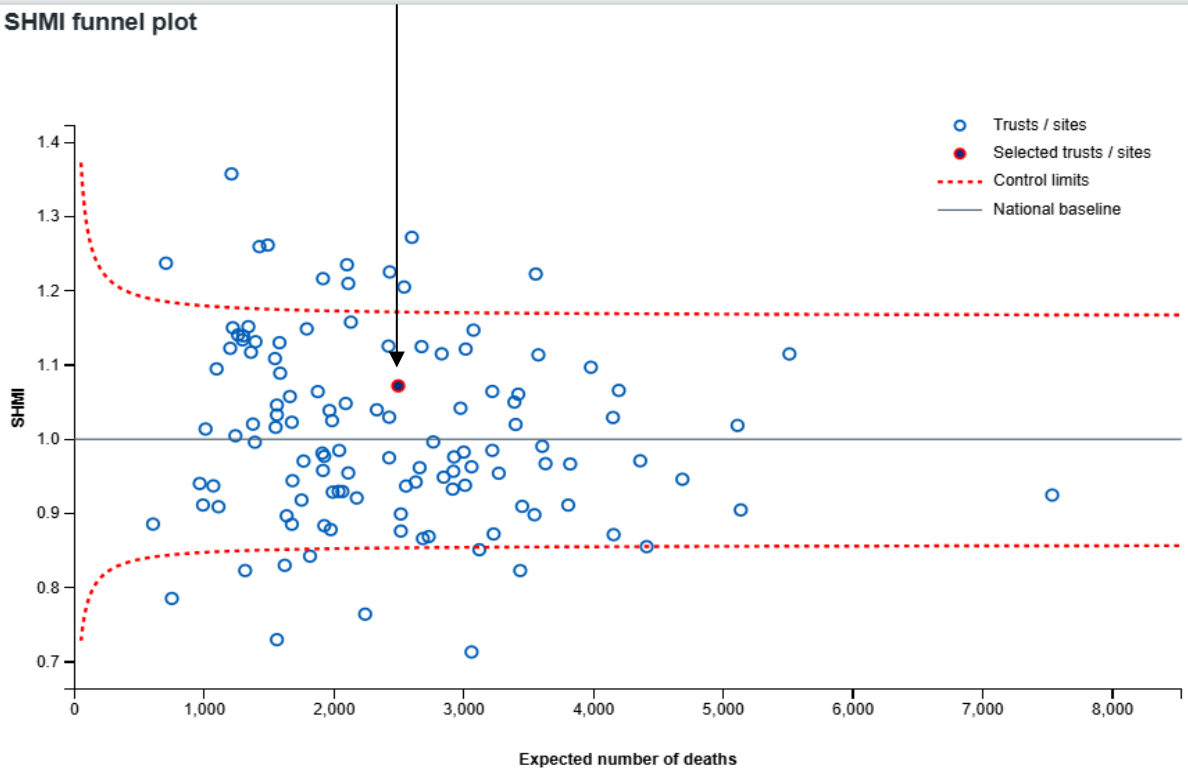
Funnel plots Return to contents

NHS England

Select trust or site level data	Select trusts / sites	Select diagnosis group (trust level data only)	Select a reporting period
Trusts	East Sussex Healthcare NHS Trust	All diagnosis groups	September 2024 - August 2025

Reset filters

SHMI funnel plot



For any given number of expected deaths, a range of observed deaths is considered to be 'as expected'. If the observed number of deaths falls outside of this range, the trust or site in question is considered to have a higher or lower SHMI than expected. The extremes of this range are called **control limits**.

- Trusts / sites whose SHMI falls above the upper control limit are categorised as '**higher than expected**'.
- Trusts / sites whose SHMI falls between the upper and lower control limit are categorised as '**as expected**'.
- Trusts / sites whose SHMI falls below the lower control limit are categorised as '**lower than expected**'.

The SHMI is made up of 144 different diagnosis groups and these are aggregated to calculate the overall SHMI. For a subset of diagnosis groups, a SHMI value and banding are also calculated.

The site level SHMI data are official statistics in development. A site level SHMI value is not calculated if: (a) the site has fewer than 1,000 spells in the 12 month reporting period or (b) the name of the site indicates that it is a specialist site or (c) over 35% of spells in the 12 month reporting period are in a single diagnosis cluster, indicating that it is a specialist site.

Use the menu at the top left of the page to select whether to display the data for trusts or sites. Use the next menu to select trusts / sites to highlight on the plot. Use the next menu to select the diagnosis group (for the trust level data only).

Some values may be suppressed for the purposes of disclosure control or due to data quality issues.

Our People

Recruitment and retention

Staff turnover / sickness

Our quality workforce

What our staff are telling us?

Safe patient care is our highest priority

Delivering high quality clinical services that achieve and demonstrate the best outcomes and provide excellent experience for patients

Our People | Executive Summary

East Sussex Healthcare NHS Trust

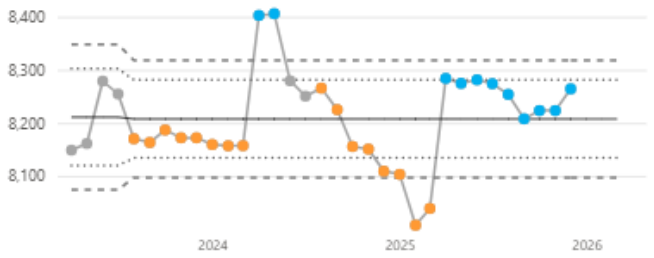
Responsive	**Positives:** Turnover unchanged, but at record low at 9.1% (target 10.6%) Vacancy rate slightly increased by 0.1% to 3.3% (target 5%) Mandatory Training increased by 0.1% to 92.7% (target 90%)	**Challenges and Risks:** Monthly sickness rate up by 0.6% to 6.3%. Annual sickness rate increased by 0.1% to 5.5% (5% target). Appraisal rate increased by 2.0% to 81.0% (but target 85%)	**Author** 
Overview:	December actual wte usage was 231 wte below budget. Bank/locum was noticeably down by 63 wte due to TWS fill rate reducing by 6% around the festive period, as well as high levels of seasonal sickness. Agency usage increased by 9 wte, however, driven by an increased requirement for nursing support for patient onboarding. The turnover rate remains at a historic low level of 9.1% with 651.9 wte leavers in the last 12 months. Medical & Dental turnover did increase by 0.9% to 9.1% (30.6 wte leavers) but this was offset by reductions in other staff groups such as Healthcare Scientists, reducing by by 0.7% to 9.1% (14.2 wte leavers) and Estates & Ancillary staff reducing by 0.6% to 10.4% (67.7 wte leavers). . The Trust vacancy rate slightly increased by 0.1% to 3.3% reflecting 262.7 wte vacancies but is well within the Trust target rate of 5%. Vacancy rates are still highest for Additional Clinical Services staff at 11.5% (199.5 wtes), an increase of 0.4%. The next highest are Medical & Dental vacancies at 4.9% (42.7 wtes), a reduction of 1.0%. There was a marked increase in monthly sickness in Dec, up by 0.6% to 6.3%. This is due to flu peaking early this year, with absences for Cold, Cough or Flu increasing by 1,370 wte days lost in Dec (accounting for 74% of the monthly increase). As a result, the annual sickness rate did increase by 0.1% to 5.5% (0.5% above target). Indications are that flu absences are declining in Jan and thus the annual rate should drop again as the monthly peak last year was in Jan 25. The mandatory training rate of 92.7% matched the previous peak (in Jul 25) and was 2.7% above target. Basic Life Support compliance remains the main outlier and did slide back by 0.4% this month to 73.2% compliance. Information Governance is still the only other key module under 90% at 89.7% (+0.1%). All other statutory & mandatory modules are above the 90% target, with Health & Safety, Moving & Handling, MCA & DoLs, Conflict Resolution, Equality & Diversity and Prevent training all over 95% compliance. The review of appraisals that had not been properly recorded on MyLearn, has completed, and, as a result, the monthly figure showed a marked improvement of 2.0% to 81.0%, though still 4.0% under target. The compliance rate is lowest for Professional & Technical staff (Pharmacists and Pharmacy Techs, Optical Servs staff, Orthotic and Plaster Room Techs) at 72.4% and Additional Clinical Servs (HCAs, MCAs and therapy helpers) at 77.9%.		**Steve Aumayer** Chief People Officer

Our People Core Metrics

East Sussex Healthcare NHS Trust

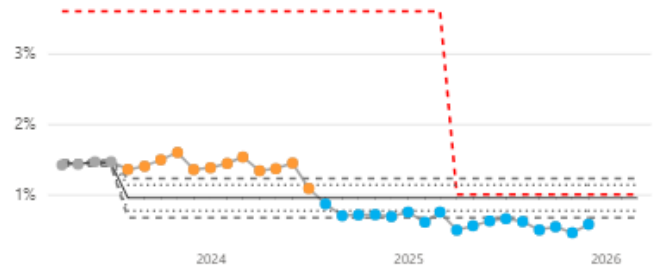
Establishment (WTE) All: Total, Our People

Target required	Improvement	8,264



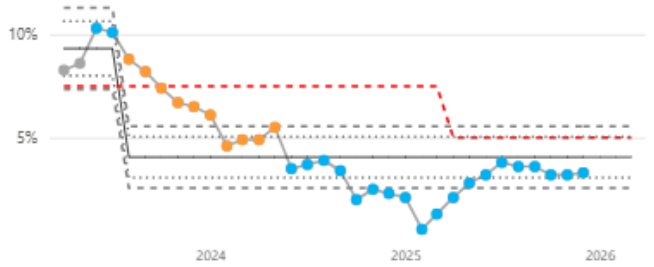
Agency Rate: Total, Our People

Inconsistent	Improvement	0.577%



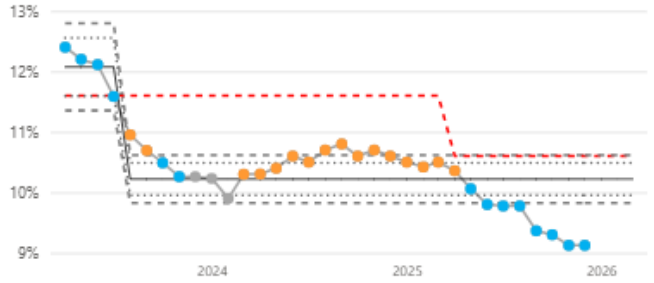
Vacancy Rate: Total, Our People

Inconsistent	Improvement	3.3%



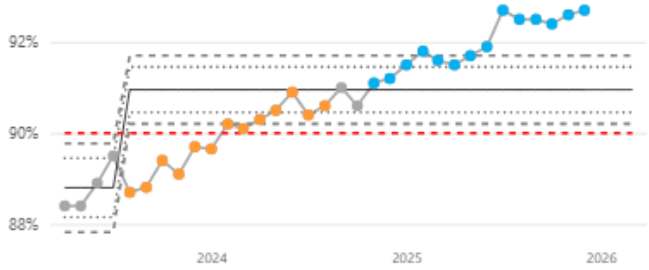
Staff Turnover: Total, Our People

Inconsistent	Improvement	9.12%



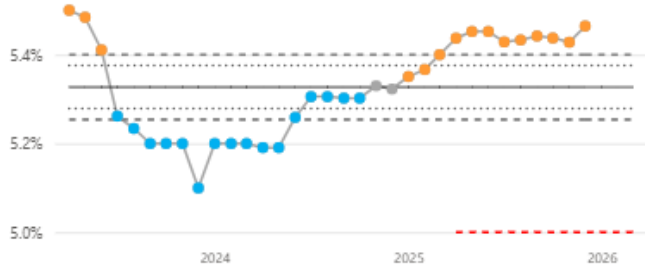
Statutory & Mandatory Training: Total, Our People

Achieving	Improvement	92.7%



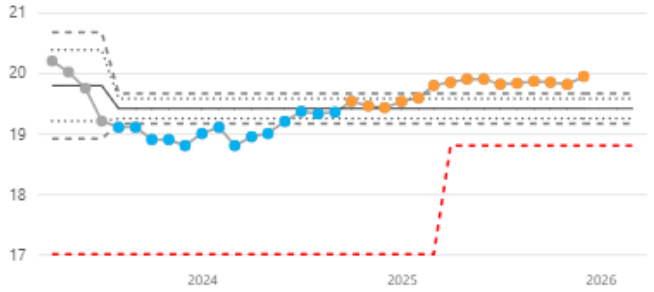
Annual Sickness - Absence %: Total, Our People

Not Met	Concern	5.46%



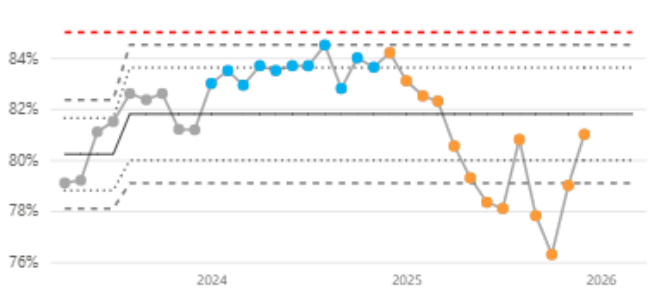
Sickness - Average Days Lost per Fte: Total, Our People

Not Met	Concern	19.9



Staff Appraisals: Total, Our People

Not Met	Concern	81%



Our People | Areas of Focus

East Sussex Healthcare NHS Trust

Title	Summary	Actions
Turnover & Retention	Turnover rate unchanged at 9.1%,1.5% under target The stability rate increased by 0.5% to 92.8%.	**Workforce Wellbeing NHS Charities Fund**: People Engagement Team Leads finalised a submission to NHS Charities together for round two of the workforce wellbeing funding. The submission includes requests for funding for the following projects: • Psychological Wellbeing Programme for Multicultural, Disabled and LGBTQIA+ Colleagues • Restorative Supervision focus on leaders, (to contribute to the culture and leadership ambitions for the Trust) • Early Resolution and Mediation programme The Trust will be informed in March 2026 if the bid has been successful. **Team in Need:** The People Engagement Team continues to actively support 17 teams with 2 new Team in Need requests received in the past month. Requests are carefully triaged weekly by the People Engagement Team leads. Responses are aligned with the Trust ambition to enhance leadership capability and improve workplace culture with sustainable actions always being at the forefront of any support offered. Intensive, coordinated support is currently in place for leads in Maternity, ED/UTC, Critical Care and Theatres/SSC
Vacancy Rate	Vacancy rate slightly increased by 0.1% 3.3% (262.7 wte vacancies), 1.7% under target.	• Ongoing support with temporary workforce agencies to increase candidate pipelines for such areas as ED, Escalation and Community, whilst conscious of NHS England requirement to reduce bank usage. Activity to convert/promote agency and bank to permanent. Activity to support with increased patient numbers • Continued activity to provide Clinical Support Worker candidates through TWS and New to Care programmes • Working with Divisions and workforce to understand workforce plans and both current and future requirements • Continued activity to support recruitment for 'Art of the Possible' posts within Community areas, c.70 posts. • Planned meeting with HRBPs to look at actions to support Divisions achieve 30% reduction in both agency and TWS usage. All posts now being advertised for two weeks, internal only, with Executive sign off for external advertising. • Ongoing governance activity to ensure TWS and Agency spend on target (weekly Temp Approval Panels-TAP in conjunction with VCP); Chairing of South-East Temporary Staffing group to ensure governance and consistency across the ICB. • Focussed recruitment activity to address hard to recruit posts. For example, Medics-Stroke and Allied Health Professionals

Our People | Areas of Focus

East Sussex Healthcare NHS Trust

Title	Summary	Actions
Sickness	Monthly sickness increased by 0.6% to 6.3% and annual sickness increased by 0.1% to 5.5% (0.5% above target). Average sick days per WTE increased by 0.1 to 19.9, 1.1 above target	We have continued to see the effects of seasonal colds and flu with colleagues this month. HRBPs continue to highlight the Trust's seasonal vaccination scheme with ongoing engagement and sharing vaccination numbers. Highlighting the winter wellness handbook, which has received positive feedback and provides staff with guidance and tips to avoid/reduce seasonal illnesses etc. Hotspot areas are reviewed with leads on an ongoing basis, ensuring all appropriate and relevant support is signposted, including identifying short periods in a temporary role to allow for an earlier return to work. HRBPs continue to review long term absence on a case by case basis and re evaluate proactive interventions ensuring management progresses in line with policy. .
Statutory & Mandatory Training	Trust compliance increased by 0.1% to 92.7%, 2.7% above target.	Basic Life Support training compliance continues to be a Trust outlier. All colleagues who are non-compliant in key areas continue to be contacted and signposted to the Resuscitation Service to book themselves onto a training programme. Information Governance compliance improved slightly to 89.7% (+0.1%) but all other modules are above the 90% target. Non attenders for BLS sessions, remains an issue. Additional and bespoke sessions are still available to help boost compliance rates. The service is continuing to work to improve compliance following the last IA by Resident Doctors but these episodes do impact on BLS compliance.
Appraisal	Compliance rate increased by 2.0% to 81.0%, 4% below target	Following the exercise to correct records, the appraisal rate continues on an upward trajectory, for the last two months, reversing the trend for the majority of 2025. This rate still equates to 1,527 staff overdue for appraisal. Rates are lowest in Womens & Childrens at 71.9%, followed by Medicine Division at 73.2%.

Access and Responsiveness

Delivering the NHS Constitutional Standards

Urgent Care – Front Door

Urgent Care – Flow

Planned Care

Our Cancer services

We will operate efficiently & effectively

Diagnosing and treating our patients in a timely way that supports their return to health

Access and Responsiveness | Executive Summary

East Sussex Healthcare NHS Trust

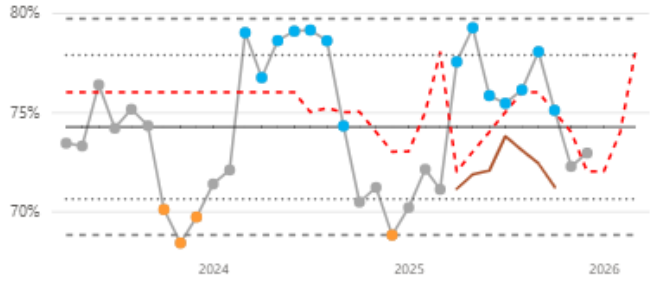
	Positives	Challenges & Risks	Author
Responsive	**4 Hour Emergency Access Clinical Standard** In December, 72.9% of patients were seen and discharged or treated and admitted within 4 hours. The Trust's trajectory of 72% was achieved, placing the Trust in the second quartile (50 out of 123 trusts). **Cancer** In November, the Trust delivered 84.9% against a trajectory of 77% for the Faster Diagnosis Standard and target compliance of 80% in March 2026. This is the highest performance for the FDS standard this year. Performance against the 62-day standard was 75.8% versus a trajectory of 70% and target compliance of 75% by March 2026. **Urgent Community Response (UCR)** The UCR standard of 70% has been achieved consistently in the Trust, with 82.3% of patients seen within 2 hours. **RTT Performance** In December, RTT performance improved by 1%, an increase from 64.2% in November to 65.2% in December, with the Trust continuing to achieve the national aspiration of a 5% improvement (60% target) on baseline levels.	**Cancer** The number of patients waiting over 62 days at the end of December was 294 versus an internal trajectory of 156. Approximately a quarter of the patients waiting over 62 days are currently waiting diagnosis/treatment at tertiary centres and some patients chose to delay their pathway during the festive period. Focus to reduce long waiting patients continues at Patient Tracking meetings. **Diagnostic** DM01 position non-compliant against standard of no more than 5% of patients waiting over 6 weeks. Underperforming modalities are MRI and Echocardiogram. **Length of Stay (LoS)** Non-elective LoS in December was 4.77 days compared to 4.69 days in November. The LoS Programme has 3 immediate priorities: • Refining the acute medical model • Supporting Discharge - Early Discharge Planning (from admission) including the use of the Estimated Date of Discharge (EDD) • Clarifying discharge roles and responsibilities including streamlining the process around discharge planning The Trust carried out a System Discharge event in community and acute before and after Christmas, with our system partners, to support discharge. A further Discharge Event (Perfect Week) is being planned for early February.	 **Charlotte O'Brien** Chief Operating Officer
Actions:	• Prioritise reduction of non-admitted breaches and overnight stays in the Emergency Department to enable consistent achievement of the 78% Emergency Access Clinical Standard whilst aiming to remove the need for corridor care • Maintain momentum in eliminating >65 and >52 week waits across all specialties within the Trust • Reduce the backlog of patients waiting for cancer treatment • Reduce backlog in community paediatrics • Restore compliance with diagnostic standard across underperforming modalities.		

Access and Responsiveness Core Metrics

East Sussex Healthcare NHS Trust

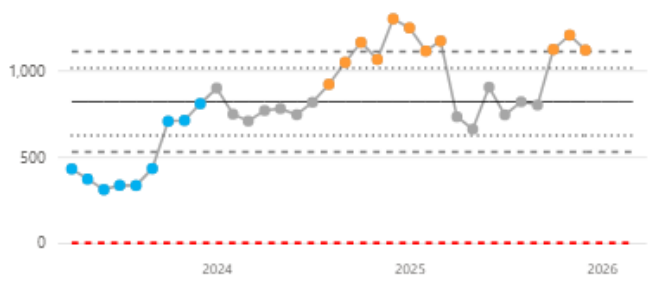
4 hour standard: Total, Our Performance

Inconsistent	Common Cause	72.9%



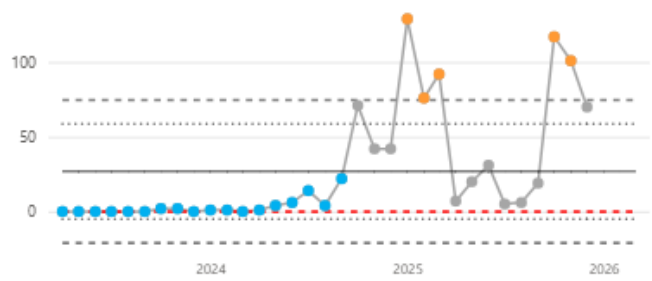
A&E > 12 hours from arrival to discharge: Total, Our Perfor...

Not Met	Concern	1117



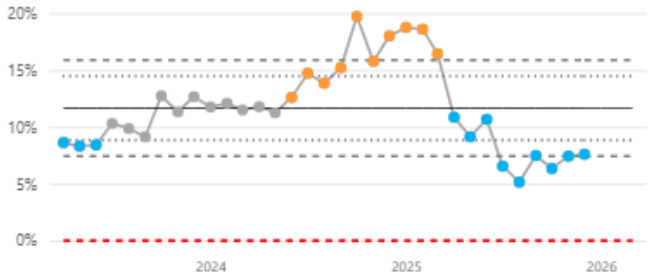
A&E waits over 12 hours from DTA: Total, Our Performance

Inconsistent	Common Cause	70



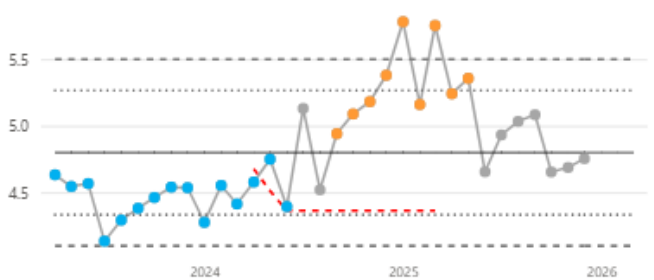
Conveyance handover >30 mins: Total, Our Performance

Not Met	Improvement	7.61%



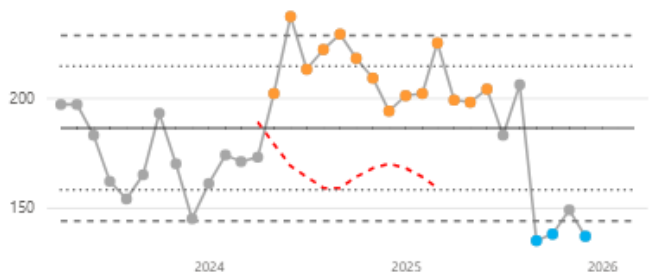
Non Elective Length of Stay: Total, Our Performance

Target required	Common Cause	4.75



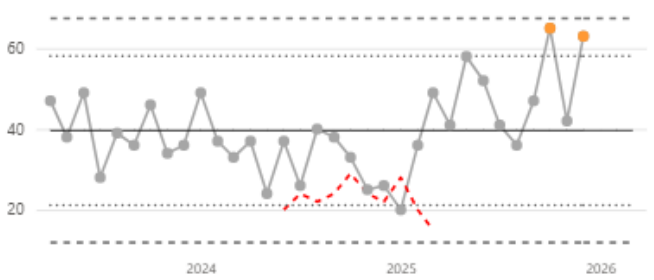
Average daily NCTR: Total, Our Performance

Target required	Improvement	137



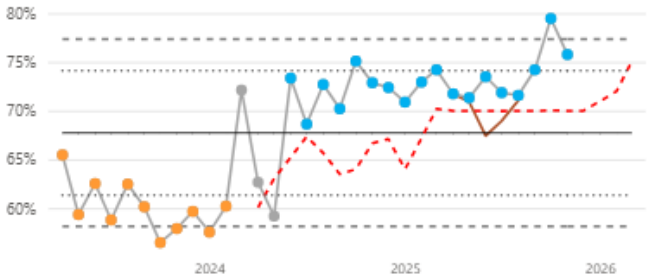
104 day Backlog: Total, Our Performance

Target required	Concern	63



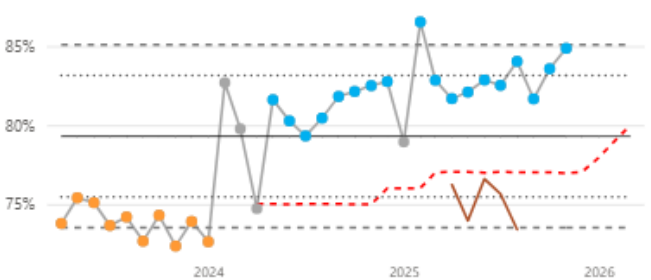
Cancer 62 Day: Total, Our Performance

Inconsistent	Improvement	75.8%



28 Day General FDS: Total, Our Performance

Inconsistent	Improvement	84.9%



Access and Responsiveness Core Metrics

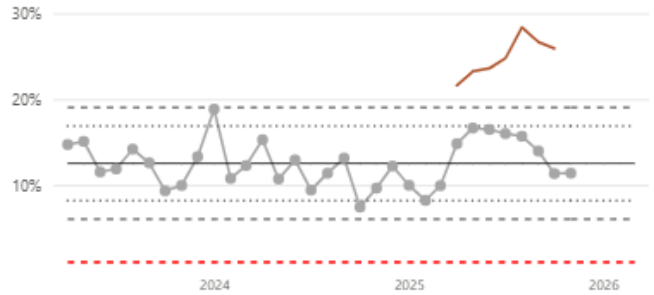
East Sussex Healthcare NHS Trust

% Discharges delayed 1+ days: Total, Our Performance

Target required	Common Cause	22.9%

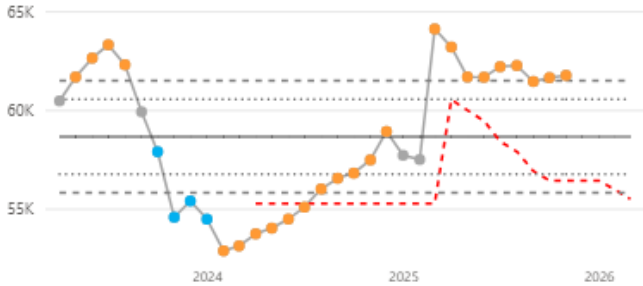
Diagnostic <6 weeks: Total, Our Performance

Not Met	Common Cause	11.4%



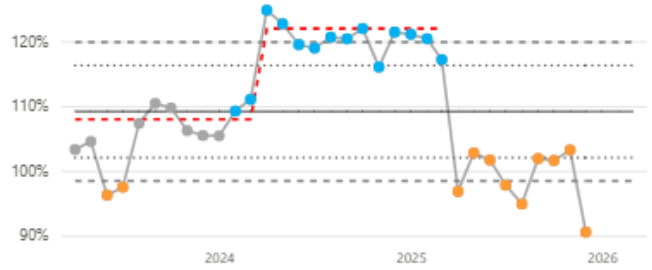
RTT Total Waiting List Size: Total, Our Performance

Inconsistent	Concern	61749



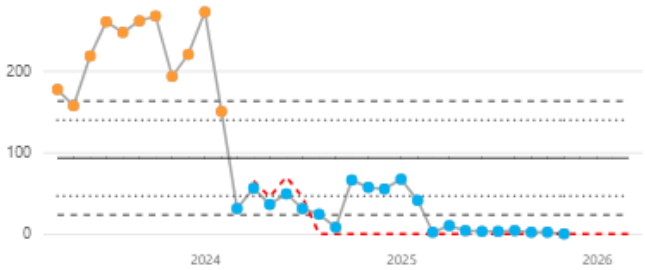
Elective Activity (ELIP,DC,OPFA, OPFUP Proc): Total, Our Perf...

Target required	Concern	90.5%



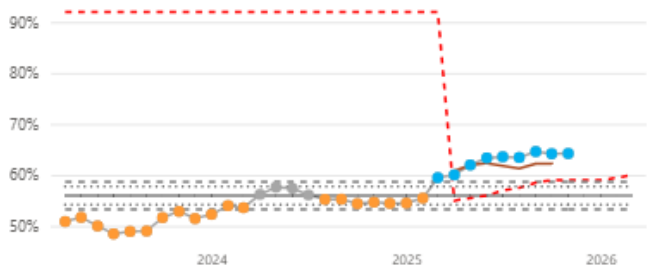
RTT 65 week wait: Total, Our Performance

Not Met	Improvement	0



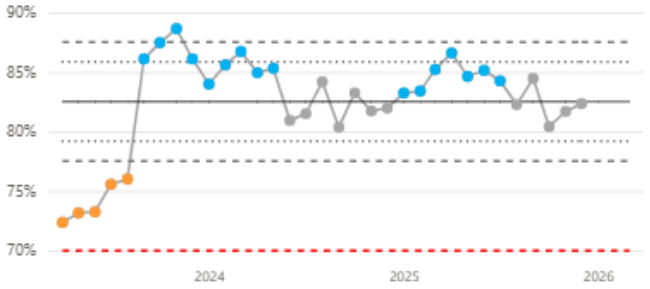
RTT under 18 weeks: Total, Our Performance

Not Met	Improvement	64.2%



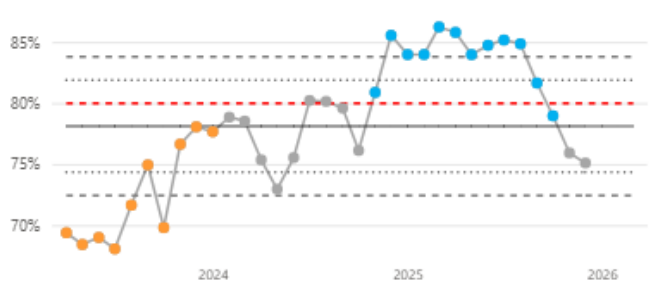
Urgent Community Response within 2 hours: Total, Our Perf...

Achieving	Common Cause	82.3%



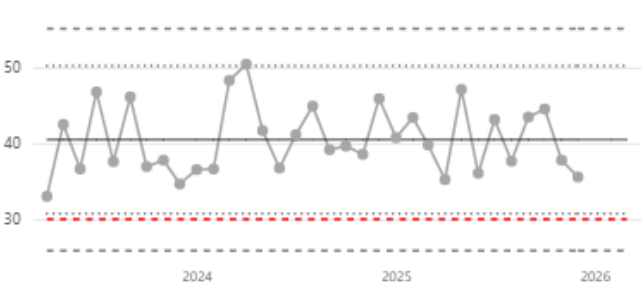
CHIC wait times < 13 weeks: Total, Our Performance

Inconsistent	Common Cause	75.1%



Intermediate Care Length of Stay: Total, Our Performance

Inconsistent	Common Cause	35.6



Access and Responsiveness| Areas of Focus

East Sussex Healthcare NHS Trust

Title	Summary	Actions
Emergency Access Clinical Standard	In December, 72.9% of patients were seen and discharged or treated and admitted within 4 hours. The planning trajectory of 72% was achieved. This places the Trust at 50 out of 123 Trusts nationally, and in the second quartile for performance against the 4-hour Emergency Clinical Access Standard. To achieve 78%, the Trust would require a reduction of 25 breaches per day (cross site).	• Review attendance trends and workforce capacity • Escalation of delays and pathways that are not optimised with support from all divisions • Trust wide focus to achieve 78% 4-hour clinical standard • Focus on roles and responsibilities to support overnight resilience • Ringfence CDU for Emergency Department • Focus on re-direction for T3 patients and overnight appointment allocation • Full review of the Trust 'Full Capacity' protocol.
Patients in department over 12 hours from arrival to discharge	The number of patients waiting over 12 hours from arrival to discharge decreased to 1117 patients in December (9.7% of T1 attends) compared to 1204 patients in November (10.9% of T1 attends). In December, 70 patients waited over 12 hours following a decision to admit. This is a decrease from 101 in November.	• Timely escalation within the ED department when at full capacity to enable ED and divisional teams to create capacity • Continued focus on reducing LOS and the number of patients not meeting the criteria to reside to enable flow • Focus on timely escalation of patients at risk of >12-hour LOS.
Conveyance Handover >45 mins	The Trust is aiming to have zero 45-minute off load delays. Conveyance handover more than 45 minutes was 2% (n=73) in December compared to 1.6% in November (n=57).	• Continued focus on ambulance handover times, early escalations and actions to mitigate delays have now been embedded, supporting decompression in the department • Escalations to site managers and ED operational leadership team for inbound conveyances with no capacity to support offloading • Focused work with SECAmb on timely electronic recording of all ambulance arrivals and validation of 45-minute off-load delays • Daily staffing review to consider requirements for escalation areas.

Access and Responsiveness| Areas of Focus

East Sussex Healthcare NHS Trust

Title	Summary	Actions
Non elective Length of Stay (LOS)	Non-elective LoS has increased from 4.77 days in December to 4.69 days in November. The total number of patients who do Not Meet the Criteria to Reside reduced from 149 in November to 137 in December.	• Review of acute medical model • Support discharge planning from admission, including the revised use and reporting of estimated dates of discharge (EDDs) • Improvement actions are in place to increase P1 capacity, which will support same day/next day discharges 7 days a week using a Home First approach. • Work continues with system partners to improve pathways for patients not meeting criteria to reside • MADE / Perfect Week events took place in December with a further Discharge event (Perfect week) to be arrange for early February.
Community Waiting Times (Paediatric)	The number of children waiting for a first outpatient appointment in December decreased to 2659 from 2778 in Nov. There were 344 children waiting over 78 weeks (427 in Nov). The number of children waiting over 65 weeks reduced to 550 (796 in Oct, 685 in Nov). A small number of children waited over 2 years, they all have appointments to be seen. Outsourcing to an independent sector provider continues for school age.	• A number of actions continue to increase medical capacity • Digital redesign work continues • Work continues with NHS Sussex to develop new models of care for ASD assessments • New external provider started seeing patients in early November, targeting longest waiting school age children. Contract running well currently.
Community Waiting Times (Adult)	Urgent Community Response achieved a 2-hour response of 82.6%. Performance has been consistent during 2025/26 and continues to exceed the national target of 70%. In December 75% of patients were seen within 13 weeks against a target of 80%, compared to 75.5% in November. There has been an increase in referrals in a number of services and an increase in acuity in some. Activity levels exceed those the Trust is contracted to provide e.g. 20% increase in MSK referrals.	• Focus on long waits, specifically on prevention of those patients waiting in excess of 52 weeks • Clinically prioritising caseloads to mitigate clinical risk • Review of community contract is underway.

Access and Responsiveness| Areas of Focus

East Sussex Healthcare NHS Trust

Title	Summary	Actions
Cancer	In November, the Trust delivered 84.9% against the 77% Faster Diagnosis standard and remains on track to deliver the 80% waiting time standard by March 2026. The Trust delivered 96.1% against the 96% 31-Day diagnosis to treatment standard in November. This achieves the National Cancer Waiting Time Standard for the first time in 2025/26. Performance against the 62 Day standard in November was 75.8%, There were 294 patients waiting over 62 days at the end of December 2025 against an internal trajectory of 156. The Trust continues to receive high numbers of GP urgent suspected cancer referrals, 14% increase in April - Dec 25 compared to the same period in 2024.	• Detailed tumour site Cancer Action Plans underpinned by improvement trajectories • Tiering in place to support challenged specialties • Weekly review of in month and future month performance to support delivery of tumour site level trajectories • Enhanced focus on patients early in the pathway and weekly monitoring to improve transfer dates to tertiary providers by day 38 • Focus on long waiting patients to reduce the number of patients waiting over 62 days. This includes working with tertiary centres
Elective Activity	To date, the Trust has achieved 91% of the local target for December. This is expected to further improve once December activity has been verified, however the planned Industrial Action in December did have an impact on elective activity.	Outpatient Services • Clinic Utilisation: continue to maximise outpatient activity and improve patient access • Digital Transformation: Continue to transition away from paper-based to digital systems to enhance efficiency and data quality • Follow-Up Management: Ongoing pathway reviews and expanded use of Patient Initiated Follow-Up (PIFU) to release capacity for new patients • Waiting List Validation: Continued improvements to ensure accuracy and prioritisation. Theatre Productivity • Utilisation: Governance measures introduced to minimise cancellations and optimise theatre time • Capacity Expansion: Increased use of the recently opened Sussex Surgical Centre to support elective recovery and reduce waiting times.

Access and Responsiveness| Areas of Focus

East Sussex Healthcare NHS Trust

Title	Summary	Actions
RTT long wait position and waiting list size	The Trust reported a small number of 65-week waits in December and is committed to achieving and sustaining a zero-position going forward. Focus remains on reducing the number of patients waiting over 52 weeks and the Trust continues to perform well against trajectory. 728 patients waited longer than 52-weeks in December versus a trajectory of 738. This represents 1.18% of the total PTL and is a reduction of 250 since April 2025. While waiting list growth continues to present challenges, improvement plans across all key areas are progressing, the reported December position demonstrated a reduction of 306 pathways, and a total waiting list size of 61,443. The Trust is proactively planning both capacity and validation initiatives to ensure delivery against the March target of 57,978. RTT compliance improved in month, with December RTT performance reported at 65.2%, achieving national aspiration of 5% improvement by March 2026.	• Structured twice-weekly multidisciplinary reviews undertaken for all patients approaching the 65-week threshold. These reviews have been extended in January to include 52-week risks • Clinic templates and job plans continue to be reviewed and optimised to maximise available capacity, with a particular focus on increasing first outpatient appointments. This systematic approach supports improved flow through the pathway and contributes to reducing waiting times across all high-volume specialties • The programme of targeted, sustained pathway validation remains in place to improve RTT performance, strengthen data quality, and support continuous operational improvement. Current efforts are concentrated on high-volume specialties and pathways with known data-quality issues.
Diagnostic DMO1	DM01 performance for December decreased from November's 11.4% to 14.57% of patients wating more than 6 weeks. Total breaches 1,430. • December performance was affected by high levels of sickness coupled with higher demand • Overall DM01 waiting list increased to 9,818 from 9,022 in November • Echo waiting list and breach numbers increased in month due to sickness and demand, but are already on track to deliver their recovery trajectory in January • Audiology improved in month • NOUS was adversely affected by sickness with 9 sonographers off sick in December. Despite this, breach performance was <10% • Endoscopy had 1 breach. • Despite losing one CT scanner for most of December, performance was excellent with just 22 breaches (1.5%) • MRI saw a deterioration in performance to 24%.	• Modalities are focussed on recovering from December challenges (staff sickness and equipment failures) • NOUS capacity greatly increased for January following December sickness • Recovery plans and trajectories are in place for all modalities with below 10% compliance • MRI Deep Resolve software funded and confirmed for installation in February • Opportunities to increase CT capacity continue to be explored through demand and capacity programme • WLIs are in place in Echo to increase capacity and reduce breaches to under 10% • Improved process of daily validation and more frequent PTLs now embedded to provide more consistency and accuracy across modalities.

Financial Control and Capital Development

Our Income and Expenditure

Our Elective Recovery

Our Run Rate

Efficiency

Capital

We will use our resources economically, efficiently and effectively
Ensuring our services are financially sustainable for the benefit of our patients and their care

Finance | Executive Summary

East Sussex Healthcare NHS Trust

Finance

	Positives	Challenges & Risks	Author
Responsive	• M9 surplus of £0.7m in line with plan. YTD (£1.7m) deficit in line with plan. • Capital plan for 25-26 £45m. Spend in Month 9 £4m, YTD £16.9m. • Pay run rate lower than M8 and underspent by £1.8m in month, £4.2m YTD underspent. Material reduction of £1.1m in Trust annual leave accrual in month. M9 extra pay CIP achieved of £0.2m. • Non-Pay similar to M8 with some pressures and ytd adjustments in month. YTD £3.7m underspent. • Use of Resources finished (£11.7m) adverse to plan YTD to Month 9. • Industrial Action income of £2.0m coming in January to offset costs of November/December strikes.	The Trust has agreed a challenging breakeven plan for 25-26, which includes an efficiencies target of £49.6m. Cost pressures and high income assumptions within the plan has resulted in significant risk to delivering the breakeven position. Failure to hit this for the year end will result in the clawback of the Deficit Support Funding of £10.7m and the Industrial Action money of £2.0m. First submission of plan submitted on 17 December with a £21.2m deficit, agreed with the Board; this submission was non-compliant as it was not a breakeven plan. Final submission due 12 February with work ongoing to close the gap with all stakeholders.	 **Andrew Strevens** Chief Finance Officer

Overview:

I&E: The Trust position is in line with plan, both for the month and YTD.

Risk: There remain significant risks to delivering a breakeven position at year end.

Capital: Capital expenditure ytd was £23.2m, £6.4m below plan.

Cash: Cash position concluded at £4.4m, above the £2.1m minimum permitted balance and is likely to remain above target throughout Q4 of 2025/26.

Finance – Income and Expenditure

East Sussex Healthcare NHS Trust

Income and Expenditure

At month 9 the Trust has reported a surplus of £0.7m, which is in line with plan. £1.5m of opportunities were recognised to help achieve the plan. Key areas to highlight are:

- Income adverse overall in month by (£1.2m).
- ERF Income ahead of plan by £3.3m YTD and ahead of the Sussex ICB financial envelope by £3.5m. Higher ERF in month including £1.4m of further Sussex Surgical Centre activity related to M6-9 estimates.
- Non pay overspent in month with activity related costs within CORE, increased Security costs, IT contracts and maintenance and Legal Fees.
- Pay underspent in month due to lower temporary staffing costs and lowest FTE usage ytd. Alongside this a reduction in the Trust annual leave accrual of £1.1m.

The **Use of Resources** plan shows under achievement at (£11.7m) YTD.

Income: Below plan (due to the known error in the submitted plan). Diagnostic income for variable activity removed from actuals as confirmed as part of block (actioned M4) continues for the rest of financial year. Divisional ERF above plan in month with an extra £1.4m against Sussex Surgical Centre for activity above estimates for M6-9. Medicine also showed an increase in month. Divisional income off plan due to some one-off M8 income not recurring.

Pay Overall pay is under plan by £1.9m as a result of lower TWS costs in month associated with Medical Locums and Nurse Bank, and lowest FTE usage of the year for overall staffing. Alongside this £1.1m was released from the Trust annual leave accrual (50%), with a big push in Q4 for staff to use up allotted leave before the end of March.

Non Pay overspent in month by £0.7m. CORE for Histology outsourcing, Covid testing and Drugs activity. Security costs were higher in Medicine and Urgent Care and non pay costs increased in T&O but aligned to higher income. Within Corporate IT costs for software and maintenance were high as were Legal fees in month.

Trust I&E position

	Month (£'000)			YTD (£'000)		
	Plan	Act	Var	Plan	Act	Var
Income						
Contract income	43,077	41,196	(1,881)	384,829	373,994	(10,834)
Divisional	8,136	6,955	(1,181)	65,309	65,033	(276)
ERF	11,047	12,950	1,903	101,063	104,329	3,266
Total Income	**62,260**	**61,101**	**(1,159)**	**551,201**	**543,356**	**(7,845)**
Operating Expense						
Pay						
Permanent	(38,647)	(35,101)	3,546	(344,793)	(324,297)	20,496
Temporary	(1,634)	(3,330)	(1,696)	(16,516)	(32,774)	(16,258)
Total pay	**(40,281)**	**(38,430)**	**1,850**	**(361,309)**	**(357,071)**	**4,238**
Non-Pay						
Drugs	(1,565)	(1,890)	(324)	(14,104)	(15,300)	(1,197)
TEDD	(3,899)	(3,410)	489	(35,091)	(33,434)	1,657
Clinical supplies	(4,731)	(5,252)	(521)	(43,278)	(43,945)	(667)
Purchased services	(1,720)	(1,650)	69	(15,482)	(14,210)	1,271
Finance costs	(3,030)	(2,944)	87	(27,267)	(25,990)	1,278
Other	(6,350)	(6,825)	(475)	(56,468)	(55,155)	1,313
Total Non-Pay	**(21,296)**	**(21,971)**	**(675)**	**(191,690)**	**(188,034)**	**3,656**
Total Expense	**(61,577)**	**(60,401)**	**1,176**	**(552,999)**	**(545,106)**	**7,893**
Surplus/(Deficit)	**683**	**700**	**17**	**(1,798)**	**(1,750)**	**48**

Finance - Capital

East Sussex Healthcare NHS Trust

Capital Scheme	Funding	Planned End Date	Fcast End Date	In Month Plan £'000	In Month Actual £'000	In Month Variance £'000	Year to Date Plan £'000	Year to Date Actual £'000	Year to Date Variance £'000	Full Year Plan £'000	Full Year Fcast £'000	Full Year Variance £'000
Backlog	Core			46	165	(119)	404	514	(110)	700	1,624	(924)
Fire	Core	Jan-25	Mar-29	82	27	55	721	71	650	1,250	1,076	174
Endoscopy	Core	Sep-25	Oct-25	495	1,007	(512)	4,329	2,827	1,502	7,500	6,500	1,000
Sussex Surgical Centre	Core	May-25	Sep-25	82	-	82	721	1,250	(528)	1,250	1,250	-
Cardiology	Strategic	Mar-25	Oct-26	231	602	(372)	2,020	2,196	(176)	3,500	3,050	450
CIR Estates Safety Plan				**814**	**625**	**189**	**5,635**	**2,875**	**2,760**	**10,278**	**10,278**	**-**
Conquest Decant Space creation	PDC	Mar-26	Mar-26	148	465	(317)	1,305	902	403	2,114	2,114	-
Maternity & SCBU Refurbishment	PDC	Mar-26	Mar-26	70	7	63	617	116	501	1,000	1,000	-
Eastbourne Midwifery Unit	PDC	Mar-26	Mar-26	136	114	22	1,196	1,153	43	1,938	1,938	-
Sub 4 Switchgear	PDC	Mar-26	Mar-26	32	7	25	278	34	244	450	450	-
Distribution Boards	PDC	Mar-26	Mar-26	37	2	34	324	56	268	525	525	-
Fire Doors - Cq	PDC	Mar-26	Mar-26	79	18	61	698	536	162	1,131	1,131	-
Fire Doors - Eb	PDC	Mar-26	Mar-26	79	1	78	698	12	686	1,131	1,131	-
Old Macerators	PDC	Mar-26	Mar-26	15	1	14	130	11	119	210	210	-
Sub Station Tripping Batteries	PDC	Mar-26	Mar-26	4	-	4	34	-	34	55	55	-
Estates Safety Phase 2	PDC	Mar-26	Mar-26	215	10	205	355	56	299	1,725	1,725	-
Total Estates				**1,751**	**2,426**	**(676)**	**13,831**	**9,733**	**4,098**	**24,478**	**23,778**	**700**
Digital	Core	Mar-26	Mar-26	168	70	99	1,472	600	872	2,550	2,550	-
Our Care Connected	Strategic	Mar-26	Mar-26	165	208	(43)	1,443	1,875	(432)	2,500	2,500	-
EPR	PDC	Mar-26	Mar-26	1,184	201	983	1,184	2,317	(1,133)	4,736	4,736	-
LIMS - DDC	PDC	Mar-26	Mar-26	271	87	184	271	192	79	1,084	1,084	-
OCS - DDC	PDC	Mar-26	Mar-26	74	-	74	74	-	74	297	297	-
Imaging Network	PDC	Mar-26	Mar-26	472	-	472	472	-	472	1,886	1,886	-
Shared Care Record	PDC	Mar-26	Mar-26	-	-	-	-	-	-	217	217	-
Total Digital				**2,334**	**566**	**1,768**	**4,916**	**4,984**	**(68)**	**13,270**	**13,270**	**-**
Medical Equipment	Core	Mar-26	Mar-26	330	699	(369)	2,886	1,653	1,233	5,000	5,800	(800)
Histopathology Modernisation	PDC	Feb-26	Feb-26	551	32	519	689	35	654	689	689	-
Decontamination Equipment	PDC	Mar-26	Mar-26	-	-	-	-	-	-	29	29	-
Constitutional Standards				**79**	**-**	**79**	**311**	**-**	**311**	**560**	**560**	**-**
Diagnostics	PDC	Mar-26	Mar-26	79	-	79	311	-	311	560	560	-
Total Medical Equipment				**960**	**731**	**228**	**3,886**	**1,688**	**2,198**	**6,278**	**7,078**	**(800)**
Business Cases				**66**	**-**	**66**	**577**	**422**	**156**	**1,000**	**422**	**578**
Aquablation	Core	Sep-25	Sep-25	-	-	-	-	422	(422)	-	422	(422)
Other	Core	Mar-26	Mar-26	55	244	(189)	480	28	451	831	(0)	831
Total Other				**121**	**244**	**(123)**	**1,057**	**450**	**607**	**1,831**	**422**	**1,409**
Total Capital				**5,165**	**3,967**	**1,198**	**23,690**	**16,855**	**6,835**	**45,857**	**44,548**	**1,309**
Slippage	Core			(286)	-	(286)	(2,506)	-	(2,506)	(4,341)	-	(4,341)
Brokerage	Core			231	-	231	2,020	-	2,020	3,500	-	3,500
Total Charge to CRL				**5,109**	**3,967**	**1,142**	**23,204**	**16,855**	**6,349**	**45,016**	**44,548**	**468**

	Full Year		
	Plan £'000	Fcast £'000	Variance £'000
Core	19,240	19,222	18
Strategic	6,000	5,550	450
PDC	19,776	19,776	-
	45,016	**44,547**	**468**

As of month 9, cumulative capital expenditure totals £16.9m. Most of the cumulative expenditure is attributable to Digital Electronic Patient Record (£2.3m), Medical Equipment (£1.7m), Cardiology (£2.2m), Our Care Connected schemes (£1.9m) and Endoscopy (£2.8m).

Additional funding has been awarded to the Trust in relation to CIR Estates Safety, increasing the allocation to £10.3m. Expenditure of £2.9m has been incurred to month 9, mostly on Eastbourne Midwifery and Fire Doors at the Conquest, and funding has been drawn to offset these costs.

Backlog Maintenance and Fire schemes have incurred £0.6m of the £2.0m allocated, however is forecast to maximise expenditure. Digital is also expected to meet their plan and forecast of £13.3m which is spread across various schemes that are mostly funded by additional PDC. The Trust has drawn £8.5m of the £19.8m PDC allocated to the Trust.

Cumulative expenditure is lower than plan by £6.3m due mainly to Endoscopy, CIR Estates Safety and Medical Equipment running behind plan.

The forecast as of month 9 reflects an estimated underspend on Endoscopy of £1.0m and includes the start on the refurbishments of EDGH residences. Overall, the forecast shows an underspend of £0.5m, however the position will be managed as delivery of schemes near completion and a reserve list will be used to ensure the allocation is maximised.

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Use of Resources – YTD position

East Sussex Healthcare NHS Trust

Division	M9 Plan	M9 Act	M9 Var	M9 YTD Plan	M9 YTD Act	M9 YTD Var	Full Year Plan	Full Year F'cast	Full Year Var
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
CHIC	38	29	(9)	251	225	(26)	422	386	(35)
Core	457	489	33	3,149	3,279	130	4,533	4,375	(158)
DAS	656	608	(48)	3,650	3,311	(339)	5,619	4,870	(749)
Medicine	745	1,842	1,097	4,712	5,247	535	6,947	7,356	409
Urgent Care	534	500	(34)	3,015	2,984	(31)	4,616	4,451	(165)
WAC	615	155	(460)	1,524	1,462	(62)	1,908	1,780	(128)
SPH	53	(3)	(56)	261	80	(181)	665	110	(555)
E&F	250	254	4	1,546	1,389	(158)	2,326	2,054	(272)
Corporate	376	309	(67)	2,719	2,413	(306)	3,922	3,377	(545)
Central	1,810	1,467	(343)	13,051	10,210	(2,841)	18,659	13,957	(4,702)
Original plan	**5,534**	**5,652**	**118**	**33,879**	**30,600**	**(3,278)**	**49,615**	**42,716**	**(6,899)**
Executive led Central	3,986	(721)	(4,706)	12,932	4,540	(8,393)	29,985	9,346	(20,639)
Total	**9,520**	**4,931**	**(4,589)**	**46,811**	**35,140**	**(11,671)**	**79,600**	**52,062**	**(27,538)**

At Month 9 we are externally reporting forecast delivery of the full £49.6m, however the information on this slide is based on the divisional forecasts which currently forecast an in-year underachievement of £6.9m against the £49.6m. This shortfall to plan is mitigated by the additional Executive led central schemes introduced in M5 which are currently forecast to deliver £9.3m. Although the overall forecast achievement is expected to exceed £52m this is a shortfall on £27.5m from the revised target.

The in-month variance on Executive led central schemes is driven by under delivery on pay related schemes, including MARs, as well as stretch targets for reducing non-pay costs and increasing income.
Each Divisional Director of Operations is meeting with the CFO and Head of Programme Support Office regularly to continue identification of new schemes and identify and actions required to increase delivery. It is unlikely this gap can be closed in-year, this is being partially mitigated by some non-recurrent I&E benefits.

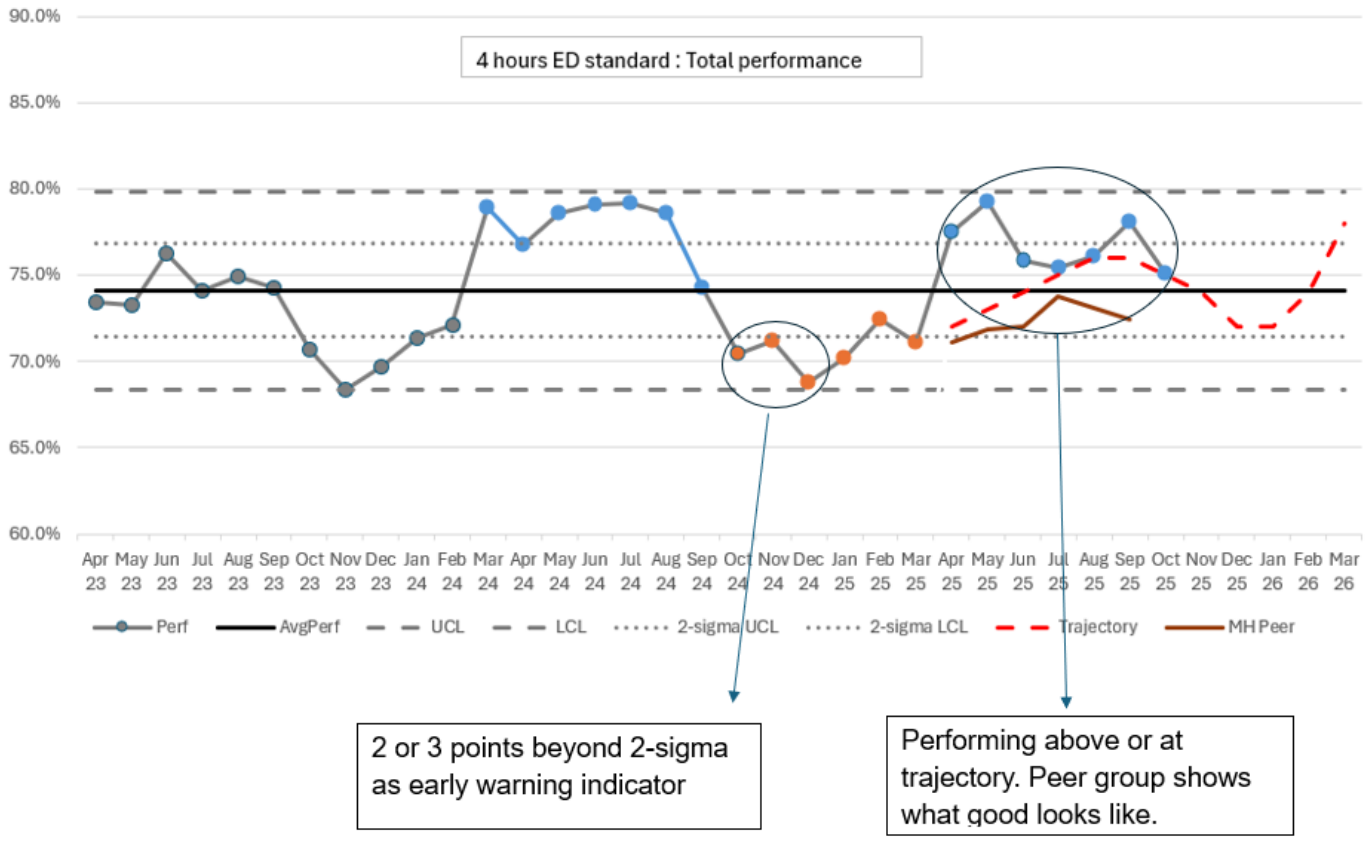
APPENDIX - IPR Graph Changes (1)

East Sussex Healthcare NHS Trust

IPR graphs

- The SPC charts now show over 3 years, last two years activity/performance, one year forward view of trajectory
- Early warning sign methodology – introduction of 2-sigma control limits, 2-3 consecutive months of not meeting standard
- Benchmarking to Model Hospital peer group – see next slide for details.

What does the chart tell you – illustrative graph



Model Hospital Peer Group

- The Trust is benchmarked against the Model Hospital recommended peer group
- The peer group contains similar Trusts (shown adjacent), those of comparable size, activity, services and case mix
- Comparator performance is calculated on available national datasets (constitutional standards and FFT) .

Calderdale and Huddersfield NHS Foundation Trust

Croydon Health Services NHS Trust

James Paget University Hospitals NHS Foundation Trust

Northern Lincolnshire and Goole NHS Foundation Trust

Rotherham NHS Foundation Trust

Torbay and South Devon NHS Foundation Trust

University Hospitals Plymouth NHS Trust

Warrington and Halton Hospitals NHS Foundation Trust

Wrightington, Wigan and Leigh NHS Foundation Trust

Wye Valley NHS Trust

Agenda Item: 10

Report To/Meeting	Trust Board	**Date of Meeting**	17th February 2026
Report Title:	Maternity Incentive Scheme (MIS) Year 7 Submission		
Key question	Is the Board assured that the MIS Year 7 requirements have been met before final submission to NHS Resolution.		
Decision Action:	For approval ☒ For Assurance ☒ For Information ☐ For Discussion ☐		
Report Sponsor:	Vikki Carruth, Chief Nurse and Executive Maternity Safety Champion	**Presenter(s):**	Claire Bishop Deputy CNO Aly Hulme, Interim Director of Maternity Services
Report Author:	Aly Hulme, Interim Director of Maternity Services		

Outcome/Action requested:	The Trust Board is requested to: 1. **Note** The MIS 7 Year self-declaration confirming compliance with all ten Safety Actions and the positive implications of achieving compliance. 2. **Approve** submission and CEO self- declaration sign-off as part of NHS Resolution process. 3. **Note** that the declaration will be submitted to NHS Sussex. Integrated Care Board for Accountable Officer sign-off in line with scheme requirements. 4. **Note** failure to comply with process and timelines will have financial and assurance implications for the Trust.
Executive Summary	NHS Resolution (NHSR) is operating year seven of the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS) to support the delivery of safer maternity and perinatal care. Trusts who demonstrate achievement against all the ten safety actions will recover their contribution relating to the CNST maternity incentive fund and will also receive a share of any unallocated funds. Trusts that do not meet ten-out-of-ten thresholds will not recover their contribution to the CNST maternity incentive fund but may be eligible for a small payment from the scheme to help make progress against actions they have not achieved. In previous years ESHT has been successful in complying against these actions. RSM UK Risk Assurance Services LLP conducted an audit of evidence against the MIS Year 7 minimum requirements on 17 Dec 25. Audit findings concluded that ESHT Maternity Services **met the criteria for all ten Safety Actions** providing detailed evidence supporting the Trust's self-assessment. This report provides the Board with assurance of compliance and seeks approval for CEO sign-off and submission of the Year 7 MIS declaration to NHS Resolution within the required national submission window. Additional information providing greater detail has been reviewed by the Quality and Safety Committee who have endorsed the submission for approval by the Board.

Regulatory/legal requirement:	Participation in the MIS is a conditional requirement of the Clinical Negligence Scheme for Trusts (CNST).
Business Plan Link:	Quality ☒ People ☒ Sustainability ☒
Equality, Diversity, and Inclusion Impact Assessment/Comment	Equality, diversity and inclusion considerations are embedded within the MIS Safety Actions, including workforce training, leadership, and safe, equitable maternity care. No adverse EDI impacts have been identified in relation to this submission.
Resource Implication/VFM Statement:	Trusts contribute an additional 10% CNST maternity premium to the MIS fund. Full compliance enables recovery of this contribution and potential access to additional unallocated funds.
Risk:	**Risk of non-submission or non-compliance:** Failure to achieve or declare compliance would result in loss of financial contribution recovery and may indicate gaps in maternity safety assurance. **Assurance provided:** Independent external audit (RSM UK Risk Assurance Services LLP) report confirms compliance against all ten Safety Actions. Evidence is securely held and available for inspection. This report provides assurance against existing maternity safety risks.

No of Pages	3	**Appendixes**	None

Governance and Engagement pathway to date:	• **Independent :** 17 Dec 25 –Audit conducted by RSM UK Risk Assurance Services LLP. • **Internal:** Quality and Safety Committee: Ongoing reporting throughout MIS Year 7 21 Jan 26 - MatNeo Quality Safety Forum 28 Jan 26 - Quality and Safety Committee: final presentation provided – assurance and approval gained to submit to Trust Board
What happens next?	1. CEO signs the Board declaration form. 2. Declaration and assurance presentation submitted to NHS Sussex ICB for Accountable Officer sign-off. *3.* Fully signed declaration submitted to NHS Resolution between 17 Feb 2026 and 3 March 2026 (12 noon).
Publication	The report contains no confidential or commercially sensitive information.

Background

NHS Resolution (NHSR) is operating year seven of the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS)[1] to support the delivery of safer maternity and perinatal care. The MIS applies to all acute NHS Trusts providing maternity services and aims to improve safety outcomes by mandating compliance with ten evidence-based Safety Actions. These include governance, workforce planning, training, and clinical interventions such as the Saving Babies' Lives Care Bundle v3[2].

Requirements

The ten Safety Actions that form part of the MIS process have been assessed against national audit requirements. An independent external audit conducted by RSM confirms that ESHT Maternity Services meet the required standards and that the supporting evidence is robust. Detailed evidence was subject to review by the Quality and Safety Committee which provided assurance that a detailed audit process has been followed for each of the ten Safety Actions, as evidenced in the report from the external auditors.

Implications

Failure to approve and submit the MIS declaration as per process would result in:

- Loss of recovery of the Trust's CNST maternity premium contribution.
- Reduced assurance over maternity safety governance.
- Reputational and regulatory implications.

Recommendations

The Trust Board is requested to:

1. **Note** The MIS 7 Year self-declaration confirming compliance with all ten Safety Actions and the positive implications of achieving compliance.
2. **Approve** submission and CEO self- declaration sign-off as part of NHS Resolution process.
3. **Note** that the declaration will be submitted to NHS Sussex Integrated Care Board for Accountable Officer sign-off in line with scheme requirements.
4. **Note** failure to comply with process and timelines would have financial and assurance implications for the Trust

Summary

The Trust has demonstrated sustained compliance against the MIS Safety Actions and has been independently assured. Approval of this submission supports maternity safety, financial sustainability, and regulatory compliance.

[1] MIS-Year-7-guidance.pdf
[2] NHS England » Saving babies' lives version three: a care bundle for reducing perinatal mortality

Agenda Item: 11.1

Report To/Meeting	Trust Board	**Date of Meeting**	17th February 2026
Report Title:	Avoidability of Inpatient Deaths		
Key question	To review a selection of deaths to ascertain whether there was any avoidability.		
Decision Action:	For approval ☐ For Assurance ☐ For Information ☒ For Discussion ☐		
Report Sponsor:	Dr Simon Merritt Chief Medical Officer	**Presenter(s):**	Dr Simon Merritt Chief Medical Officer
Report Author:	Louise Holmes, Mortality and Learning from Deaths Programme Manager		
Outcome/Action requested:	All deaths in hospital are reviewed by our team of Medical Examiners and any cases requiring further scrutiny are highlighted to divisions and discussed at specialty Mortality and Morbidity meetings.		
Executive Summary	The current "Avoidability of Inpatient Deaths" report details the April 2017 – June 2025 deaths, recorded and reviewed on the mortality database. Learning disability deaths are subject to external review against the LeDeR (learning disability mortality review) programme. Trusts are now receiving feedback from these reviews, although the process is slow. We continue to review deaths of patients with learning disabilities internally due to the delays in the external process in order to mitigate any risk.		
Regulatory/legal requirement:	The reporting of "Learning from Deaths" to the Trust Board is a requirement in the Care Quality Commission review.		
Business Plan Link:	Quality ☒ People ☒ Sustainability ☐		
Equality, Diversity, and Inclusion Impact Assessment/Comment	EDI issues have been taken into consideration		
Resource Implication/VFM Statement:	N/A		
Risk:	N/A		
No of Pages	2	**Appendixes**	1
Governance and Engagement pathway to date:	N/A		
What happens next?	The Mortality Review Audit Group continues to review the deaths with a higher likelihood of avoidability, on a quarterly basis, to ensure accuracy in reporting. Deaths assessed as having an overall care rating of very poor, poor, or adequate, patient safety incidents severity 3 and above, complaints relating to bereavement, unexpected deaths, 'low risk' deaths, fatal hospital acquired thrombosis (HAT), concerns raised by Medical Examiners, Swarms, avoidable cardiac arrests and learning disability deaths are all reviewed for completeness.		

	The Board are requested to note the report. “Avoidability of Inpatient Deaths’ reports are presented on a quarterly basis
Publication	Published.

Avoidability of Inpatient Deaths Dashboard April 2017-June 2025 (Data as at 12/01/2026)

Department of Health

Organisation	**EAST SUSSEX HEALTHCARE TRUST**
Financial Year	**2025-26**
Month	**June**

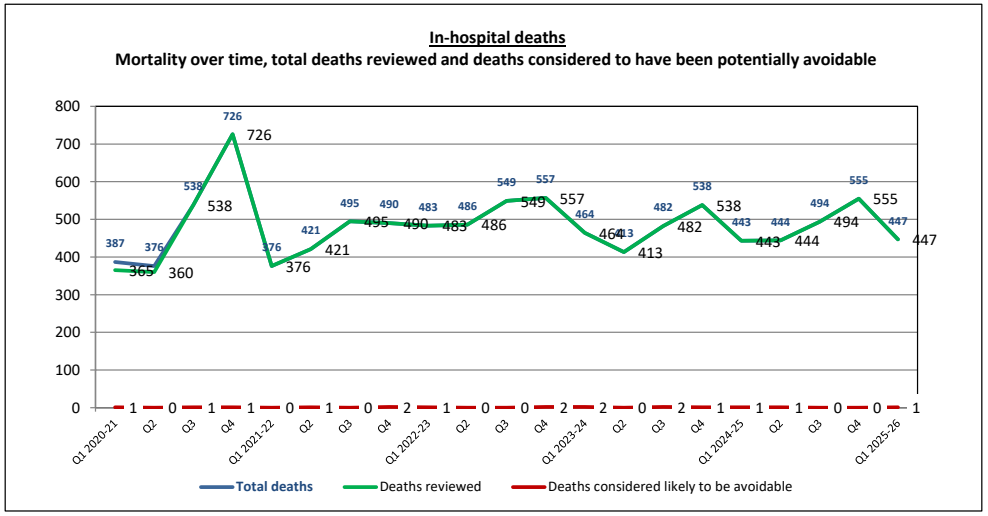
EAST SUSSEX HEALTHCARE TRUST: Avoidability of Inpatient Deaths Dashboard June 2025-26

Description:
This dashboard is a tool to aid the systematic recording of deaths and learning from care provided by NHS Trusts. Trusts are encouraged to use this to record relevant incidents of mortality, number of deaths reviewed and cases from which lessons can be learnt to improve care.

Summary of total number of in-hospital deaths and total number of cases reviewed under the Structured Judgement Review methodology (Data as at 12/01/2026)

Time Series:	Start date	2020-21	Q1	End date	2025-26	Q1

Total number of deaths recorded in the mortality database - excluding Learning Disability		Total deaths reviewed by Medical Examiner		Total number of deaths considered to have been potentially avoidable (RCP Score <=3)	
This Month	Last Month	This Month	Last Month	This Month	Last Month
149	149	149	149	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
447	555	447	555	1	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
447	1936	447	1936	1	2



Total deaths reviewed by RCP methodology score. Historically avoidability was recorded when the overall care was judged to be poor or very poor. From April 2023 all deaths reviewed and given an avoidability rating have been included.

Score 1 Definitely avoidable			Score 2 Strong evidence of avoidability			Score 3 Probably avoidable (more than 50:50)			Score 4 Possibly avoidable but not very likely			Score 5 Slight evidence of avoidability			Score 6 Definitely not avoidable		
This Month	0	0.0%	This Month	0	0.0%	This Month	0	0.0%	This Month	0	0.0%	This Month	0	0.0%	This Month	5	100.0%
This Quarter (QTD)	0	0.0%	This Quarter (QTD)	0	0.0%	This Quarter (QTD)	1	6.7%	This Quarter (QTD)	0	0.0%	This Quarter (QTD)	0	0.0%	This Quarter (QTD)	14	93.3%
This Year (YTD)	0	0.0%	This Year (YTD)	0	0.0%	This Year (YTD)	1	6.7%	This Year (YTD)	0	0.0%	This Year (YTD)	0	0.0%	This Year (YTD)	14	93.3%

Data above is as at 12/01/2026 and does not include deaths of patients with learning disabilities.
Family/carer concerns - There was one care concern expressed to the Trust Bereavement team relating to Quarter 1 2025/26 deaths, this was not taken forward as a complaint.
Complaints - Of the complaints closed during Quarter 1 2025/26 which related to to bereavement in hospital, most had an overall care rating of 'good care' and the one of 'excellent care'.
There were three patients with an overall rating of 2, poor care. or 1 very poor care. One has been reviewed at the Mortality Audit Review Group (MRAG) and was given an avoidability rating of 6 - definitely not avoidable.
Patient Safety Incidents - There was one severity 5, in hospital death, patient safety incidents raised in Q1 2025/2026 . This will be discussed at MRAG

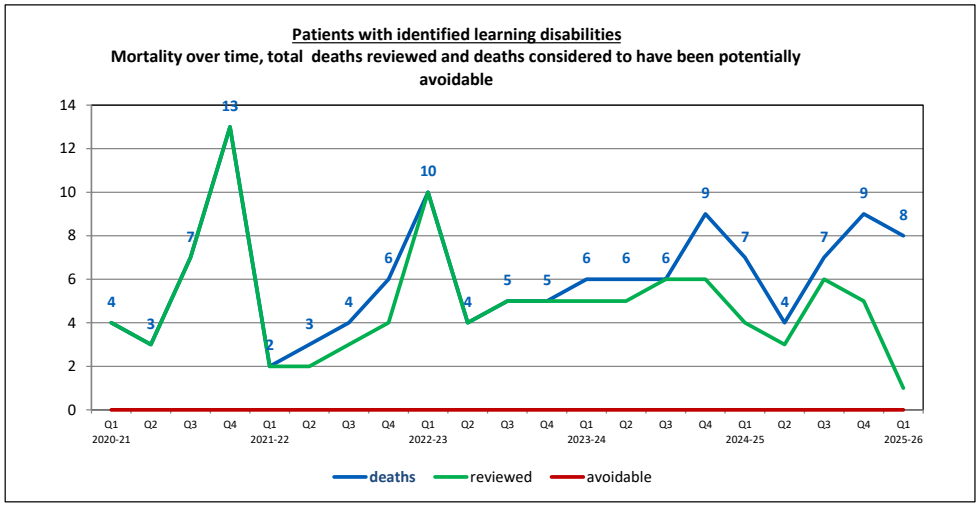
Summary of total number of deaths and total number reviewed for patients with identified learning disabilities (Data as at 12/01/2026)

Total number of deaths, deaths reviewed and deaths deemed avoidable for patients with identified learning disabilities

Time Series:	Start date	2020-21	Q1

End date	2025-26	Q1

Total number of deaths recorded in the mortality database - Learning Disability		Total deaths reviewed through the LeDeR methodology (or equivalent)		Total number of deaths considered to have been potentially avoidable	
This Month	Last Month	This Month	Last Month	This Month	Last Month
3	4	0	1	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
8	9	1	5	0	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
8	27	1	18	0	0



The LeDeR (learning disability mortality review) programme is now in place and the deaths of patients with a learning disability are being reviewed against the new criteria externally. Feedback from these external reviews is now being received by the Trust. There can be a significant delay in this process.
These deaths are also reviewed internally by the Acute Liaison Nurse for Learning Disabilities, who enters the review findings on the mortality database.

East Sussex Healthcare NHS Trust

Report To/Meeting	Board of Directors	**Date of Meeting**	17 February 2026

Report Title:	Summary debrief following the electricity outage of 06/07 January 2026
Purpose of the Report/Outcome/ action requested:	The Board is asked to note the incident, learnings and progress of the action plan, due to be finalised this month.
Decision Action:	For approval ☐ For Assurance ☐ For Information ☒ For Discussion ☐
Authority for Decision:	
Executive Summary	Eastbourne District General Hospital suffered a power disruption starting at 08:20 on 6 January 2026. The site is served by two High Voltage (HV) feeds from the National Grid, and the anticipated auto switchover in the event of one feed failing did not happen. This was caused by a failure in UKPN's tripping batteries that prevented the automatic transfer to the backup feed during the initial outage. As a mitigation, the estates team manually switched to the second feed and bridged a fault in Substation A's low voltage switchgear to restore power fully by early afternoon on 6 January. UKPN replaced the faulty batteries that day. Site generators activated but initially failed to connect due to undetected control equipment issues, later resolved. On 7 January, two planned, coordinated outages occurred: one to fix the Substation A fault, the other to restore automatic feed monitoring/switchover. Generators were tested successfully under load before returning to mains supply, ensuring full dual-feed and backup resilience. Operational impact was limited: Elective surgeries paused briefly, affecting 46 patients (all rebooked); no care interruptions in the Emergency Department (ED), despite lights going out and social media reports. ED teams switched to manual business continuity processes amid existing high pressures (4-hour standard performance: 66% over the two days). Key learnings are shared in the report, and include areas where we need to implement some changes and also more positively some examples of resilience and responsiveness by in-house support and operational teams. An action plan is in development for February executive review, with ongoing governance tracking.
Regulatory/legal requirement:	NA
Business Plan Link:	Quality ☒ People ☒ Sustainability ☒

Equality, Diversity, and Inclusion Impact Assessment/Comment	EDI issues have been taken into consideration
Resource Implication/VFM Statement:	As part of the development of the Trust action plan, costings are being undertaken to consider the scale of equipment replacement to ensure longer term power security issues are sustainably mitigated.
Risk:	As above, the risk of not replacing the legacy equipment is being considered and evaluated as part of the action plan and debrief.

No of Pages	2	**Appendixes:**	One
Name, position and author contact details :	Richard Milner, Chief of Staff		
Report Sponsor	Richard Milner, Chief of Staff	**Presenter:**	Richard Milner, Chief of Staff
Governance and Engagement pathway to date:	This report has been shared with and reviewed by executive colleagues.		
What happens next?	Further actions will be reviewed and discussed at the Executive February review..		
Publication	Yes		

Summary debrief following the electricity outage of 06/07 January 2026

1. Overview and purpose of the paper

1.1 The Eastbourne hospital site experienced disruption to power supplies during 06/07 January 2026. Power was fully restored and stabilised by early afternoon of 07 January 2026 and there was a limited impact across our emergency and elective activities. This paper provides an overview of the incident and our response, the impact of the arising issues and the lessons learned.

2. Background and incident

2.1 The Eastbourne hospital site has two discrete High Voltage (HV) electrical feeds which are attached to different connections points on the National Grid. This two-feed arrangement is to ensure security of mains electrical supply.

2.2 The two feeds come together at our Substation A[1] where they are terminated via two separate Air Circuit Breakers that connect via switchgear to the ESHT Network. Up to this point all the equipment belongs to and is maintained by UK Power Networks (UKPN), and is referred to as supply side equipment.

2.3 The two HV feeds monitor each other and, in the event of a failure in one, an automatic switch should transfer the power to the alternative HV feed. When the first power outage occurred at 08.20 on 06 January this transfer did not happen due to a failure of the UK Power Networks Tripping batteries, which provide the power for the air circuit breakers to operate.

2.4 The Estates team manually switched to the second mains supply to restore power to the Eastbourne site. At this point a fault was identified in Substation A's low voltage (LV) switchgear, this was bridged to enable power to be fully restored to all areas.

2.5 UK Power Networks attended late afternoon on 06 January alongside our specialist HV supply partners GB Power and Puma. The UK Power Network tripping batteries were replaced, assessed, and signed off by the UKPN engineers.

2.6 Separately, the Eastbourne site's main generators started but were unable to connect to provide power due to a fault within the generator control equipment, which was not initially visible. This was addressed at the time it was identified.

2.7 On Wednesday 07 January two separate controlled power outages were planned and co-ordinated with and through the Incident Management team. The first was to resolve the fault in Substation A and the second was to restore the automatic monitoring and switch over of the two mains feeds. At the same time, we ran the site generators to ensure that they would start and take the site load. Once proven we switched back to the mains supply, and the site was left fully operational with two feeds and generator backup.

[1] The substation does not generate electricity, rather it receives high-voltage electricity from the utility grid and transforms it to a lower voltage suitable for distribution into our site.

3. Operational impact

3.1 The outage occurred prior to the start of our elective surgical lists, so we immediately paused these until we could be assured as to uninterruptibility of supply. Once our teams were confident that this threshold was met, we restarted operations, and the total number of patients affected over the period was 46 – all of whom have had their operations rebooked.

3.2 Patients and staff in our emergency department (ED) experienced the lights going out, which was reported on social media, but crucially there was no interruption to the care we were able to provide to patients in the ED.

3.3 Our ED and supporting teams are well-acquainted with the business continuity protocols and made an instantaneous switch to manual processes to ensure that safe care could be maintained during the period of the outage. Colleagues may recall that activity levels in early January had already increased and the ED was already under significant pressure, so it is not clear the extent to which this outage caused additional pressure (our performance against the 4hr standard over these two days was 66%).

4. Key learnings

4.1 The outage presented us with the opportunity to understand where there were critical points of weakness in our back-up infrastructure and resources and also offers us the possibility to understand what works well and we need to maintain.

4.2 Areas where we identified improvements are as follows:

- Reinstate periodic “Black Start” tests for generators to demonstrate their ability to start, connect and take the site power load requirements. This is an essential measure to mitigate against future power supply issues and these tests could also be used to prove clinical division Business Continuity Processes.
- Knowledge management single point of failure – expertise regarding our HV system has been centralised in one postholder, so we are building greater resilience within our team by sharing the knowledge of our HV activities.
- Loss in communications with the RTC[2] building, meaning that we were not able to keep activity recording up to date and in time. This is a routine maintenance issue and will be incorporated into the electrical PPM (planned preventive maintenance) schedules
- Excessive radio traffic over the period made incident control challenging, so a clear standard operating procedure (SOP) will be developed to minimise the potential for distraction and maintain focused communications.

[2] RTC refers to the Real Time Clock component or module. This is a small battery-backed clock circuit found in modern electrical control systems, building management systems (BMS), switchgear, uninterruptible power supplies (UPS), generators. It keeps accurate time even during power outages.

4.3 Areas where we recognise the performance was positive:

- Resilience of ED teams and their move to BCI measures to ensure continuity of care and no interruption to operations
- Response to the incident from the Estates team was good, within 3 minutes the team was assembled and working on the issue.
- Response from our specialist suppliers GB Power and Puma was excellent as was the response from UK Power Networks.
- The Estates team's ability to implement a short-term fix to restore power from the LV panels in Sub Station A.
- Catering Teams ensured that all patient meals were provided as normal.

5. Next steps and monitoring

5.1 The key learnings and action plan are in development executives in February and delivery of the associated actions will be tracked through the relevant governance forum and through to Executive Committee (ExCom).

Agenda Item: 13

Report To/Meeting	Trust Board meeting in Public	**Date of Meeting**	17 February 2026
Report Title:	Medium-term and 5-year planning		
Key questions:	Is the Board assured that the Trust has undertaken a complete and robust planning process to develop our five-year integrated delivery plan narrative and medium-term financial, workforce, activity and capital plans, in line with national requirements?		
Decision Action:	For approval ☐ For Assurance ☒ For Information ☐ For Discussion ☐		
Report Sponsor:	Andrew Strevens, CFO	**Presenter(s):**	Andrew Strevens, CFO and Simon Dowse, Director of Strategy and Transformation
Report Author:	Debbie James, Strategic Consultant		
Outcome/Action requested:	For update and assurance about the medium-term and 5-year planning process undertaken.		
Executive Summary	Provider boards are ultimately accountable for the development and delivery of 5-year integrated plans for their organisations and boards have a responsibility to be assured in terms of the deliverability, credibility and affordability of the plans that have been agreed. Trust plans have been developed in line with the national five-year planning approach, and the provider board assurance expectations for medium term planning. Our plans are built from a consistent evidence base and a single, triangulated view of activity, workforce, finance and productivity opportunities. The Trust met the deadline for final submissions on 12 February 2026.		
Regulatory/legal requirement:	All provider Trusts are required to submit medium-term plans and 5-year plans.		
Business Plan Link:	Quality ☒ People ☒ Sustainability ☒		
Equality, Diversity, and Inclusion Impact Assessment/Comment	EDI issues have been taken into consideration		
Resource Implication/VFM Statement:	Plans set out the Trust's financial plans for the medium-term.		
Risk:	Risks are described in the detailed 5-year planning narrative.		
No of Pages	5	**Appendixes**	None
Governance and Engagement pathway to date:	The Trust Board reviewed the five year plan on 10 February 2026		
What happens next?	NHS England will review plans and provide feedback during February 2026.		
Publication	Public Board.		

Overview

In August 2025 NHS England published a new Planning Framework aligned to the Ten-Year Health Plan (10YHP). The framework set out a requirement, process and fixed five-year timescale for all NHS plans (2026/27 to 2030/31).

All NHS providers must produce a five-year integrated delivery plan narrative and medium-term numerical plans covering three-year financial, workforce and activity plans, plus a four-year capital plan.

Further guidance and supporting information have been published by NHS England over the intervening months to support organisations with the process.

The approach replaces short-term business planning cycles with a rolling, annual refresh to maintain long-term focus. Planning over multiple years will create the opportunity to focus on longer-term strategic changes.

The Trust met the deadline for final plan submissions on 12 February 2026.

Our approach to planning

Our Trust plans have been developed in line with the national five-year planning approach, and the provider board assurance expectations for medium term planning.

Our plans are built from a consistent evidence base and a single, triangulated view of activity, workforce, finance and productivity opportunities.

We have completed the core foundational activities recommended in phase one of the national planning process, incorporating demand and capacity analysis, refreshed clinical and organisational direction, review of quality, performance and productivity, identification of service redesign and efficiency opportunities, and development of robust baselines for activity, workforce and finance.

In developing our five-year integrated delivery plan, we have refreshed our strategic clinical commitments, to ensure ongoing alignment with local and national policy and to reflect the drivers and opportunities for change and our latest improvements.

Our new Clinical Framework draws on the 10 Year national Health Plan, the Sussex Improving Lives Together strategy, the ambitions of the Sussex Provider Collaborative, local commissioning intentions and the modelling undertaken within the New Hospitals programme. Plans have been discussed and developed through Sussex system forums, including Health and Wellbeing development sessions and the Sussex Provider Collaborative.

Within our new Clinical Framework, we have made 4 clinical commitments – **shift, integrate, prevent, improve** – and these have provided a clear structure for divisional and organisational planning over the past few months.

We held a series of structured divisional and cross-divisional planning workshops to develop five-year vision statements and priorities, informed by divisional baseline positions and the likely scale of change required across activity, workforce and finance, including transformation and productivity opportunities and delivery risks.

Our planning is informed by insight from ongoing staff engagement being undertaken to refresh our organisational strategy and implement our continuous quality improvement (CQI) system.

Divisional plans draw on existing, routine service-level patient and carer feedback and experience intelligence, including PSIRF, the PALS, complaints and compliments, and wider patient experience data.

Our plans also draw on external experience to strengthen our thinking and challenge our assumptions. We have benefitted from external review of our governance and accountability, a continuous quality

improvement (CQI) readiness process, and a diagnostic of our efficiency and transformation approaches and opportunities.

Business cases are being developed and approved for all significant schemes, supported by Quality Impact Assessments (QIAs), so that any risks are identified early and addressed as part of delivery plans.

The strategic context in which we are planning

Our plans are informed by an evidence-based understanding of the issues facing our organisation. Across East Sussex demand and complexity are rising, health inequalities are widening for some people in our communities, and our population and service needs are changing. Pressures across access, waiting times and flow are creating sustained operational challenges which affect staff and patient experience and reduce capacity for improvement.

Alongside these demand pressures, the Trust faces a significant challenge to meet financial expectations over this planning period. Nationally, the financial environment remains highly constrained, with growing demand and cost pressures. NHS organisations are being asked to deliver more services with fewer resources, driving the need for innovation, productivity and efficiency at scale. For us, national funding challenges are compounded by continuing block contract arrangements that do not always reflect changes in activity or demand, restrict our financial flexibility and limit incentives for growth.

We need to deliver recurrent, evidence-based efficiency at pace and at scale, while protecting quality and safety. This will require a strong grip on productivity, tighter cost control, improved use of data, and consistent delivery through an iterative productivity and efficiency approach, including benchmarking, identification of unwarranted variation, and a clear, assured pipeline of transformation schemes.

In addition, for our Trust, the New Hospitals Programme timeline shift means a further 18-20 years in ageing infrastructure, which increasingly disrupts operations and performance, including a significant power outage and sustained period of business continuity at Eastbourne hospital in 2025/26.

In this context, deliverability of our plans will depend on whether we can recruit, retain and deploy our workforce effectively, make better use of our existing estate pending the new hospitals programme, and strengthen our digital and data foundations to support safer, more coordinated and more productive ways of working.

Our commitments

We don’t underestimate the scale of the challenge ahead, but we also recognise the strengths we can build on, and the opportunities and enablers that will help us deliver sustainable improvement over the next five years.

As an integrated acute and community provider, we have long held an ambition to shift activity from hospital to community, to tackle access and health inequalities, embrace digital solutions and prevent the need for hospital services unless necessary. We have achieved notable successes across these areas including virtual ward expansion to support admission avoidance and early supported discharge, innovative Home First solutions to support Pathway 1 discharges and provide short-term support for patients at home, and targeted acute therapies investment to reduce waiting times for therapy assessments.

We are building from a strong platform of quality and delivery. Our CQC rating is Good, with outstanding for Caring and Effective. We have a stable core workforce and a strong appetite for data-driven improvement, with engaged clinicians and motivated teams. We have sustained delivery against 2025/26 activity trajectories and are performing strongly against key standards, despite growing demand, demonstrating resilience and a credible platform for ongoing improvement. External

benchmarking reinforces this, and we are ranked joint 44th out of 134 trusts in the NHS England acute trust league table.

Year one of this plan, 2026/27, will be a transitional year for the Trust, as we launch our new continuous quality improvement (CQI) programme, embed delivery against our new True North domains and reset how we plan, prioritise and deliver change.

Our True North domains provide the guiding principles for our planning and will guide organisational priority setting and finalisation of our refreshed organisational strategy in the future. They bring together our priorities and enabling work into three domains: **integrated, patient-centred and sustainable**. This will provide a consistent way to align our transformation, efficiency and productivity programmes and track progress over the next five years.

Our immediate priorities are summarised overleaf. Through their delivery over the medium term, supported by an embedded continuous improvement culture, a more resilient workforce, a stronger financial position, and robust governance, data and performance oversight, we aim to consistently meet national standards and expectations and establish the foundation for sustained improvement. Our goal is to achieve a sustainable breakeven financial position from year 2 of the plan.

We will use clearly defined workforce, finance and True North metrics to provide a robust framework to monitor the impact of our delivery, incorporating measures for:

- Access standards
- Reduction in avoidable admissions
- Avoidable harm
- Friends and family test
- Staff recommend as a place for care
- Reference costs
- Staff recommend as a place to work
- CO2 emissions
- Total staffing numbers
- Bank and agency staffing numbers
- Reported financial position
- Efficiency and cost improvement achieved

Planning and delivery will be managed as a continuous cycle, with progress reviewed throughout the year and a formal annual refresh of the integrated delivery plan will be undertaken to reflect new risks, national requirements, financial pressures and opportunities for improvement.

The Chief Finance Officer will be the Executive Senior Responsible Officer (SRO) for delivery.

A summary of our immediate priorities:

Workforce priorities

We will focus on stabilising and reshaping our workforce to improve resilience and support delivery of the three shifts. We will reduce reliance on bank and agency, strengthen recruitment and education pipelines, and progress role and service redesign so more care can be delivered closer to home, supported by better use of digital and AI.

Digital enablers

We will continue delivery of our phased digital roadmap, including priority work on our electronic patient record, patient communication portals, targeted automation and artificial intelligence (AI). We will focus on getting the basics right for staff, including reliable connectivity and easier access, embedding a digital culture, to support safer, more efficient care.

Estate enablers

We will seek the capital required to deliver our prioritised critical infrastructure risk programme and develop a phased strategic estates plan across acute and community settings, while strengthening estates' delivery capability and implementing improved asset management to support safer, more reliable delivery of care.

Continuous quality improvement

2026/27 will be a transitional year, as we embark on a change journey to embed our new continuous quality improvement (CQI) system and True North domains, and refresh our organisational strategy. This will provide a consistent framework for improving patient care, aligning the organisation around shared strategic priorities and building quality, shared data and strategic demand and capacity planning into everything we do.

System transformation

We will work collaboratively with Sussex health and care partners to deliver agreed system-wide priority schemes in alignment with the 10 Year Health Plan, Major Services Review for Sussex, Sussex Provider Collaborative priorities and Health and Wellbeing Board priorities.

Productivity, efficiency and sustainability

Our immediate priorities include the operational productivity and cost improvement changes necessary to realise significant in-year efficiency requirements, while transforming, protecting and improving patient safety, quality and experience; setting the foundation for long-term sustainability and improvement.

East Sussex Healthcare NHS Trust

Report To/Meeting	Board of Directors	**Date of Meeting**	17 February 2026

Report Title:	ESHT response to local government reorganisation in East Sussex
Purpose of the Report/Outcome/ action requested:	The Board is asked to note the position taken with regard to local government reorganisation in East Sussex and our rationale for this.
Decision Action:	For approval ☐ For Assurance ☐ For Information ☒ For Discussion ☐
Authority for Decision:	
Executive Summary	Following the Devolution White Paper of December 2024, the government is pursuing local government reorganisation (LGR) in two-tier areas to create single-tier unitary councils. In February 2025, East Sussex councils received a statutory invitation to propose unitary structures for the county area, which includes Brighton & Hove (already unitary). Five East Sussex councils—East Sussex County, Eastbourne, Hastings, Lewes, and Rother—collaborated and submitted the "One East Sussex" proposal on 26 September 2025. It advocates a single unitary council covering the existing East Sussex county footprint (population ~555,000), with Brighton & Hove remaining separate. Proposed benefits include alignment with NHS, social care, education, and public health service boundaries; minimal disruption to statutory services and integrated health/care partnerships; operational savings; avoidance of boundary changes or disaggregation costs; and preservation of established collaborations. Separately, Brighton & Hove City Council proposed a five-unitary model across the whole of Sussex (East Sussex, West Sussex, Brighton & Hove), involving significant boundary shifts and splitting districts (e.g., parts of Lewes and Wealden allocated to different new unitaries). This had not been locally consulted. The Government ran a statutory consultation on both proposals that closed on 11 January 2026 and East Sussex Healthcare NHS Trust (ESHT), as a named consultee supported One East Sussex. As the paper notes, we believe that it best preserves the county footprint matching NHS delivery areas, supports ongoing health/social care integration, and avoids the added complexity and disruption of the five-unitary alternative. A Government decision is expected in March 2026, with potential unitary elections in May 2027 and vesting on 1 April 2028.
Regulatory/legal requirement:	Although not mandatory, as a named consultee we were invited to submit a formal response.

Business Plan Link:	Quality ☒	People ☒	Sustainability ☒	
Equality, Diversity, and Inclusion Impact Assessment/Comment	EDI issues have been taken into consideration			
Resource Implication/VFM Statement:	No direct impact			
Risk:	As noted at section 3.3 of the paper, the alternative proposal has the potential to introduce complexities and additional risks			
No of Pages	3	**Appendixes:**	None	
Name, position and author contact details :	Richard Milner, Chief of Staff			
Report Sponsor	Richard Milner, Chief of Staff	**Presenter:**	Richard Milner, Chief of Staff	
Governance and Engagement pathway to date:	This report has been shared with and reviewed by executive colleagues and senior ESCC partners.			
What happens next?	Our position will be considered ahead of a decision being announced in March 2026.			
Publication	Yes			

ESHT response to local government reorganisation in East Sussex

1. Background and context

1.1 The English Devolution White Paper, published 16 December 2024, set out Government's ambitions in relation to devolution and announced a programme of local government reorganisation (LGR) for two-tier council areas and some existing unitary councils.

1.2 On 5 February 2025 all district, borough and county councils in two-tier areas and some unitary councils, were issued with a statutory invitation for proposals for a single tier of government within their respective areas. The area relevant to ESHT covered the County of East Sussex, which includes Brighton and Hove City Council (BHCC).

1.3 The East Sussex district, borough and county council Leaders and Chief Executives met regularly throughout the development of the proposal for the East Sussex and Brighton and Hove area to oversee the process, provide strategic direction, and ensure that work is co-ordinated.

1.4 As part of developing the proposal very careful consideration was given to the terms of the statutory invitation that were laid down by Government. The benefits, risks, costs and feasibility of a single East Sussex unitary council were evaluated alongside other options, including those BHCC consultation proposals that had been shared at that time, which were four options to extend BHCC's boundary to include parts of the county in Lewes District. Having evaluated the potential impact, all the options moving communities in Lewes District into Brighton and Hove are strongly opposed by the councils supporting 'One East Sussex'.

1.5 'One East Sussex', the proposal for a single tier of Local Government for East Sussex as a unitary council on the current footprint of the county council, with Brighton and Hove City Council remaining unchanged, is underpinned by a clear evidence base. It is the only option for LGR in East Sussex that:

- Aligns with existing service footprints (e.g. social care, education, public health).
- Minimises disruption to statutory services and partnerships.
- Builds on established collaboration across the six councils.
- Meets population guidance & maintains a coherent geographic identity.
- Creates operational savings and avoids costs of disaggregation.
- Does not require costly & disruptive boundary changes at county or district level

1.6 In September 2025 the One East Sussex proposal was agreed by East Sussex County Council (ESCC), Eastbourne Borough Council, Hastings Borough Council, Lewes District Council and Rother District Council, and was submitted to government by each of the councils on 26 September. Wealden District Council

(WDC) had worked with the other five councils on the proposal but at its meeting on 24 September WDC Cabinet made the decision to not submit a proposal.

1.7 The proposal BHCC submitted to Government was a five unitary model for the whole of Sussex. This model had not been consulted on by BHCC.

2. Government's statutory consultation

2.1 Central government launched a statutory consultation on proposals for a single tier of local government in East Sussex and Brighton & Hove, which ran until 11 January 2026. The two proposals for the area that are being consulted on are:

i) One East Sussex - East Sussex County Council, Eastbourne Borough Council, Hastings Borough Council, Lewes District Council and Rother District Council proposed a single unitary council covering Eastbourne, Hastings, Lewes, Rother and Wealden, with Brighton and Hove to remain unchanged.

ii) Representative Councils for a Devolved Sussex: A Five Unitary Proposal - Brighton and Hove City Council proposed 5 unitary councils across the whole of the area of East Sussex, West Sussex, and Brighton and Hove. This proposal includes a request to split existing district council areas between the proposed new councils:

- Unitary A - Brighton and Hove plus 4 wards and 1 parish from Lewes
- Unitary B - Eastbourne, Hastings, Rother plus 5 wards from Lewes and 9 wards from Wealden
- Unitary C - Mid-Sussex plus 34 wards from Wealden and 10 wards from Lewes
- Unitary D - Chichester, Crawley, Horsham
- Unitary E - Adur, Arun, and Worthing

2.3 The consultation is open to a list of statutory consultees, primarily other public sector bodies including ESHT. East Sussex stakeholders have been contacted by the Chief Executives of the councils that submitted the One East Sussex proposal to alert them to the consultation and encourage them to respond.

2.4 The Government consultation on the two proposals for the East Sussex and Brighton & Hove area closed on 11 January 2026 and ESHT, as a named consultee, made a submission to the process which it has shared with ESCC colleagues.

3. ESHT response and rationale

3.1 As a named consultee, ESHT submitted a response in support of the proposal made by East Sussex County Council, Eastbourne Borough Council, Hastings

Borough Council, Lewes District Council and Rother District Council, following a review of the four proposals.

3.2 As noted at para 2.1, this is the One East Sussex proposal, that we believe preserves the existing East Sussex county footprint for a single unitary council, which aligns closely with key NHS service delivery areas and builds upon many years of close working between health and care services that has already borne fruit in the shape of joint/integrated teams operating across East Sussex. Maintaining this approach will support the ongoing changes across the health and care sector noted within the proposal, which explicitly highlights minimal disruption to these statutory services and partnerships, including health and social care integration.

3.3 Of the alternative proposal from Brighton and Hove City Council, we feel that this introduce additional layers of organisational complexity and require new relationships and protocols to be established and developed that would potentially militate against both existing progress and potential further integrated service development.

4. Next steps

4.1 The Government is expected to make a decision on the future shape of local government for the East Sussex and Brighton & Hove area in March 2026. Elections to what will become the unitary authority would follow in May 2027 to enable the transition to vesting day on 1 April 2028.

Agenda Item: 15

Report To/Meeting	Trust Board	**Date of Meeting**	26th August 2025

Report Title:	Update of Improving Working Lives 10 Point Plan (IWL 10PP)
Key question	What are the key updates on the IWL 10PP at ESHT?
Decision Action:	For approval ☐ For Assurance ☐ For Information ☒ For Discussion ☒

Report Sponsor:	Jenny Darwood, Director of People	**Presenter(s):**	Jenny Darwood Jenny Director of People Simon Merritt Chief People Officer.
Report Author:	Dr Charlotte Rowe- RDBL and CST Resident Doctor Dawn Urquhart- AD HR Education		

Outcome/Action requested:	For the Board to note the updates on the IWL 10PP, and to note the future priorities going forward.

Executive Summary	East Sussex Healthcare NHS Trust (ESHT) has put in place strong governance and leadership to deliver the Improving Working Lives (IWL) 10-Point Plan for resident doctors. An Executive Lead (CMO) and the Director of Medical Education is supported by two Resident Doctor Board Level Leads **(RDBLs)**including the current RDBL (Dr Charlotte Rowe ,CST2 Resident Doctor) and Dr Leila Gelman (ST4 Medicine). This is to ensure resilient leadership and full cross-site coverage. A Task and Finish Group has been established to coordinate delivery and maintain progress across all workstreams, membership are Trust colleagues who have responsibility and can input into the initial IWL 10PP. Early progress includes the development of locally designed audit and survey tools recognised regionally as emerging good practice. Current priority areas include improving consistency of Self-Development Time, access to food and facilities, Implementation of an interim on line study leave process, rota quality, annual leave processes and payroll accuracy. ESHT continues to manage delivery proactively, informed by resident doctor feedback and national requirements, with strengthened assurance through regular reporting, visible actions and alignment with forthcoming national guidance.
Regulatory/legal requirement:	NHS England Improving Working Lives 10 Point Plan
Business Plan Link:	Quality ☒ People ☒ Sustainability ☒
Equality, Diversity, and Inclusion Impact Assessment/Comment	EDI issues are addressed within the outcomes required from the IWL 10PP
Resource Implication/VFM Statement:	**Potential Financial Implications:** there is work within the IWL 10 Point Plan that might have financial implications for example implementation of Self Development Time, Access to Rest Facilities, Hot and Cold Food

	24/7, Study and Annual Leave implications and the new Lead Employer Model.

Risk:	**National Policy and Structural Uncertainty** Ongoing national changes, including NHSE restructuring and delayed guidance on rotations, annual leave, and Lead Employer models, create uncertainty and limit ESHT's ability to fully implement some IWL requirements. **Payroll Accuracy and Financial Risk** The partnership working with the NHS Shared Business Services (SBS) might constrain local control and presents a reputational and workforce risk if national payroll improvement targets are not met. **Inconsistent Delivery Across Divisions** Variation in Self-Development Time (SDT), annual and study leave processes, and rota quality risks inequitable staff experience and non-compliance with IWL expectations. **Resident Doctor Experience and Engagement** Failure to deliver timely improvements in high-impact areas (food, rest facilities, lockers, rota quality) could negatively affect morale, recruitment, retention, and training satisfaction scores

No of Pages	4	**Appendixes**	None

Governance and Engagement pathway to date:	N/A

What happens next?	The HR team will take steps to ensure legislative compliance once more detail is known, highlighting any further identified risks and costs to the Execs.

Publication	Public report

1.Background – NHS England IWL 10-Point Plan

The IWL 10-Point Plan was introduced to address long-standing concerns raised by resident doctors about working conditions, including rota delays, payroll errors, lack of rest facilities, inconsistent leave processes, unnecessary duplication of mandatory training, and limited access to 24/7 hot food. It represents a national commitment to improving basic working conditions for resident doctors and is now incorporated into the NHS Oversight Framework.

2.NHS England's expectations for Trusts include:

- Full implementation of all 10 mandatory actions within 12 weeks of release.
- Appointment of an Executive Board Lead and a Resident Doctor Board-Level Lead.
- Demonstrable Board-level accountability, including incorporation of IWL into the Board Assurance Framework and annual reporting.
- Timely publication of work schedules (8 weeks) and detailed rotas (6 weeks).
- Elimination of rotation-related payroll errors through participation in the National Payroll Improvement Programme.
- Ensuring autonomy through protected Self-Development Time.
- Guaranteeing access to mess facilities, lockers, rest spaces and 24/7 food.
- Adoption of standardised annual leave processes, national exception reporting reforms and mandatory training reforms.
- Engagement in national rotational reform and the future expansion of the Lead Employer model.

3.IWL 10PP GOVERNANCE

- ESHT has fully established the required governance for the Improving Working Lives (IWL) 10-Point Plan. The Chief Medical Officer is the Executive Board Lead, supported by **Dr Charlotte Rowe** as the interim Resident Doctor Board Level Lead (RDBL) and the Director of HR for operational delivery.
- A multidisciplinary **Task & Finish Group**, established in December 2025, oversees all IWL workstreams, coordinates actions and escalates risks. Dr Rowe attends regular NHSE, Regional Deanery and NHS Employers meetings, ensuring ESHT remains aligned with national expectations and feeding back directly on Trust progress.
- Following the initial national survey, Dr Rowe designed and issued a local IWL survey to all Resident Doctors to capture ESHT-specific experience and priorities. ESHT has since been recognised regionally as an emerging example of good practice.

4.Progress Overview

- All mandatory governance roles in place.
- Local surveys highlight concerns about Rota intensity, rest facilities, and annual leave.
- SDT access varies widely; Trust-wide audit underway.
- Mess facilities strong; locker access needs improvement.
- 24/7 hot/cold food provision exists but requires better quality and variety.
- 95% compliance with 8-week work schedules; 6-week rota compliance variable.
- Annual leave: high dissatisfaction pending national standardisation.
- Payroll: national improvement programme underway; reliance on Shared Business Service
- Awaiting national guidance on rotations and Lead Employer model.

5. Key Risks

- National uncertainty due to changes in NHSE structure and delayed guidance.
- Payroll accuracy risk due to reliance on Shared Business Services.
- Inconsistent processes across divisions (SDT, rotas, annual leave, Study Leave etc).
- Risk to recruitment, morale, retention and training satisfaction if progress is not visible.

6. Opportunities

- ESHT's survey and audit tools recognised regionally as good practice.

- Improvements to facilities and processes will support wellbeing and retention.
- Growing clarity across NHSE, GMC and NHS Employers creating future alignment.

7. Priorities

Immediate Priorities

- Improve out-of-hours food quality and availability.
- Introduce transparent locker access processes.
- Publish Trust-wide Self-Development Time guidance and monitoring.

Medium-Term Priorities

- Standardise annual leave and Study Leave processes ahead of national guidance.
- Establish a Rota Quality Standard- to include a simple feedback loop for flagging issues and implementation of the national Rota Co-Ordinator Training programme.
- Deliver Payroll Improvement Plan to meet 90% error reduction target.
- Embed Safe Learning Environment Charter requirements.
- Increase visibility through “You Said, We Did” communications, Explore a dedicated page on Trust intranet site.

8. Recommendation

The Board is asked to note progress, endorse governance arrangements, support continued delivery of the IWL 10-Point Plan, and agree quarterly reporting to maintain oversight.

Agenda Item: 16

Report To/Meeting	Trust Board	**Date of Meeting**	17th February 2026
Report Title:	Q3 2025/26 Board Assurance Framework		
Key question	The Board is asked to review and note the position of the BAF risks		
Decision Action:	For approval ☒ For Assurance ☐ For Information ☐ For Discussion ☒		
Report Sponsor:	Richard Milner, Chief Of Staff	**Presenter(s):**	Richard Milner, Chief Of Staff
Report Authors:	Richard Milner, Chief Of Staff and Pete Palmer, Board Secretary		
Purpose/Outcome/Action requested:	The Board is asked to consider, discuss and note the report.		

Executive Summary

This report provides an overview of the risks on the BAF; these are overseen by the Finance and Performance Committee, People and Organisational Development Committee and Quality and Safety Committee.

Since the presentation of the Q2 BAF, a detailed review of all risks of 12 and above has been undertaken to formally identify links to the strategic risks included on the BAF. Risks rated at 15 and over sit on the Corporate Risk Register, while those below this level sit on divisional risk registers. The rationale for looking at risks of 12 and above was to ensure that the review included less highly rated, and therefore less high profile, risks to ensure that the alignment of risks was as comprehensive as possible.

We anticipate that the work to review the risks will lead to the following improvements:

- Risk titles to be reviewed to ensure that they appropriately describe risks
- Risk descriptions to be reviewed to ensure that these are completed in a consistent, detailed manner with any links to the BAF clearly identified.

BAF 1 continues to be rated at 9, reflecting the buoyant recruitment market for ESHT which is driven in part by pressure in other parts of the health and care sector.

BAF 2's rating remains at 16 due to the significant challenges and changes that lie ahead for both the Trust and the wider NHS. It is recognised that the present NHS climate may contribute to a further decline in annual staff survey results for the Trust, although a positive increase in the number of staff responding to the 2025 survey is noted.

The rating for BAF 3 remains at 20, reflecting the increased financial challenges faced by the organisation in 2025/26. The Trust is forecasting a breakeven position but has significant risks with a most likely outturn of circa £10m deficit.

Following review by F&P Committee in January it was agreed that the rating for BAF 4 should be increased from 16 to 20 as a result of the

	power outage at EDGH in January 2026. This increased score also reflect that the Trust's capital budgets are insufficient to support the aging infrastructure. Without significant financial support, the future risk profile is unlikely to change. BAF 5 remains at 16 which is the limit of our risk tolerance. The primary aim for this risk during 2025/26 is to ensure that it does not exceed risk tolerance. BAF 6 also remains at 16, the limit of our risk tolerance. Again, the primary aim for this risk during 2025/26 is to ensure that it does not exceed risk tolerance. It is hoped that the risk level will reduce from 16 to 12 in Q4 once fixed term resource is procured and information reports and dashboards are utilised from the Federated Data Platform. The rating for BAF 7 remains at 12 reflecting continued positivity about EPR implementation and the potential benefits that AI initiatives they might bring to the organisation. BAFs 8 and 9 remain at 16 for Q3 despite a challenging December and remain at the limits of their tolerance; it is not expected that this rating will reduce in Q4 as the impact of winter pressures will continue to be seen.

Regulatory/legal requirement:	The Trust Board is required to have a Board Assurance Framework in place as it one of the key sources of evidence to support for the preparation of the Annual Governance Statement.
Business Plan Link:	Quality ☒ People ☒ Sustainability ☒
Equality, Diversity, and Inclusion Impact Assessment/Comment	EDI issues had been taken into consideration
Resource Implication/VFM Statement:	Outcomes focus: achieving the best sustainable outcomes for patients and service users by encouraging continuous improvement, clinical excellence and value for money
Risk:	Failure to monitor risks may result in the Trust not monitoring triggers which will prevent

No of Pages	3	**Appendixes**	1

Governance and Engagement pathway to date:	Each BAF risk has been reviewed by the Executive Risk Owner, the Chief of Staff. Collectively the full BAF is reviewed at Executive Directors and shared quarterly with the Audit Committee before going to the next scheduled Trust Board. Each Board sub-committee reviews the BAF risks it oversees four times a year. This typically takes place one month after the end of each FY quarter.
What happens next?	Comments from the Board received will be assessed and implemented accordingly. The Q4 BAF is due to be presented to the Trust Board in April.
Publication	This paper is appropriate for publication.

NHS
East Sussex Healthcare
NHS Trust

Q3 Board Assurance Framework

- Summary of current & future strategic risk profile
- Risk-by-Risk analysis

Trust Board, February 2026

2025/6 BAF: Overview of changes made and Q3 view on current and future risk profile

Summary of Q3 risks and forward look

- The Q3 assessment continues to reflect the significant risk in terms of quality, people and finance over the duration of 2025/26. Only 2 BAF risks are below the limit of the risk tolerances set for this year – with one, BAF 3, continuing to exceed its risk tolerance, as it did in Q2, reflecting the significant degree of risk we recognise we are carrying and will do through to YE
- There continues to be confidence going forward as regards BAF 1 (attracting, retaining and developing the right people) due to the buoyant recruitment market for ESHT, driven in part by pressure in other parts of the health and care sector.
- BAF 2 reflects that the wider picture of significant changes over 2026/7, combined with continued austerity is unlikely to support us as we seek to improve staff survey scores; it is also likely that there will be a negative impact of staff welfare, morale and engagement during the winter period.
- The rating for BAF 3 remains at 20 in Q3, reflecting the significant challenge of delivering savings schemes of around £80m in 2025/26. The Trust is forecasting a breakeven position but has significant risks with a most likely outturn of circa £10m deficit. Even a deficit of this scale would represent around an 8% CIP delivery in-year
- BAF 4's rating has increased to 20 as a result of the power outage at EDGH in January 2026. This increased score also reflect that the Trust's capital budgets are insufficient to support the aging infrastructure. Without significant financial support, the future risk profile is unlikely to change.
- BAF 5 and 6 scores reflect the structural challenges we have faced in these areas – with both sitting at their tolerance levels. The primary aim this year in these two areas will be undoubtedly the prevention of exceeding their tolerances, rather than reducing the scores in year
- BAF 7 reflects the positive moves on EPR implementation, the increased activity around AI initiatives and the potential benefits these may together bring
- BAF risks 8 and 9 remain at 16 despite a particularly challenging December; it is not expected that this rating will reduce in Q4 as the impact of winter pressures continue to be seen, with delivery requiring collaborative and concerted efforts of the health and wider care sector, which are similarly stretched

Changes made for 25/26 to the BAF

- We have made several changes to the BAF this year designed to make it clearer, dynamic and more forward-looking
- We agreed a tighter set of BAF risks for this year (from 12 to 9, with three risks moving to the corporate risk register) and we have refocused the committees through which the BAF risks are assessed
- We have streamlined formatting to address readability issues and have included risk tolerance and appetite, replacing the YE 'target' risk. We believe that this will help colleagues to better understand our expectations and approach to each BAF risk
- We have undertaken a further review of all risks on the CRR and divisional risk registers rated at 12 and above, identifying clear links between risks and the strategic risks on the BAF. A detailed breakdown of the links has been shared with each of the Board sub-committees.

2025/6 BAF: Q3 summary position – note BAF 3 versus risk tolerance

BAF Ref	Risk Summary	Monitoring Committee	Inherent Risk	2025/26 Quarterly Position				Change	Risk Tolerance	Risk Appetite
				Q1	Q2	Q3	Q4			
1	Failure to attract, develop and retain a workforce that delivers the right care in the right place at the right time.	POD	15	9	9	9		◄ ►	No higher than 16	Significant
2	Decline in staff welfare, morale and engagement impacts on activity levels and standards of care.	POD	20	16	16	16		◄ ►	No higher than 16	Cautious
3	We fail to use our resources as efficiently as possible and do not improve services for patients.	F&P	20	15	20	20		◄ ►	No higher than 16	Seek
4	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	20	16	16	20		▲	No higher than 16	Seek
5	Vulnerability of IT network and infrastructure to prolonged outage and wider cyberattack.	F&P	20	16	16	16		◄ ►	16	Minimal
6	Failure to attract and develop business intelligence limits insightful and timely analysis to support decisions.	F&P	16	16	16	16		◄ ►	No higher than 16	Seek
7	Failure to transform digitally and deliver associated improvements to patient care.	F&P	16	12	12	12		◄ ►	No higher than 16	Seek
8	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	20	16	16	16		◄ ►	No higher than 16	Cautious
9	Failure to meet the four-hour clinical standard.	Q&S	20	16	16	16		◄ ►	No higher than 16	Cautious

1. Risk Summary

Reference & title	BAF 1: Failure to attract, develop and retain a workforce that delivers the right care in the right place at the right time.		
Description	There is a risk that the available workforce does not meet the organisation's resource requirements in the short, medium and long term		
Lead executive	Director of People	Lead Committee	People and Organisational Development
Date last reviewed	25/09/2025		

Fit with Trust corporate priorities

LOS	Workforce	Income	Bus Case	Digital
✓	✓	✓		

Risk(s) rated 12 and over aligned

- Delay in Surgical treatment
- Delay in out of hours patient assessment
- Nursing vacancies
- Cellular pathology consultant vacancies
- Delayed radiology reporting
- Children's ED services
- SDEC operation
- Paediatric dietetic appointments
- Occupational therapist vacancies
- Delays to triage assessment
- Cardiology staffing
- Stroke service staffing
- Enhanced observation staffing
- SALT demand
- Cellular pathology staffing
- Mortuary staffing
- Ultrasound staffing
- Phlebotomy service demand
- Specialist MRI staff
- Pharmacy staffing
- ODP staffing
- SDEC booking systems
- Orthotic service delivery
- 24/7 Blood sciences service
- 24/7 Consultant led microbiology service
- District Nursing provision
- CIC service team capacity

2. Risk Scoring

Inherent risk *If there were no mitigations*	
Likelihood	5
Impact	3
Risk level	15

Current risk level *Assessment based on evidence*

Q1	Q2	Q3	Q4
3	3	3	
3	3	3	
9	9	9	

Rationale for current risk level
Evidence that provides assurance of current risk level

There are recognised national shortages of roles within some specialities. We have small pockets where we have higher risk, such as stroke and microbiology which are requiring short to medium term temporary workforce solutions. The Trust's vacancy level as of December 2025 was 3.2%.

Risk tolerance
Acceptable range/boundaries of risk score

No higher than 16

Risk appetite
Amount/type of risk accepted/taken

Significant

Forward forecast of risk level

Dynamic, in quarter assessment of how - based on current evidence and confidence in future position – the risk owner sees this BAF risk level moving. Either to YE or as far forward as is reasonable/realistic based on the evidence and forecasts available

It is anticipated that the risk rating will remain as a 9 due to the buoyant recruitment market and planned apprenticeship pathways. We also have workforce reduction programmes where staff will be redeployed into vacant roles; nationally the NHS recruitment external market is subdued and NHS workforce reduction programmes are being undertaken nationwide.

3. Providing assurance

Additional actions that can be undertaken to support mitigations

Gaps in existing controls or assurance

- None identified

3. Providing assurance
Additional actions that can be undertaken to support mitigations

No.	Action	Exec lead	Due date	Status update (for current quarter)	BRAG
1	Continue with recruitment initiatives and international sourcing of candidates as required	CPO	August 2025	• Expanding agency recruitment initiatives to include retained recruitment; we now have live retained recruitment searches. • Initiated internal first recruitment which supports our present workforce to apply for promotion or try a different speciality • In conjunction with divisional leads reviewing alternative care pathways for hard to recruit areas • Agency cover approved to maintain clinical safety	Blue
2	Local outreach initiatives	CPO	March 2026	• Campaign to increase volunteer numbers across the Trust in progress; recruitment campaign planned for March. • Formalised agreement for construction students for estates and facilities workforce pipeline • Apprenticeships developed for estates and facilities staff • Targeted campaigns with Eastbourne College to support candidate pipelines • Designing, in conjunction with Eastbourne College, placement opportunities for non-clinical placements • Plan for 20 short term placements for 2025/26 for hair and beauty and sports students	Amber
3	NHSE requires five-year workforce plan	CPO	Feb 2026	• Submitted our first draft of the workforce plan • Next full plan submission to regional team due in February 2026	Green
4	Establish quarterly reviews of NHS grip and control measures	CPO	Oct 2025	• NHSE grip and control measures reviewed quarterly • Strengthened vacancy control panel membership and terms of reference	Blue
5	Implementation of the Improving Resident Doctors Working Lives 10 point plan	CPO	April 2025	• Appointed interim resident doctors lead in September 2025, who returns to CMO • Baseline 10 point plan presented to ELT in October, presented to POD and due to go to Board in February • National review of progress completed in December where our position remains in the upper quartile and we are making good progress against all Trust actions • Reviewed twice weekly with resident doctor lead and integrated education lead	Green

	1st line of Defence (service delivery and day to day management of risk and control)	2nd Line of Defence (specialist support, policy/procedure setting, oversight responsibility)	3rd Line of Defence (Independent challenge on levels of assurance, risk and control)
Assurance	• Monthly reviews of vacancies together with vacancy/turnover rates • Review of nursing establishment six monthly as per Developing Workforce Safeguards • Workforce efficiency metrics and monitored • Regular meetings with Regional Post Graduate Deans for Acute and Primary care • Quarterly reviews in place to determine workforce planning requirements. • NHSE five-year workforce plan • Improving Resident Doctors Working Lives lead • Flexible working request audit • Nursing and midwifery monthly rostering review panel • Strengthened rostering systems controls to ensure roster changes are signed off at senior nursing level	• Vacancy control panel ToRs revised to incorporate all workforce requests • Workforce strategy aligned with workforce plans, strategic direction and other delivery plans and metrics reviewed by POD and Trust Board • Establish quarterly reviews of NHS grip and control measures • Wellbeing offering enhanced (includes Pastoral Fellows support) and reviewed by POD • Skills for the future audit undertaken to map educational programmes against future clinical strategies	• Triangulation of National Staff Friends and Family Test reports, reviewed by POD • ICB Quarterly Workforce meetings • Internal audit review reports on effectiveness of workforce policies and processes • NHS Staff Surveys and Pulse Surveys and benchmarking data

1. Risk Summary

Reference & title	BAF 2: Decline in staff welfare, morale and engagement impacts on activity levels and standards of care.	Fit with Trust corporate priorities	
Description	There is a risk that any decline in staff motivation negatively impacts on our ability to deliver the required levels of activity to the standards we require.	LOS ✓ / Workforce ✓ / Income ✓ / Bus Case / Digital	
Lead executive	Director of People	Lead Committee	People and Organisational Development
Date last reviewed	25/09/2025		

Risk(s) rated 12 and over aligned

- Violence and Aggression in Urgent Car
- Staff absence
- Lone worker device training compliance
- Lone working in community
- Triage delays
- Cardiology staffing
- Joint antenatal clinic capacity
- Admin space in cardiology
- UCR and Virtual Ward team environment
- V&A in Intermediate Care
- JCR demand
- EDGH Phlebotomy clinic environment
- Cellular path lab staffing
- Microbiology freezer
- Phlebotomy service demanc
- Radiology dept. security
- Pharmacy capacity
- Ventilation systems
- V&A Trustwide
- Impact of V&A on staff wellbeing
- Staff engagement
- Community equipment prescribin
- Delivery and Loading activities
- Waste storage capacity
- EDGH Digital leaking roof
- Acute physio and OT environment
- Kipling/SSPAU environment
- EDGH Digital Hub environment
- Neuro physio O/P appointments
- Bexhill DSU theatre light

2. Risk Scoring

Inherent risk
If there were no mitigations

Likelihood	5
Impact	4
Risk level	20

Current risk level
Assessment based on evidence

Q1	Q2	Q3	Q4
4	4	4	
4	4	4	
16	16	16	

Rationale for current risk level
Evidence that provides assurance of current risk level

Multiple data sources such as staff surveys, Datix, Freedom to Speak Up Guardian feedback and sickness indicate a decrease in both engagement and morale within our workforce. Current risk rating remains at 16, although response rates from staff for the annual staff survey for 2025 increased to 50% for substantive colleagues and 34% for bank colleagues. Nationally rates were 49% for substantive and 17% for bank.

Risk tolerance
Acceptable range/boundaries of risk score

No higher than 16

Risk appetite
Amount/type of risk accepted/taken

Cautious

Forward forecast of risk level
Dynamic, in quarter assessment of how - based on current evidence and confidence in future position – the risk owner sees this BAF risk level moving. Either to YE or as far forward as is reasonable/realistic based on the evidence and forecasts available

Enhanced initiatives have been implemented to review and resolve key issues raised within the 2024 staff survey, such as feedback on Datix. Improvement programmes aligned to these remain in progress. We are expecting the results from the 2025 staff survey which will provide direction for the next year. We have procured a thematic review of written comments to provide deeper insight into all written feedback from the survey. We recognise that staff engagement and morale may decline to the level of internal redeployment and organisational change that the Trust is undertaking. The impact may be greater over the winter period due to circulation of winter viral illness and seasonal rostering.

3. Providing assurance
Additional actions that can be undertaken to support mitigations

Gaps in existing controls or assurance

- None identified

No.	Action	Exec lead	Due date	Status update (for current quarter)	BRAG
1	Development of actions from the staff survey	DoP	Sept 2025	• Staff Survey Group has been established, focussing on feedback from Datix reporting and staff survey engagement. • The Violence and Aggression reduction group have revised the focus to four pillars: education, pathways, workforce and environment. • We have benchmarked ourselves on the national Violence, Prevention and Reduction (VPR) standards and we have increased our scores to 81% from 73% as a result.	Blue
2	Winter wellness and seasonal vaccination plan	DoP	Oct 2025	• Winter wellness will continue through the winter months • Seasonal flu vaccination programme was completed at end of December with an increase in vaccination uptake to 48%, and increase of 12.5% when compared with 2024 • Collaborating with infection control and operational teams to ensure infection, prevention and control interventions in place and supporting staff in use of face masks	Green
3	Trust Awards	DoP	Sept 2026	• Date set for 2026 Trust awards of 17th September at De La Warr Pavilion	Green
4	Measures to support staff in managing patients who present with Mental Health illness and issues	DoP	Q4 2025/ 26	• Mental Health Strategy • Comprehensive package of support for staff impacted by V&A – TriM- Psychological Support already in place and embedded • Specialist Training available including simulation training with IE and partnership with East Sussex College – Data from NHS Staff Survey and Trust security which identifies 'Hot Spots' and emerging trends – This will identify the need for focused support • Trauma informed approach – establishing a training package in Quarter 4 • Listening events with staff in identified areas planned for Quarter 4	Green

	1st line of Defence (service delivery and day to day management of risk and control)	2nd Line of Defence (specialist support, policy and procedure setting, oversight responsibility)	3rd Line of Defence (Independent challenge on levels of assurance, risk and control)
Assurance	• Ongoing monitoring of, and response to, key workforce metrics/staff survey • DME monitors and reviews 'trainees in difficulty' register • Workforce efficiency an availability reviews considering registered and unregistered nurses, and AHPs • Ongoing reviews of effectiveness and efficiency of rostering • Development of task and finish focus groups to support key remedial actions in response to staff/GMC surveys	• Workforce metrics reported to executive team, POD and Trust Board – increased compliance with completion of risk assessments • Oversight and monitoring by Health and Safety Steering Group • Deep dive cultural reviews	• Health and Safety Executive review of violence and aggression • GMC outcomes have action plans with quality virtual visits in place to provide assurance to HEEKSS/Trust • Improving doctors working lives

1. Risk Summary

Reference & title	BAF 3: We fail to use our resources as efficiently as possible and do not improve services for patients.			Fit with Trust corporate priorities			
Description	The Trust has agreed a breakeven plan with detailed supporting schemes (both recurrent and non-recurrent) which will help move the organisation to become financially sustainable. NHS England has been clear that organisations need to live within their financial envelopes.			LOS	Workforce	Income	Bus Case	Digital
				✓	✓	✓	✓	✓
Lead executive	Chief Finance Officer	Lead Committee	Finance and Performance		Date last reviewed	25/09/2025		
Risk(s) rated 12 and over aligned	• District nurse responsiveness • Working capital – cash • Building CQI culture • Paediatric allergy service							

2. Risk Scoring

Inherent risk *If there were no mitigations*	
Likelihood	4
Impact	5
Risk level	20

Current risk level *Assessment based on evidence*			
Q1	Q2	Q3	Q4
3	4	4	
5	5	5	
15	20	20	

Rationale for current risk level
Evidence that provides assurance of current risk level

The Trust is forecasting a breakeven position but has significant risks with a most likely outturn of circa £10m deficit. However, in returns to NHS England the Trust has been able to demonstrate a potential roadmap to a breakeven position, albeit very high risk.

Additional controls have been put in place during the year including a vacancy control panel and discretionary non-pay control panel. These have decreased the level of spend but will probably not mitigate all of the financial risks.

Progress on schemes is being monitored on a weekly basis. Monthly reports go to the Finance and Performance Committee. Addiitonal resource has been brought in, commencing in M10.

Risk tolerance
Acceptable range/boundaries of risk score

No higher than 16

Risk appetite
Amount/type of risk accepted/taken

Seek

Forward forecast of risk level
Dynamic, in quarter assessment of how - based on current evidence and confidence in future position – the risk owner sees this BAF risk level moving. Either to YE or as far forward as is reasonable/realistic based on the evidence and forecasts available

We anticipate that this will remain the same for the rest of the financial year.

3. Providing assurance

Additional actions that can be undertaken to support mitigations

Gaps in existing controls or assurance

- Lack of clarity about business case approval.
- Lack of divisional influence in capital prioritisation.
- There are some skills gaps within the finance team which are being addressed.
- Service level reporting has been reintroduced on a quarterly basis. The aim is to move this to monthly reporting in Q4 2026/27.

Additional actions that can be undertaken to support mitigations and/or address gaps in existing controls/assurance

No.	Action	Exec lead	Due date	Status update (for current quarter)	BRAG
1	Currently developing new Standard Operating Procedure (SOP) for business cases	CFO	April	• Due to report in April	Amber
2	Work being undertaken to increase divisional influence in capital prioritisation	CFO	March	• Divisions will be involved in final capital plan for 2026/27 and beyond.	Green
3	Non-pay review body has been established	CFO	Sept	• Completed	Blue

	1st line of Defence (service delivery and day to day management of risk and control)	2nd Line of Defence (specialist support, policy and procedure setting, oversight responsibility)	3rd Line of Defence (Independent challenge on levels of assurance, risk and control)
Assurance	• Weekly report to Executive Leadership Team (ELT) from Project Support Office on progress of schemes • Vacancy control panel approves internal and external recruitment on a weekly basis. • Non-pay review panel meets weekly	• Oversight by Use of Resources Programme • Regular reporting to Trust Board and relevant committees • Divisions held to account for overall financial performance through IPR process based on budgets agreed through the Divisions and Executive. • Monthly Use of Resources meeting	• Internal audit review reports • ICB oversight • NHSE oversight

1. Risk Summary

Reference & title	BAF 4: 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.					Fit with Trust corporate priorities			
Description	There is a risk that there may be unplanned outages in equipment, buildings and facilities not being available for clinical purposes					LOS	Workforce	Income	Bus Case	Digital
						✓		✓	✓	
Lead executive	Chief Finance Officer		Lead Committee	Finance and Performance		Date last reviewed	28/01/2026		
Risk(s) rated 12 and over aligned	• Lift failures CQ and EDGH • Ward decant capacity • Isolation facilities • Clinical environment maintenance • External cladding • Insufficient acute winter beds • Radiology reporting • Critical Care environment • Oxygen provision • ED environment for children • Maternity/obstetric footprint	• Conquest SDEC • Children and YP with psycho-socia challenges • Face to face triage • SPH medical record capacity • EDGH and CQ roofs • HSDU roof • Access control system • Roads and pathways • Oxygen admin on medical wards • Obstetric theatre annex	• Cardiology clinical & admin space • UCR and virtual ward environment • Physiotherapy facilities • EDGH phlebotomy • Pathology environment • Radiology air conditioning • Microbiology freezer • Radiology emergency alarm call • Radiology security • Ventilation systems • Pneumatic tube system	• Nurse call systems • Heating failure • Obsolete medical devices • Plant room waste storage • Wheelchair accessible cubicles, radiology • General radiology modality • Audiology sound treated rooms • UIS Fire doors • Paediatric audiology • Fire safety, Conquest	• Fire safety, EDGH • Bed rails and bed grab handles • Digital hub roof • Acute physio environment • Kipling/SSPAU environment • Building management system • IPS and UPS systems • Fire safety, Bexhill • Digital Hub environment • Bexhill DSU theatre light				

2. Risk Scoring

Inherent risk *If there were no mitigations*		Current risk level *Assessment based on evidence*			
		Q1	Q2	Q3	Q4
Likelihood	5	4	4	5	
Impact	4	4	4	4	
Risk level	20	16	16	20	

Rationale for current risk level
Evidence that provides assurance of current risk level

The Trust's capital budgets are insufficient to support the aging infrastructure (estates, equipment, digital). The impact of this is temporary solutions to resolve urgent issues. National funding is uncertain and opaque and therefore it is very difficult to plan in a strategic manner.

Analysis has been performed to identify capital needs in relation to backlog maintenance, replacement of medical equipment and digital investment. This information will be used to prioritise capital awarded for the medium-term financial plan.

On 6 January 2026 the power supply to EDGH was interrupted and back up power failed leaving the site without electricity for circa two hours. This was caused by external and internal factors but primarily due to aging infrastructure. Consequently, power failure is a question of when rather than if and therefore the likelihood score has moved to 5.

Risk tolerance
Acceptable range/boundaries of risk score

No higher than 16

Risk appetite
Amount/type of risk accepted/taken

Seek

Forward forecast of risk level
Dynamic, in quarter assessment of how - based on current evidence and confidence in future position – the risk owner sees this BAF risk level moving. Either to YE or as far forward as is reasonable/realistic based on the evidence and forecasts available

We have compiled a ten-year investment backlog programme which has been presented to the Executive Leadership Team and F&P. This has provided a focus on five key areas of risk and prioritisation about how we address those over the next 5-10 years. In addition, future bids will be made as we understand £5bn has been earmarked nationally for critical infrastructure risks for the next four years. However, there is no certainty as to the levels that may be awarded to the Trust.

3. Providing assurance

Additional actions that can be undertaken to support mitigations

Gaps in existing controls or assurance

- Longer term capital programme has been produced; however, significantly more capital is required to address this than is available to the Trust.
- New Hospital Programme/BFF funding envelope delayed until at least 2037 and timeframe and scope/extent of work against the funding allocation is not clear at present

Additional actions that can be undertaken to support mitigations and/or address gaps in existing controls/assurance

No.	Action	Exec lead	Due date	Status update (for current quarter)	BRAG
1	Trust is undertaking a medium-term financial plan	CFO	Q4	• In progress	Amber
2	Development of ten-year investment backlog programme	CFO	Q2	• Completed	Blue
3	External funding opportunities	CFO	As opportuni -ties arise	• The Trust will continue to bid for funding through ICS and national programmes as and when opportunities occur, supported by F&P and the Trust Board	Amber

	1st line of Defence (service delivery and day to day management of risk and control)	2nd Line of Defence (specialist support, policy and procedure setting, oversight responsibility)	3rd Line of Defence (Independent challenge on levels of assurance, risk and control)
Assurance	• Day to day management of infrastructure and prioritisation by services	• Oversight by Finance and Performance Committee • Estates and Facilities IPR • Clinical procurement group in place • Prioritisation decisions about capital expenditure are made by CRG, BDG and F&P	• Capital business cases reviewed by NHSE • External review report of critical infrastructure

1. Risk Summary

Reference & title	BAF 5: Vulnerability of IT network and infrastructure to prolonged outage and wider cyberattack.			Fit with Trust corporate priorities					
				LOS	Workforce	Income	Bus Case	Digital	
Description	Vulnerability of IT network and infrastructure to prolonged outage and wider cyberattack					✓		✓	
Lead executive	Deputy CEO	Lead Committee	Finance and Performance	Date last reviewed	25/09/2025				
Risk(s) rated 12 and over aligned	• Network infrastructure devices • Software vulnerabilities • Cyber attack	• Multi factor authentication • Unsupported servers • Password control	• DA languages • Control of network connectivity • Firewall vulnerability						

2. Risk Scoring

Inherent risk *If there were no mitigations*	
Likelihood	5
Impact	4
Risk level	20

Current risk level *Assessment based on evidence*			
Q1	Q2	Q3	Q4
4	4	4	
4	4	4	
16	16	16	

Rationale for current risk level

Evidence that provides assurance of current risk level

A number of elements of the cyber action plan have been delivered, reducing our cyber exposure. There are a number of robust controls in place, but further mitigation can be achieved by implementing a formal programme of work that addresses the wider information security agenda.

A significant amount of work has been done to increase the robustness of the Trust Cyber security posture.The current security risk status has reduced which has been a great achievement, but the threat level in the NHS has increased with a number of attacks on NHS Trusts or provider organisations.

Cyber maturity has improved over the last six months, which has reduced the Trust from a high to a mediumrisk status. We are no longer looking to deliver Cyber Essentials as this has now been incorporated into a new version of the Data Security Protection Toolkit (DSPT) called Cyber Assurance Framework (CAF).

Risk tolerance

Acceptable range/boundaries of risk score

16

Risk appetite

Amount/type of risk accepted/taken

Minimal

Forward forecast of risk level

Dynamic, in quarter assessment of how - based on current evidence and confidence in future position – the risk owner sees this BAF risk level moving. Either to YE or as far forward as is reasonable/realistic based on the evidence and forecasts available

The cyber action plan, which is presented to the Audit Committee, has four elements: Internal Audit recommendations, CAF Self Assessment, External Penetration Test recommendations, 10 risks on the trust risk register

Two of the key actions to achieve the anticipated risk level of 12 will be to deliver the active directory migration and a further reduction in unsupported legacy systems along with the Conquest core LAN migration.

3. Providing assurance

Additional actions that can be undertaken to support mitigations

Gaps in existing controls or assurance

- Deliver on the CAF action plan
- Obtain CAF to provide assurance on reliability and security of systems and information
- Continue with patching programme and address points raised by internal audit
- Cyber Action plan developed which sets out all of the actions that would need to be taken to mitigate cyber risks

Additional actions that can be undertaken to support mitigations and/or address gaps in existing controls/assurance

No.	Action	Exec lead	Due date	Status update (for current quarter)	BRAG
1	Cyber Assurance Framework	DCEO	June 26	• Internal CAF self-assessment completed which identifies gaps in compliance • Gaps have been used to create the cyber action plan • CAF action plan agreed with Regional teams • Refreshed cyber five-year strategy and awaiting approval	Green
2	Medical devices with network connectivity asset list	DCEO	March 27	• Increased visibility across EDGH and risks identified • Further work required to enable greater visibility across Conquest • Anticipate that full visibility will be delivered at EDGH by end of March 2026 • Conquest delivery anticipated in 2026/27	Amber
3	LAN Refresh EDGH	DCEO	March 26	• Migration of Edge network over the course of 2025/26 • Delayed due to winter pressures and fire compartmentalisation work	Green
4	LAN Refresh Conquest	DCEO	March 27	• Replace the Core Network and Fibre connections to the Edge Switches • Edge Switch replacement underway • Fibre network now installed and should be complete by end of March • Planning underway for Core cut over • Large dependency on Estate work	Red
5	Active directory migration	DCEO	Dec 26	• Migration of users and devices has started and is 40% complete • Migration of services during 2026	Amber
6	Windows 11 migration	DCEO	May 26	• Migration of client devices to latest supported operating system • 33% complete	Amber

	1st line of Defence (service delivery and day to day management of risk and control)	2nd Line of Defence (specialist support, policy and procedure setting, oversight responsibility)	3rd Line of Defence (Independent challenge on levels of assurance, risk and control)
Assurance	• Self-assessment against CAF to support development of actions for protection against threats, reviewed by division • Cyber security testing and exercises e.g. ICB cyber simulation event with all NHS organisations in Sussex & two internal events with senior leaders • We have run in-house email phishing campaigns	• Regular quarterly security status report to IG Steering Group and every six months to Audit Committee • Integrate Cyber action plan into EPRR planning	• RSM internal audits reports • Feedback from NHS Digital on Cyber Exposure score • Advice and guidance provided by third party security operation centre

1. Risk Summary

Reference & title	BAF 6: Failure to develop business intelligence limits insightful and timely analysis to support decisions.			Fit with Trust corporate priorities			
Description	It is likely there will continue to be delayed, inaccurate, or incomplete data analysis due to a failure to attract/recruit/develop business intelligence resource. The impact of this is significant/major, ultimately leading to poor decision-making or missed opportunities not meeting objectives and efficiency goals. Mitigating actions described will reducing the risk likelihood.			LOS	Workforce	Income	Bus Case / Digital
				✓	✓	✓	✓ ✓
Lead executive	Deputy CEO	Lead Committee	Finance and Performance		Date last reviewed	25/09/2025	
Risk(s) rated 12 and over aligned	• While there are no current risks on the Corporate Risk Register that align, gaps in divisional analytical support relating to planning, improvement projects and operational management has been identified.						

2. Risk Scoring

Inherent risk *If there were no mitigations*	
Likelihood	4
Impact	4
Risk level	16

Current risk level *Assessment based on evidence*				
	Q1	Q2	Q3	Q4
Likelihood	4	4	4	
Impact	4	4	4	
Risk level	16	16	16	

Rationale for current risk level
Evidence that provides assurance of current risk level

This risk has the potential to severely impact strategic decision-making and operational efficiency, as the failure to develop robust business intelligence capabilities can hinder timely and accurate insights. Such limitations are likely to have a high impact on both financial performance and patient outcomes. The likelihood of this risk materialising is considerable, given the rapid advancements in BI technologies and the growing demand for specialized talent, making it increasingly challenging to attract and retain the necessary expertise.

Risk tolerance
Acceptable range/boundaries of risk score

No higher than 16

Risk appetite
Amount/type of risk accepted/taken

Seek

Forward forecast of risk level

Dynamic, in quarter assessment of how - based on current evidence and confidence in future position – the risk owner sees this BAF risk level moving. Either to YE or as far forward as is reasonable/realistic based on the evidence and forecasts available

Current risk remains at 16. The pipeline from the ICS analyst pool did not materialise following the recent changes in the role and structure of the ICS.

The risk level is expected to reduce from significant (16) to high (12) in Q4 with the following mitigations in place:

- 2025/26 Q4 – procure fixed term resource that will automate BI processes freeing up substantive BI capacity. Reporting infrastructure development will also take place during this quarter, to enable accurate and timely extraction of data.
- Information reports and dashboards are being utilised from the Federated Data Platform.

2026/27 - Q1 to Q3, risk level expected to fall to medium (9) as skills mix model is deployed, pipeline to T- level students is established and upskilling of existing BI staff is completed. Fixed term resource will continue during Q1 and may extend into Q2 depending on recruitment of substantive posts.

2026/27 end of Q4, risk rating expected to fall to medium (6) when remaining elements of BI Development Plan is completed e.g. Apha accreditation, analytical maturity assessments.

3. Providing assurance

Additional actions that can be undertaken to support mitigations

Gaps in existing controls or assurance

- Limited Data Integration: Challenges integrating data from disparate clinical systems/sources into a central data warehouse, resulting in incomplete or inaccurate insights.
- Insufficient Data Governance: Weak data governance practices that fail to ensure data quality, consistency, and security across systems.
- Outdated BI Tools: Use of outdated or incompatible BI tools that do not support advanced data analytics or real-time reporting.
- Fragmented Reporting: Ineffective reporting mechanisms that do not provide timely, accurate, or actionable insights to decision-makers.
- Inadequate BI Training Programs: Insufficient or outdated training for staff on BI tools and data management, leading to skill gaps and ineffective use of BI systems.
- Clear national guidance reduces the risk of inaccurate data being reported and is not available for all metrics.
- Level of automation. Significant manual intervention increases the risk of human input errors.
- Complexity of rules, where the rules set out in national guidance are highly complicated and risk misinterpretation.

Additional actions that can be undertaken to support mitigations and/or address gaps in existing controls/assurance

No.	Action	Exec lead	Due date	Status update (for current quarter)	BRAG
1	Enhance BI Structure and Investment	DCEO	Dec 25	Recruitment of BI staff has been challenging, but a new targeted drive is underway. This will involve: Immediate – fixed term resource to automate BI processes and reporting infrastructure development Medium term – new recruitment model (T-level students and skills mix to allow internal lower grade entrants into BI team), upskilling of BI team. Timescales and risk impact scores shown in forward forecast section above.	Red

2	Update BI Tools	DCEO	Sept 25	Power BI Online Service implemented and SharePoint front end development complete	Green
3	Enhance BI Training Programs	DCEO	Dec 25	Continued Microsoft/NHS BI training uptake; targeted SQL and Power BI skills programme to complete by deadline. Training completed by analysts. Active learning set sessions to be implemented in Jan 25 for continued development.	Green
4	Improve Reporting Mechanism, Automation First and Self Service	DCEO	March 26	• New developments are being produced on a web front automated first approach; including elective programme utilisation reporting, A&E , flow, quality and safety and theatre reporting. • Theatre reporting complete, Outpatient reporting complete. • Scoping and requirements for other areas such as Radiology in progress.	Amber
5	Engage External Partners	DCEO	Sept 25	BI consultancy and visualisation partnerships secured to accelerate key developments by deadline.	Green
6	Design and Implement a New Data Warehouse	DCEO	March 26	Technology assessment and data migration planning are progressing to support delivery by the deadline. The upcoming implementation of the new PAS system over the next two years will significantly impact data structures and integration requirements. An agreed plan for the data warehouse approach pre-merger is needed to ensure alignment and reduce the risk of continuing data disparity. This will support clarity on interim and longer-term solutions in line with organisational priorities.	Amber

	1st line of Defence (service delivery and day to day management of risk and control)	2nd Line of Defence (specialist support, policy and procedure setting, oversight responsibility)	3rd Line of Defence (Independent challenge on levels of assurance, risk and control)
Assurance	• Risk Assessment and Monitoring: Regular assessment and monitoring of BI-related risks, including evaluating the effectiveness of BI systems and controls. • Review of Risk Management Practices: Evaluating the effectiveness of risk management and compliance processes related to BI capabilities.	• Regular status and progress updates reported to ELT • Providing independent reports and recommendations to ELT and Executive Committee for review, regarding the adequacy of BI controls and risk management practices.	• Independent Audit review reports of BI Systems • Internal Audit review reports

1. Risk Summary

Reference & title	BAF 7: Failure to transform digitally and deliver associated improvements to patient care.			Fit with Trust corporate priorities					
Description	Failure to transform digitally and deliver associated improvements to patient care and develop a digital culture			LOS	Workforce	Income	Bus Case	Digital	
				✓	✓	✓	✓	✓	
Lead executive	Deputy CEO	Lead Committee	Finance and Performance		Date last reviewed		25/09/2025		
Risk(s) rated 12 and over aligned	• Integration of patient info systems • SDEC booking systems • Follow up appointment database • Firewall vulnerability • National e-referral system								

2. Risk Scoring

Inherent risk *If there were no mitigations*	
Likelihood	4
Impact	4
Risk level	16

Current risk level *Assessment based on evidence*			
Q1	Q2	Q3	Q4
3	3	3	
4	4	4	
12	12	12	

Rationale for current risk level
Evidence that provides assurance of current risk level

To enable to Trust to transform digitally and develop a culture which embraces significant change there is a dependency on investment and resources. However, currently the Trust is reliant on non-recurrent funding making it challenging to plan for large scale changes or recruit to roles.

The long-term impact of not embracing the changes needed to support a digital transformed trust are significant, as the population/patient will expect the Trust to deliver services using enhanced digital solutions. The progress on Electronic Patient Record (EPR) procurement has increased the level of engagement across the organisation as well as the need for digital and structured data.

Risk tolerance
Acceptable range/boundaries of risk score

No higher than 16

Risk appetite
Amount/type of risk accepted/taken

Seek

Forward forecast of risk level
Dynamic, in quarter assessment of how - based on current evidence and confidence in future position – the risk owner sees this BAF risk level moving. Either to YE or as far forward as is reasonable/realistic based on the evidence and forecasts available

Embedding clinical and operational staff within the digital system delivery is greatly supporting the digital culture across the organisation. Digital awareness across the organisation has greatly improved; divisions are looking to embed digital processes. EPR readiness work is underway to improve digital maturity across the organisation. The implementation of EPR/LIMS/OCS order comms should lead to a reduction of this risk rating.

3. Providing assurance

Additional actions that can be undertaken to support mitigations

Gaps in existing controls or assurance

- Level of automation. Significant manual intervention impacts on the acceptance of change within the Trust
- We need a training plan to increase digital literacy and add digital into all job descriptions

Additional actions that can be undertaken to support mitigations and/or address gaps in existing controls/assurance

No.	Action	Exec lead	Due date	Status update (for current quarter)	BRAG
1	EPR implementation	CMO	Tranche 1: March 26 Tranche 2: Sept 26	• Implementation started, initiation stage signed off • Good Clinical and Operational engagement • Familiarisation events underway • Upgrade to 9.2.11 complete. SaaS migration underway – T1 go live mid March 26 • End date of implementation will be July 2027	Green
2	Digital transformation roadmap to support digital strategy	DCEO	Feb 26	• New Strategy signed off by ELT waiting on alignment of the Trust priorities • To be presented for approval to Trust Board at February's Board Development Day • Updated to reflect changes in 10 year plan	Green
3	Digital Literacy Assessment	DCEO	March 26	• Digital literacy assessment has started to be rolled out across clinical wards • Development of a plan to increase digital literacy • Developing links with education teams to embed digital literacy into workforce descriptions	Amber
4	Increase digital culture	DCEO	Ongoing	• Communications strategy and engagement • Multidisciplinary team working • New CCIO in post and Deputy CCIO recruitment underway • Digital is one of the five pillars in the Trust Strategy	Green

	1st line of Defence (service delivery and day to day management of risk and control)	2nd Line of Defence (specialist support, policy and procedure setting, oversight responsibility)	3rd Line of Defence (Independent challenge on levels of assurance, risk and control)
Assurance	• Project Prioritisation Matrix used to track and manage priorities for digital • Process Mapping utilised to monitor and facilitate change acceptance and benefits management	• Regular reports to Exec, F&P & Trust Board • Regular presentation to Digital IPR • Regular reports to OMG • Regular reports to Digital Steering Group	• Capital Business cases reviewed by ICS • Internal audit review reports

1. Risk Summary

Reference & title	BAF 8: 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.			Fit with Trust corporate priorities					
Description	The Trust has large numbers of patients who do not need the specialist inpatient care provided by ESHT (discharge ready) resulting in a requirement for significant additional capacity and staffing. There is an impact on flow of patients and an increased risk of deconditioning and harms (both physical and mental health) due to the very extended length of stay of some of these patients. In addition, there is a negative impact on patient experience as a result.			LOS	Workforce	Income	Bus Case	Digital	
				✓	✓	✓			
Lead executive	COO/CNO/CMO	Lead Committee	Quality and Safety			Date last reviewed	24/09/2025		
Risk(s) rated 12 and over aligned	• Inpatient flow from ED • Insufficient acute beds in winter • Delayed ambulance transfers • Psychological support for long term and rehab patients		• Bed management at full capacity • Waiting times for specialist nursing home placement						

2. Risk Scoring

Inherent risk *If there were no mitigations*	
Likelihood	5
Impact	4
Risk level	20

Current risk level *Assessment based on evidence*				
	Q1	Q2	Q3	Q4
Likelihood	4	4	4	
Impact	4	4	4	
Risk level	16	16	16	

Rationale for current risk level

Evidence that provides assurance of current risk level

Evidence on a daily basis of the impact of around 120 patients who are discharge ready and the impact that this has on flow and increasing risk to patients and staff.

Situation continues with large numbers of patients who are discharge ready with use of additional bedded capacity.

In addition, it is necessary to pre-emptively place (board) additional patients on wards and in provide care in corridors for extended periods of time until a bed space is available.

December has been especially challenging but the Q3 risk level has not increased from 16 as this was not the case for October and November.

Risk tolerance

Acceptable range/boundaries of risk score

No higher than 16

Risk appetite

Amount/type of risk accepted/taken

Cautious

Forward forecast of risk level

Dynamic, in quarter assessment of how - based on current evidence and confidence in future position – the risk owner sees this BAF risk level moving. Either to YE or as far forward as is reasonable/realistic based on the evidence and forecasts available

Currently, and for the rest of January, it is likely that the significant challenges will continue. We have received and are working through the implementation of recently received NHSE "Principles for Providing Patient Care in Corridors". We will report progress to Q&S and to the Trust Board.

3. Providing assurance

Additional actions that can be undertaken to support mitigations

Gaps in existing controls or assurance

- Lack of Adult Social Care capacity / timely assessment
- Lack of Nursing Home capacity
- Accuracy and timeliness of data on NerveCentre
- Lack of mental health capacity / timely assessment resulting in stranded patients with Significant Mental Illness (SMI)
- Lack of suitable clinical space and workforce to accommodate additional patients
- Currently unable to easily report on all of the requirements of the new Corridor Care Guidance

Additional actions that can be undertaken to support mitigations and/or address gaps in existing controls/assurance

No.	Action	Exec lead	Due date	Status update (for current quarter)	BRAG
1	Ensure clinical areas are staffed as safely as possible	COO/ CNO/ CMO	Q4	• Workforce pressures remain • Escalation processes and de-escalation processes in place • MH Outreach team in place; ongoing discussions regarding review of skill mix • Agreement to invest in therapy resource for inpatients with recruitment well underway and all posts recruited to • Adherence to the new Corridor Care Guidance	Amber
2	Ensure that patients are placed as safely and appropriately as conditions permit	COO/ CNO/ CMO	Q4	• Escalation capacity and surge and boarding capacity utilised as appropriate • New guidance received December 11th 2025 regarding Corridor Care; currently being worked through • Revised dynamic patient risk assessment already in use and all areas have had recent review regarding environmental risks	Amber
3	Ensure complex/high risk patients are assessed and flagged appropriately	COO/ CNO/ CMO	Q3	• Meetings to review and escalate patients with LOS in excess of 7,14 and 21 and 100 days take place each weekday with ASC and therapy attendance • As required on a case-by-case basis, divisions escalate particularly complex patients	Amber
4	Need to roll out and embed process for capturing and reporting on the impact of deconditioning (harm reviews)	CNO/ CMO	Q2	• Harm review process being rolled out on wards with progress due to be regularly reported to IGM	Green

	1st line of Defence (service delivery and day to day management of risk and control)	2nd Line of Defence (specialist support, policy and procedure setting, oversight responsibility)	3rd Line of Defence (Independent challenge on levels of assurance, risk and control)
Assurance	• Robust management of all capacity • Thrice daily reviews of staffing • Redeployment of staff as required • Safety huddles in all clinical areas • Real time bed state/information available • Monitoring of quality and safety KPIs • Daily capture and monitoring of escalation and supersurge capacity • System escalation calls to discuss the number of Super Surge patients being cared for at the Trust and the number of patients not meeting the criteria to reside • Regular escalation of patients awaiting a mental health bed	• Use of any additional specialist advice or support, including visits to ESHT and ESHT staff visiting other locations • Daily patient pathway review for all patients • System wide discharge improvement workstream focussed on improving discharge processes and reducing length of stay in acute hospital and community hospital beds	• Scheduled meetings with CQC to discuss data, intelligence and KPIs • Challenge at Quality and Safety Committee and Trust Board • Provider assurance meetings and system clinical quality review meetings

1. Risk Summary

Reference & title	BAF 9: Failure to meet the four-hour clinical standard.			Fit with Trust corporate priorities			
Description	Due to ongoing challenges with patient flow (there remain around 118 patients with No Criteria to Reside), there is a risk that patients spend longer than they need to in the emergency department once they are clinically ready to proceed. This is due to a number of factors and also affects those patients who wait longer than they should to access the emergency department. There is evidence to suggest that patients who spend more than six hours in emergency departments are more likely to suffer harm.			LOS	Workforce	Income	Bus Case / Digital
				✓	✓	✓	
Lead executive	COO/CNO/CMO	Lead Committee	Quality and Safety		Date last reviewed	24/09/2025	
Risk(s) rated 12 and over aligned	• Inpatient flow from ED • Delayed out of hours patient assessment • Insufficient acute beds in winter • Staff absence		• Delayed face to face triage • Bed management at full capacity				

2. Risk Scoring

Inherent risk *If there were no mitigations*	
Likelihood	5
Impact	4
Risk level	20

Current risk level *Assessment based on evidence*				
	Q1	Q2	Q3	Q4
Likelihood	4	4	4	
Impact	4	4	4	
Risk level	16	16	16	

Rationale for current risk level
Evidence that provides assurance of current risk level

There is robust data/evidence on a daily basis that describes the length of time patients stay in the department and that the standard/ambition is not being met.

December has been especially challenging but the Q3 risk level has not increased from 16 as this was not the case for October and November.

Risk tolerance
Acceptable range/boundaries of risk score

No higher than 16

Risk appetite
Amount/type of risk accepted/taken

Cautious

Forward forecast of risk level
Dynamic, in quarter assessment of how - based on current evidence and confidence in future position – the risk owner sees this BAF risk level moving. Either to YE or as far forward as is reasonable/realistic based on the evidence and forecasts available

There are a variety of actions underway which form part of the length of stay programme which all aim to address this risk. If all of those programmes of work progress in a timely manner, we could cautiously expect the risk score to remain at 16. Currently, and for the rest of January, it is likely that the significant challenges will continue.

3. Providing assurance

Additional actions that can be undertaken to support mitigations

Gaps in existing controls or assurance

- We do not have a mechanism for immediately decompressing emergency departments.
- We cannot immediately respond to significant surges in activity.
- It is not easy or possible to see ward level length of stay data; this is only available by speciality.
- Unsure that workforce plan matches increase in activity.
- Both emergency departments do not have sufficient capacity for increase in attendances and activity

Additional actions that can be undertaken to support mitigations and/or address gaps in existing controls/assurance

No.	Action	Exec lead	Due date	Status update (for current quarter)	BRAG
1	Continue to invest in Home First and community capacity and transformation of the acute footprint, including ongoing rollout of intermediate care wards.	COO	Q4	• Work is underway; we have two ICW wards in place, one on each site • We are reducing our acute footprint and investing in community services	Green
2	Priority actions identified and include work regarding culture, education and roles and responsibilities. (SAFER and Reconditioning work)	CNO	Q2	• SAFER now as embedded as possible given current financial constraints and operational pressure • Increasing focus on reconditioning moving forward • Part of the length of stay programme of work • Forms part of a continual improvement programme	Amber
3	Still working on KPIs and dashboard to support work on Length of Stay and internal/external processes e.g. wait times for therapies, Adult Social Care and Mental Health.	COO/ CNO	Q2	• Length of stay programme refresh has been completed • Workstreams with clear priorities identified • Some dashboards have been completed; wait time for therapies and mental health are outstanding	Amber

	1st line of Defence (service delivery and day to day management of risk and control)	2nd Line of Defence (specialist support, policy and procedure setting, oversight responsibility)	3rd Line of Defence (Independent challenge on levels of assurance, risk and control)
Assurance	• Live bed state provides accurate information regarding occupancy and available bedded capacity • Breach compliance assurance across divisions • Long length of stay reviews across divisions • Complex/high risk patient reviews escalated to CMO/CNO/COO	• Bed strategy programme reporting through Use of Resources, with programme of work to reduce LOS in addition to areas described above	• Internal Audit Reports • Healthwatch feedback following visits • Family and Friends survey feedback from ED patients • ICB and NHSE South East region oversight of four hour performance

Agenda Item: 17.1

Report To/Meeting	Trust Board	**Date of Meeting**	17 February 2026
Report Title:	Emergency Preparedness, Resilience and Response (EPRR) Annual Update		
Key question	What is the current position of East Sussex Healthcare NHS Trust (ESHT) in terms of EPRR.		
Decision Action:	For approval ☐ For Assurance ☒ For Information ☐ For Discussion ☐		
Report Sponsor:	Charlotte O'Brien, Chief Operating Officer	**Presenter(s):**	Charlotte O'Brien, Chief Operating Officer
Outcome/Action requested:	The recommendation is that the Trust Board note and approve the contents of the report.		

Executive Summary

The report is submitted to the Trust Board, as required by the NHS Emergency Preparedness, Resilience & Response (EPRR) framework, and as set out in the Trust EPRR policy. The report provides the Trust Board with an update on key issues and developments relating to EPRR from January 2025 to date. This report is on behalf of the Chief Operating Officer (COO) as 'Accountable Emergency Officer'. Guidance requires this report includes an overview of the following:

1. EPRR training and exercises undertaken by the organisation.
2. Progress with business continuity across the organisation.
3. Summary of any business continuity, critical and major incidents experienced by the organisation.
4. Lessons identified from incidents and exercises.
5. The organisation's compliance position in relation to the latest NHS England (NHSE) EPRR assurance process

It is of note that the Trust has maintained 'Full Compliance' against the EPRR Core Standards Assessment undertaken by the Integrated Care Board (ICB) in September 2025.

Regulatory/legal requirement:	The NHS EPRR Core Standards for assurance require that: "*The Chief Executive Officer ensures that the Accountable Emergency Officer discharges their responsibilities to provide EPRR reports to the Board, no less than annually. The organisation publicly states its readiness and preparedness activities in annual reports within the organisation's own regulatory reporting requirements*".
Business Plan Link:	Quality ☐ People ☐ Sustainability ☐
Equality, Diversity, and Inclusion Impact Assessment/Comment	EDI issues have been taken into consideration
Resource Implication/VFM Statement:	N/A

Risk:	The Trust EPRR risk register is aligned to ESHT risk systems, links to the Local Health Resilience Partnership (LHRP) and the Sussex Resilience Forum (SRF) Community Risk registers and is reviewed monthly.

No of Pages	4	**Appendixes**	0

Governance and Engagement pathway to date:	This report is submitted on behalf of the Trust's EPRR Steering Group to the Trust Audit Committee in January 2026 prior to presentation at the February Trust Board meeting.
What happens next?	This annual report, along with minutes from Trust Board, will be submitted as evidence towards this coming years level of compliance of the NHSE Core Standards for EPRR.
Publication	Published

Introduction/Background

The Trust continues to recognise and comply with its duties as a 'Category 1 responder' under the Civil Contingencies Act 2004, and the requirements of the NHS EPRR Framework, (which was updated in 2022). Core tasks within the CCA2004 are:

- Assess the risk of emergencies occurring and use the assessments to inform planning.
- Confirm emergency plans for external incidents.
- Implement further Business Continuity Management arrangements (for internal incidents).
- Embed arrangements to warn / inform the public about civil protection matters.
- Share information and co-operate with other local responders.

An annual workplan is in place. Outlined in the paper is the positive progress that has been made, and an overview of work required to continue to ensure the Trust improves its overall resilience and preparedness for untoward events and incidents.

EPRR Training and Exercises

Throughout the year work has taken place to review and develop a comprehensive set of EPRR training packages.

Strategic and Tactical Commander (STC)Training

Currently 81 members of staff have completed this course (circa 89% of staff required to undertake the training). In 2026 there will be changes made to this training package to align with developments in the Trust's Command and Control Framework.

There are two E-Learning modules for On-Call Managers to complete, these include NHS Principles in Health Command (PHIC) and Joint Emergency Services Interoperability Programme (JESIP). In 2026 the EPRR team plan to include these as part of the face-face training sessions.

Operational Commander (OC) Training

Currently 21 have completed this course, circa 95% of staff.

Specialist Operational Response Training (SORT) figures

Since the end of 2024, 173 staff have been trained as CBRN responders with the vast majority being from the Emergency Departments. Training dates are planned throughout 2026.

The EPRR team have also been developing new training packages throughout 2025 which will run in 2026 to support teams across the organisation.

ESHT has a record of commitment to both internal & external EPRR exercises and the full exercise schedule for 2025/2026 has been developed.

Business Continuity

In 2025 significant progress has been made across all services with their Trust Business Impact Analysis (BIA).

The team remains focused on ensuring that the Business Continuity programme of work progresses at pace throughout 2026, and the team have identified how best to utilise the available resource to cover differing elements of the process, this includes: Completion of Business Impact Assessment, completion of Business Continuity Plan and Exercising the plan once complete. This work will continue through out 2026 and into 2027.

Incidents and Lessons identified

Incidents since the last report are:

- Digital Outage (June 2025)
- Industrial Action (July 2025)
- Wet Decon Response (July 2025)
- Digital Network Switch (August 2025)
- Heatwave Response (July, August, September 2024)
- Capacity & Flow BCI (October 2025)
- Industrial Action (November 2025)
- Industrial Action (December 2025)
- Carbon Monoxide Poisoning External Major Incident (December 2025)
- Hastings Water Outage (December 2025)
- EDGH Power Outage (January 2026)
- Capacity & Flow BCI (January 2026)

The most recent incidents have identified some key learning points which will be worked through at the subsequent debriefs and then actioned via the necessary teams. A summary report of identified learning and on-going action is due to be present to the Trust Audit Committee in late Spring/early Summer.

Notable Successes

Successes include:

- The ongoing work to support services to continue to develop their Business Continuity Plans.
- Development of new EPRR training packages.
- 89% of Tactical and Strategic Commanders trained in 2025.
- 95% of Operational Commanders trained in 2025.
- The work on the annual EPRR core standards with improvements made since 2024 which led to maintaining full compliance in 2025.
- The working relationships between the EPRR Team and both internal services and external organisations.
- The continual management of the Trust Operational Centre.
- EPRR Manager presented with the NHS England South East Regional EPRR Rising Star Award and the Business Support Officer award with the NHS England South East Regional EPRR Behind the Scenes Award in 2025.

Compliance: NHS England EPRR assurance Process

The EPRR Team has completed the 2025 assurance process and can report the Trust maintained ‘Full Compliance’ against the EPRR Core Standards Assessment.

Recommendations

1. Acknowledgement of the continued priority in delivering the EPRR work programme of work.
2. Acknowledge the current position of EPRR within the Trust and support the ongoing development and successes of the team as work commences on the core standards for 2026.
3. Acknowledgement of the Trusts level of compliance with the NHSE Core Standards for EPRR.

Agenda Item: 17.2

Report To/Meeting	Trust Board	**Date of Meeting**	17th February 2026
Report Title:	East Sussex Healthcare NHS Charity Annual Report and Accounts 2024/25		
Key question	What activity did the Trust's Charity undertake during 2024/25?		
Decision Action:	For approval ☐ For Assurance ☒ For Information ☐ For Discussion ☐		
Report Sponsor:	Ama Agbeze, NED and Charity Chair	**Presenter(s):**	Ama Agbeze, NED and Charity Chair
Outcome/Action requested:	The Board is asked to note the Charity's Annual Report and Accounts for 2024/25.		

Executive Summary

East Sussex Healthcare NHS Charity is the Charity of East Sussex Healthcare NHS Trust.

The Charity's aims are to:

1. Enhance the patient experience throughout their time with the Trust
2. Expand East Sussex Healthcare NHS Trust's capacity to provide care and improve health outcomes
3. Support staff wellbeing in our hospitals and community services

We rely on the generosity of our donors to be able to enhance the care that is provided by the Trust and everything that the Charity does is only possible due to the generosity and support of the public. More information about the Charity can be found on its website: https://eastsussexhealthcarenhs.charity/

The Charity's income for 2023/24 was £225,000; £237,000 was spent funding charitable activities during the year.

The annual report and accounts attached were approved at the meeting of the Charity's Corporate Trustee on 28th January 2026 and were submitted to the Charity Commission on 29th January 2026.

Regulatory/legal requirement:	East Sussex Healthcare NHS Trust (ESHT) is the sole Trustee of the Charity, with members of the Board acting on the Trust's behalf.
Business Plan Link:	Quality ☐ People ☐ Sustainability ☐
Equality, Diversity, and Inclusion Impact Assessment/Comment	EDI issues have been taken into consideration
Resource Implication/VFM Statement:	Not applicable

Risk:	The major risks to which the Charity is exposed have been identified and reviewed with systems established to mitigate them. The Charity relies on and benefits from the financial controls framework of ESHT. The most significant risks identified were: 1. possible losses from a fall in the value of the investments; 2. possible lack of growth related to the investment strategy adopted; and 3. reputational damage leading to a sudden and dramatic fall in donations.

No of Pages	2	**Appendixes**	1

Governance and Engagement pathway to date:	The annual report and accounts were subject to, and approved by, external audit. They were approved by the Charity's Corporate Trustees on 28th January 2026.
What happens next?	The Charity will continue to raise money to provide support the Trust in delivering the highest quality care to patients.
Publication	Yes

NHS
East Sussex Healthcare
NHS Trust

East Sussex
Healthcare
NHS Charity

East Sussex Healthcare NHS Charity

Annual Report and Accounts 2024/25
Registered Charity Number 1058599

www.esht.nhs.uk

CONTENTS

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MESSAGE FROM THE CHAIR-

Ama Agbeze Chair of Charitable Funds Committee

Welcome to the East Sussex NHS Charity Annual Report for 2024/25.

Our Charity exists to support the vital services provided by East Sussex Healthcare NHS Trust, enhancing care for both patients and staff.

Thanks to the continued generosity of our donors, the Charity remains in a strong financial position, with a closing balance of £2 million. These funds will be invested in patient services, staff wellbeing, and facilities, helping to improve the safety and quality of care across the Trust.

Over the past year, we received £168,000 in donations from individuals, businesses, and grant-making bodies, along with £57,000 in legacies. We are deeply grateful to Anne Helena Monk and Moya Phillips, whose philanthropic legacies will live on through the care we provide. We also extend our thanks to David Balch, who generously bequeathed a campervan to the Charity, raising £13,500.

A special tribute goes to Reg Coomber, who raised an extraordinary £50,000 through a sponsored swim, despite undergoing cancer treatment from the Trust. Reg sadly passed away after completing his challenge, but his courage and generosity continue to inspire us all.

Thanks to this incredible support, the Charity has been able to fund £237,000 in grants, covering medical equipment, staff welfare, education and training, and patient amenities; these are all areas that would otherwise be beyond the Trust's reach.

None of this would be possible without the kindness of our donors. We extend our heartfelt thanks to each and every one of you. This report highlights the meaningful impact your support has made and can continue to make.

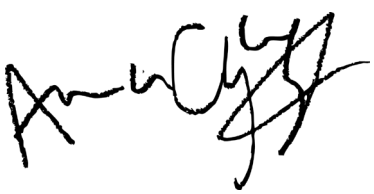
This year also marked the retirement of our longstanding Charity Manager, Mike Eastwood. Mike's dedication has been invaluable, particularly in refreshing the Charity's image with a new name, logo, and website. As we reflect on how best to support the Trust in the future, we have chosen to pause recruitment for his replacement to ensure we find the right person for the next chapter.

This report outlines our achievements, the ways we support patients and staff, and includes the Charity's financial statements for the year ending 31 March 2025.

Our annual report complies with the Statement of Recommended Practice for charities preparing accounts under the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102), the Charities Act 2011, and UK Generally Accepted Accounting Practice.

We hope you'll be inspired by our work and consider joining us - whether as a fundraiser, donor, volunteer, or committee member. To get involved, please contact us at esht.charity@nhs.net.

Ama Agbeze
Chair of East Sussex NHS Healthcare Trust Charity



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ABOUT EAST SUSSEX HEALTHCARE NHS CHARITY

East Sussex Healthcare NHS Charity, formerly East Sussex Healthcare NHS Trust Charitable Fund was formed in October 1996 and is registered with the Charity Commission, the Charity Number is 1058599.

Our Vision:

To provide support to East Sussex Healthcare NHS Trust to enhance patient care and achieve better health outcomes within our hospitals and community.

Our Core Priorities:

- • Supporting patient care will continue to be at the heart of everything that we do, as we want patients to have the best possible experience during their stay in the Trust. We will work with our NHS colleagues to support key programmes and services that will enhance the treatment that is offered to patients.

- Creating the right workplace is key to improving patient care. We will support NHS colleagues in transforming the way their services are delivered. We will also support transformative projects aligned with the Trust's strategic priorities.

- Supporting our staff is crucial in ensuring that patients receive the best possible care. We will work with the Trust to build upon existing and new wellbeing activities and to support further improvements to staff spaces and facilities.

Our Hospitals:

We are dedicated to raising funds for our four hospitals, as well as supporting our services in the community.

- Bexhill Hospital
- Conquest Hospital
- Eastbourne District General Hospital
- Rye And Winchelsea District Memorial Hospital

Our Funds:

At 31 March 2025 the Charity had 93 unrestricted funds and 5 quality funds linked to Bexhill Hospital, Community Services, Conquest Hospital, Eastbourne District General Hospital and an overarching Trust fund. These funds are used to fund Trust wide initiatives as well as bids specific to particular locations.

The Charity has a further 19 restricted funds, which include money received from NHS Charities Together for specific projects, and the Eastbourne District General Hospital Scanning Equipment Fund which is for the benefit of the Intensive Care and Radiology.

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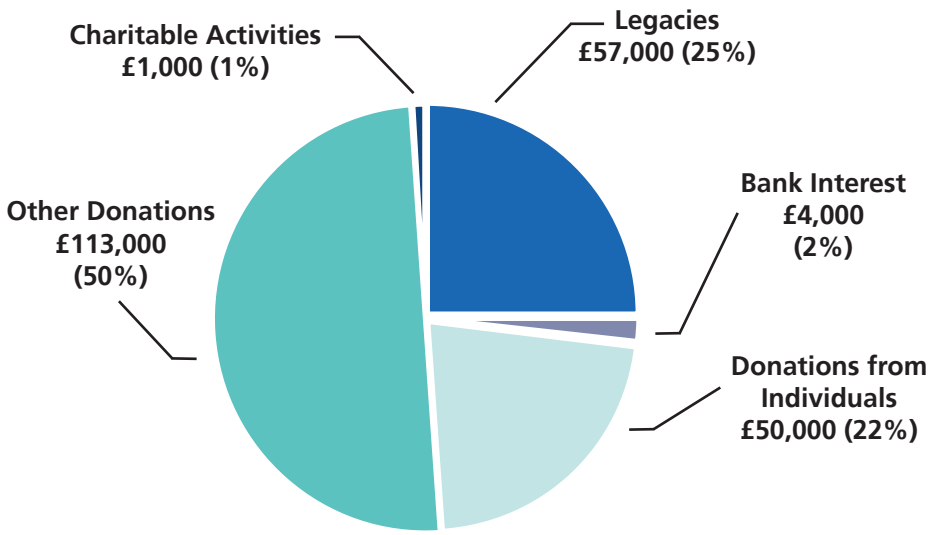
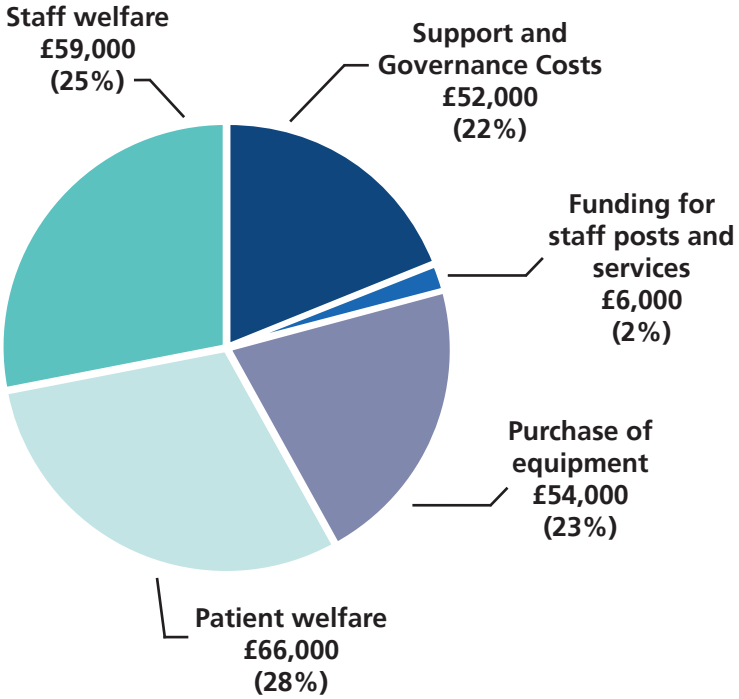
THE YEAR IN NUMBERS

During 2024/25 ESHTCF received income of £225,000 from donations, legacies, investment income and charitable activities.



ESHTCF spent £237,000 during the year on charitable activities, as shown below. Refer to note 3 and 4. This was funded from income of £225,000 and a £12,000 reduction in reserves, excluding fundraising expenditure.



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HOW WE HELPED:

Sertain S4540 Intensive Care and Trauma Chair

The Critical Care team at Conquest used charitable funds to purchase a Sertain S4540 Intensive Care and Trauma Chair; the chair helps improve patient care by enabling safe and early mobilisation from bed to chair, which supports faster recovery, better respiratory function, and reduced complications. Its design allows full recline for easy lateral transfers, reducing manual handling risks for staff, while features like pressure-relieving cushions and adjustable positioning enhance patient comfort and safety. This combination promotes rehabilitation and improves overall outcomes in critical care and trauma settings.

Neptune Hydrotherapy Pool Lift

The Physiotherapy team at Eastbourne DGH used donated funds to place an order for a Neptune Hydrotherapy Pool Lift. This will help to ensure that all patients, regardless of their mobility levels, can access the pool as part of their physical rehabilitation. This purchase was made possible through an extraordinarily generous donation from a single patient to whom we are incredibly grateful.

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BIDS APPROVED OF OVER £500 DURING 2024/25

Arts in Healthcare

Description	Amount
Sale of artwork: Oil on canvas, title “Still Life” by Angela Cummins - reimbursement to artist	£1,350.00

Funding of staff posts and services

Description	Amount
Accreditation fee for Skills for Adjusting Diet and Insulin in East Sussex DSME Programme	£2,500.00

Patient welfare

Description	Amount
Improvements to Courtyard No.5 at EDGH for the benefit of patients and staff	£23,079.00
1-year renewal of subscription to MyHeart app (used by cardiology patients)	£6,900.00
Equipment shed for Urgent Community Response and HIT team	£4,258.36
Supplies for Head and Neck Cancer Patients	£2,500.00
Blackout blinds for clinical and admin areas to support more efficient working and assessment: Diabetic Eye Screening Programme	£2,464.80
Training and equipment for Ivy Team	£2,298.00
Chin Straps for use with Paxman scalp cooling equipment (x100) - to help prevent hair loss in chemotherapy patients	£1,950.00
200 x Udderly cream - intensive moisturiser to allow patients to continue treatments that dry the skin	£1,917.60
200 x Udderly Cream - heavy duty moisturiser to support comfort of patients and speed up treatment courses	£1,598.00
Irvine Unit Pergolas x 3	£1,546.56
2x patient positioning kits for the Stroke Unit	£1,464.80
Waterproof PICC covers, size large x 50 - lets patients shower while protecting PICC line and reducing risk of infection	£951.00
60 (30x Medium & 30x Large) Limbo PICC Protectors	£864.00
Venue hire costs for Skills for Adjusting Diet and Insulin (SADIE) courses (x3)	£840.00
Accommodation for SADIE and Carbohydrate Awareness Programme - September to December 2024	£836.00
Surgery preparation books	£660.00
Accommodation for SADIE and Carbohydrate Awareness Programme - June to August 2024	£506.00

Purchase of equipment

Description	Amount
2x Patient Treatment Chairs for Intravitreal injections for the Dowling Unit, Bexhill	£26,534.00
Arjo Neptune Pool Hoist + 2 stretcher bed + 2 chair attachments	£22,897.10
Sertain S4540 Intensive Care & Trauma chair	£6,921.00
Verona Minor Ops Therapy Chair to increase efficiency of procedures and comfort of patients	£6,059.20
Enteral pH readers x2	£4,709.62
Refurbishment and furniture costs for a 'quiet room' adjacent to the ward to give a peaceful and confidential space	£3,273.00
3 x reclining chairs	£2,018.40
Simulaids Adult Airway Management Training Manikin - to help deliver more efficient training	£1,956.00
2x Sara Stedy movement aids	£1,860.00
Patient wheelchair for EDGH critical care - Caremed Rea Azalea wheelchair	£1,466.00
2x sofa beds for parents' rooms in the Special Care Baby Unit	£1,041.60
Electronic wheelchair weighing scales	£917.99
3x Mindray oximeters - for continuous monitoring	£891.00
Hoist Weighing Attachment - for patients to have a full assessment when having a home visit	£868.00
60 Medium Limbo PICC Protectors	£864.00
Additional sitting scale for infusion unit - to help assess patients more quickly	£690.00
Paxman Cap Complete - to help prevent hair loss in patients receiving cancer treatment	£606.00
Paxman cold caps for Pevensey Ward	£576.00
Bariatric chair	£556.20

Staff Welfare

Description	Amount
OPD Booking Dept. EDGH Office Improvements	£5,520.00
Roast Dinner meal for staff working Christmas day lunch and buffet for Christmas supper and nights	£5,000.00
Call-off amount for retirement celebration events on both acute sites	£3,000.00
£20 voucher for all Critical Care Staff (CQ)	£1,720.00
Away day for Dietitians - Room hire and Lunch for 40 people within the Dietetic Team on 13th June at Bannatyne Hastings	£1,203.00
Executive visit treats for staff - chocolates for all sites	£1,080.00
European Society for Clinical Nutrition and Metabolism (ESPEN) conference - expenses for attendance	£950.00
Picnic table for Crisis Response staff - to give them a relaxing outdoor space for eating or non-private conversations	£870.00
Membership for the UK Ophthalmology Alliance	£800.00
Room booking and refreshments for patient experience engagement event	£720.00
British Association for Cardiovascular Prevention and Rehabilitation Exercise Instructor Training	£675.00
Training/education for Nurse – Advanced TB Course, it will provide more resilience in the team and support in meeting demand	£660.00
Seating for staff room (2-seater)	£630.60
New chairs for staff room	£630.60
3 x Pevensey Ward Staff to attend “The Royal Marsden Haemato-Oncology Study Day” & Reimbursement of travel expenses	£600.00
Money to fund winning ideas from Clinical Audit Awards 2025	£600.00
Attendance expenses incurred by staff member joining European Robotic Urology Section conference	£575.96
Costs incurred by staff member attending the ESPEN conference 2023 in Lyon	£535.00
Conquest Bereavement Office Enhancement	£527.48

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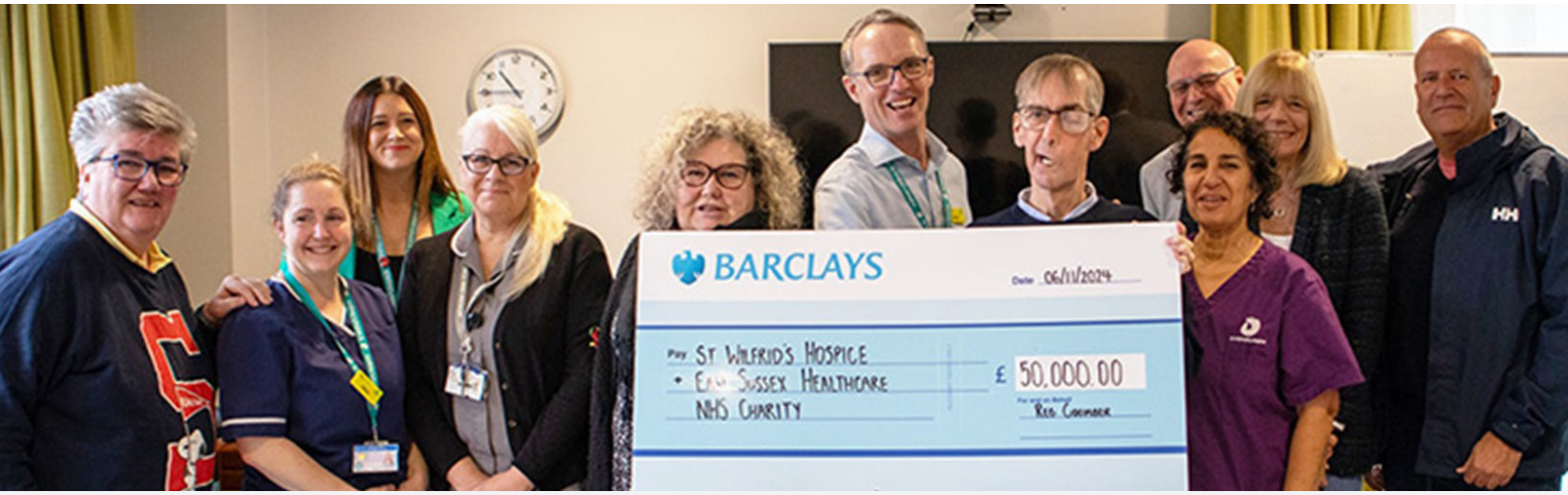
Fundraiser And Volunteer Achievements

Amazing Reg raises thousands to help cancer patients

Reg Coomber, who was receiving ongoing treatment at the Trust and at St Wilfrid's Hospice for his Head and Neck Cancer, carried out a sponsored 300 metre swim In December 2024, raising an amazing £50,000 for our charitable fund and St Wilfrid's Hospice.

Reg was motivated to start fundraising 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 the Charity purchased using this incredible donation was supplies of mouthwashes and specialist oral moisturisers to support Head and Neck Cancer patients following surgery and radiotherapy.

Sadly, Reg has since passed away but the funds he raised continue to support our cancer patients and his legacy lives on. purchase of highly specialist equipment and supplies for patients. We will be able to do so much to support patients with this phenomenal contribution."

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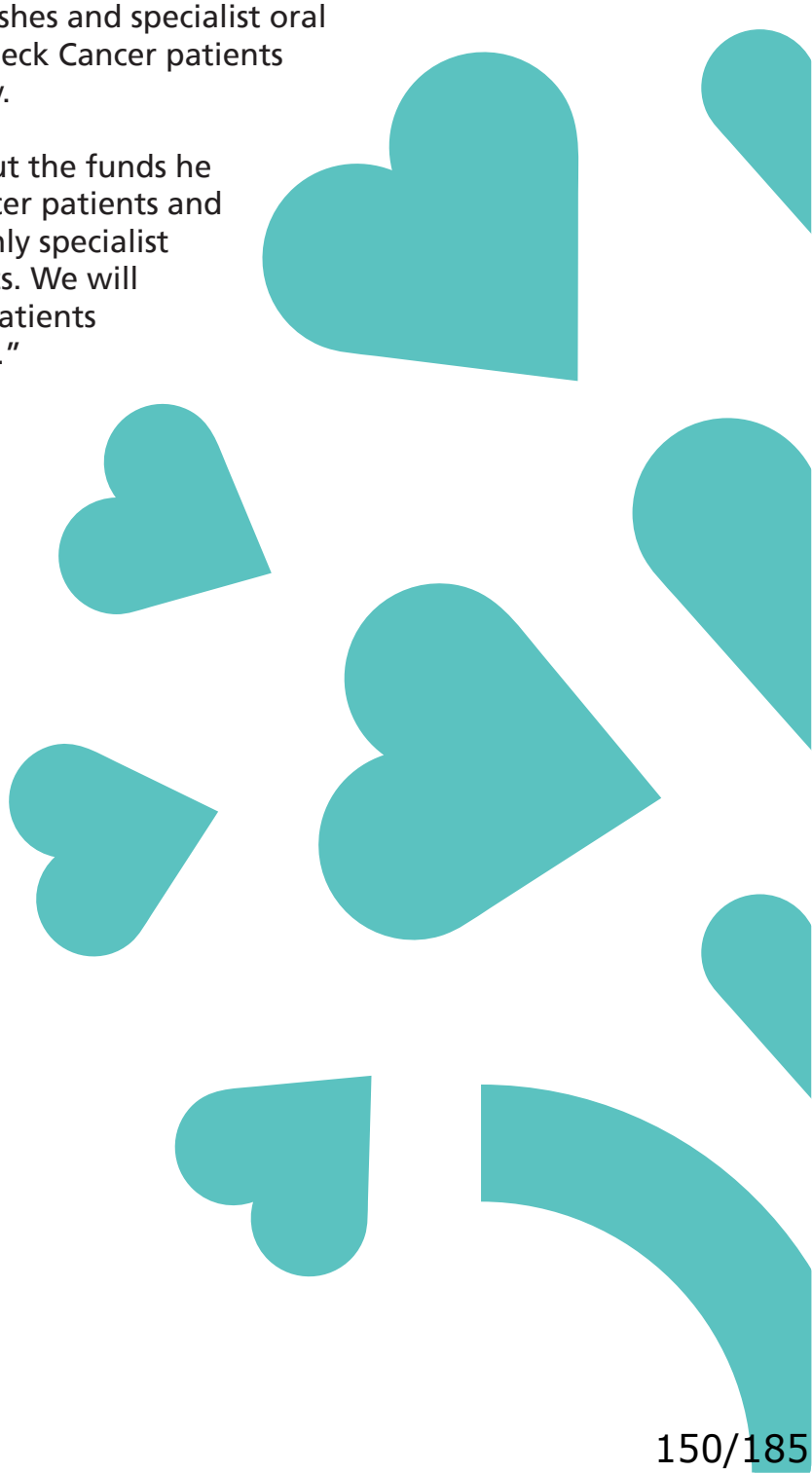

EDGH Courtyard No. 5 Transformation Project

Thanks to the generosity of donors to East Sussex Healthcare NHS Charity and the EDGH League of Friends, funding was secured to transform Courtyard No. 5 into a vibrant, welcoming space for patients, visitors, and staff. Once an underused area with poor landscaping and no seating, the courtyard has now been redesigned to promote wellbeing and connection.

The project has introduced accessible pathways for wheelchair users and bed-bound patients, sustainable landscaping, new seating around the cherry tree, and a pergola for quiet conversations. Other features include solar-powered lighting, a sound board for calming nature sounds, and a rainwater recycling system. This green oasis will provide a therapeutic environment that supports recovery, boosts staff morale, and reflects our commitment to creating a healing, patient-focused hospital.

ESHT Celebrates our Pennies from Heaven Silver Award

The Charity was delighted that ESHT won a 2024/25 Silver Pennies from Heaven Award in recognition of its outstanding commitment to workplace giving and the remarkable generosity of our workforce. Since the Trust joined the scheme in 2008, it has raised an incredible £68,500, demonstrating our culture of inclusivity and a desire to make societal impact by giving back.

Last year colleagues voted to split the funds raised between our three chosen charities equally. This meant that the £9,583 raised since then has resulted in St Wilfrid's Hospice in Eastbourne, St Michael's Hospice in Hastings and East Sussex Healthcare NHS Charity each receiving a fantastic £3,194.

Reference and Administration Details

Registered Charity Name	East Sussex Healthcare NHS Trust Charitable Funds
Working Name	East Sussex Healthcare NHS Charity
Registered Charity Number	1058599
Registered Address	St Anne's House 729 The Ridge St Leonards-on-Sea East Sussex TN37 7PT
Contact Details	Email: esht.charity@nhs.net Tel: 0300 131 4500
Principle Professional Advisors	Bankers: Lloyds Bank plc 2 City Place Beehive Ring Road Gatwick West Sussex RH6 0PA
	Solicitors: Bevan Britten Kings Orchard 1 Queen Street Bristol BS2 0HQ
	Independent Examiner: Grant Thornton LLP 8 Finsbury Circus London EC2M 7EA

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GOVERNANCE

Trustee Arrangements:

East Sussex Healthcare NHS Trust (ESHT) is the sole Trustee of the Charity. The Trustee confirms that they have referred to the Charity Commission's guidance on public benefit when reviewing the Charity's aims and objectives and in planning future activities.

The Charity Committee Members of ESHTCF during the year, 1 April 2024 to 31 March 2025 were as follows:

Chair:
Ama Agbeze

Committee Members:
Ama Agbeze
Karen Manson
Dr Tom Bate
Angela Colosi
Mike Eastwood
Beth Attwood
Jaquie Fuller
Richard Milner
Pete Palmer
Paresh Patel
Laura Ransom
Damian Reid

Governing Document

ESHTCF's governing document is the Model Declaration of Trust as registered with the Charity Commission. This provides that the Trustees shall hold the funds on trust to apply the income and, at their discretion so far as may be permissible, the capital for any charitable purpose or purposes relating to the National Health Service wholly, or mainly, for the services provided by ESHT, Sussex Integrated Care Board (ICB).

Structure, Governance and Management

Under the provisions of the Charities Act 2011, the Charity Commission has agreed that ESHTCF should be treated as a single Charity for the purposes of Part 4 of the Act for registration and of Part 8 of the Act for accounts.

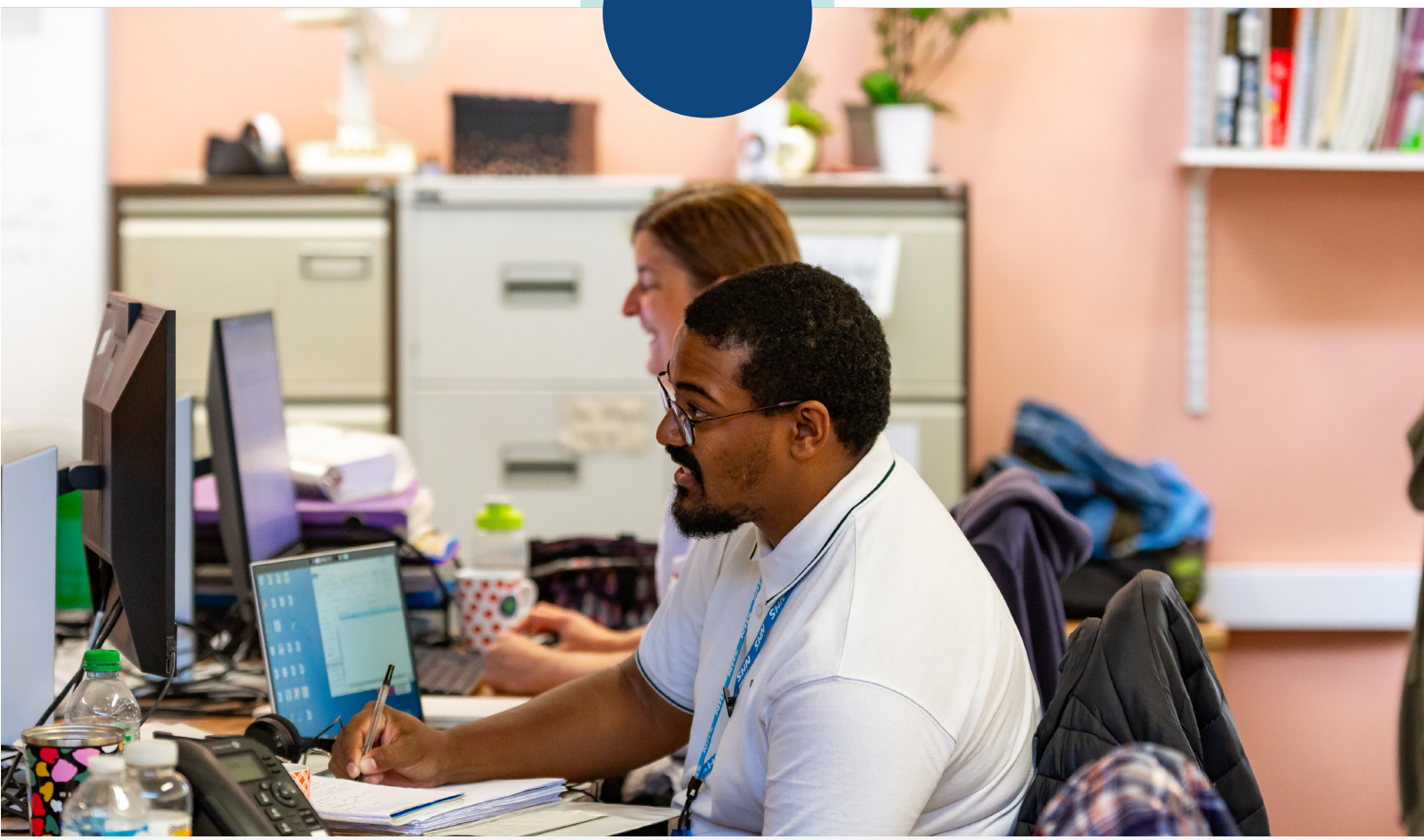
The Charity had five registered non-trading subsidiary charities as at 31 March 2025:

- East Sussex Healthcare NHS Trust Ward Fund;
- East Sussex Healthcare NHS Trust Clinical and Clinical Support Fund;
- East Sussex Healthcare NHS Trust Education Fund;
- East Sussex Healthcare NHS Trust Arts in Healthcare Fund; and
- The East Sussex Healthcare NHS Trust (Expendable Funds) Common Investment Fund.

The East Sussex Healthcare NHS Trust (Expendable Funds) Common Investment Fund is the pooling scheme fund for holding all funds.

Charity Committee Meetings

The Committee should meet at least four times a year in order to consider any bids for over £5k and to review the management of the Charity. Reports presented to Trustees include information about income and legacies, expenditure, investment performance, and fund balances. The Committee met four times in 2024/25.



Governance

The Trustee delegates responsibility for the day-to-day management of the charitable funds to the Chief of Staff and the Chief Finance Officer.

The Chief of Staff is responsible for:

- the administration and governance of the funds;
- ensuring that spending is in accordance with the objectives and priorities agreed by the Trustees;
- ensuring that the criteria for spending charitable monies are fully met;
- arranging meetings of the Trustees; and
- management of the Fundraising Manager (until November 2024).

The Chief Finance Officer is responsible for:

- ensuring that full accounting records are maintained;
- ensuring the accounts of Charitable Funds show a true and fair view of the year's activity;
- ensuring there is a system of control for all transactions related to expenditure and income;
- ensuring that there is robust oversight of the accounting records; and
- ensuring the accurate reporting of the in-year position to both Trustees and fund holders.

The principal officer overseeing the day-to-day financial management and accounting for the charitable funds for the accounting period 1 April 2024 to 31 March 2025 was the Chief Finance Officer, Damian Reid. During the new financial year 2025/26, the Chief Finance Officer, Damien Reid was replaced by Andrew Strevens.

The principal officer overseeing the day-to-day administration and governance for the charitable funds for the accounting period 1 April 2024 to 31 March 2025 was Board Secretary, Pete Palmer.

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FINANCIAL MANAGEMENT

Financial Management

Expenditure budgets for administration, governance and fundraising costs are approved by the Trustees at the start of the financial year and are monitored throughout the year.

The Charity manages its Charitable Activity spending through appointed fundholders for the individual funds. These fundholders manage the funds on a day-to-day basis with agreed authorisation limits, and in accordance with the Trust's Standing Financial Instructions and Orders. Each fund holder receives a quarterly financial statement of their fund which details income, expenditure and fund balances for the period.

The Charity receives expenditure applications from staff throughout the year which are authorised by the fundholder and submitted to the Board Secretary, who reviews all applications to ensure that they meet the objectives of the Charity for quality, value for money and patient benefit. Where an application exceeds £5,000 the fundholder is required to present the application to the Charity Committee for approval. Where any expenditure is considered inappropriate, feedback is given to the fund manager.

The Charity does not directly employ any staff; the Charity enjoys and values the services of volunteers but is not wholly dependent on them. The Charity is not financially dependent upon the support of any individuals, corporations or specific classes of donors. No funds are held by the Charity on behalf of individuals.

Investments and Investment Policy

The Charity aims to enhance the value of its funds through sound investment.

The Investment Portfolio is managed by Greenbank Investments, with the aim of enhancing the value of the funds by sound investment, while ensuring the protections of the capital invested.

The total value of the investment portfolio at 31 March 2025 was £1.9m. The return on investment for the year was a decrease of 4%, resulting in a £72k loss (2023/24 increase of 4% and a gain of £83k).

Risk Management

The major risks to which the Charity is exposed have been identified and reviewed with systems established to mitigate them. The Charity relies on and benefits from the financial controls framework of ESHT.

The most significant risks identified were:

1. possible losses from a fall in the value of the investments; and
2. reputational damage leading to a sudden and dramatic fall in donations.

Both risks have been carefully considered and mitigating procedures put in place. Regular review of the investment policy ensures that both spending and firm financial commitments remain in line with income. Both income and expenditure are monitored by the Committee on a quarterly basis in order that any trends can be identified at an early stage in order to avoid unforeseen calls on reserves.

Reserves

ESHTCF hold reserves that are considered to be needed to fund planned expenditure. The Charity acknowledges that charitable donations received need to be spent on patient and staff amenities wherever possible and should not be used to build up reserves.

The reserves of the Charity at 31 March 2025 consisted of £1,755,000 unrestricted funds and £324,000 restricted funds. The Charity regularly reviews all funds held to ensure they remain active and where appropriate, a fund which is inactive for a period greater than 18 months will be closed and the funds transferred to the most relevant quality general fund to ensure that they are spent in a timely manner.

Future plans

In accordance with Charity Commission directives, it is the Charity's continued intention to expend funds for the benefit of both staff and patients.

The Charity will be hoping to consolidate the good progress made over the last few years into 2025/26. We will aim to increase awareness of the Charity amongst ESHT colleagues, encouraging them to utilise their available charitable funds in a way that is supportive of our patients, communities and staff.

The charity will continue to build on links with the Friends of Eastbourne Hospital, Friends of Conquest Hospital, The League of Friends of Bexhill Hospital, The Friends of the Rye, Winchelsea and District Memorial Hospital and The League of Friends of Uckfield Community Hospital, using our resources to support the amazing work that they do for the Trust. By working collaboratively, we hope that the organisations will be able to provide greater support for the Trust moving forward.

The Chief Finance Officer, Damien Reid left the Trust in April 2025 to take up another position and has since been succeeded by Andrew Strevens.

Statement of Trustee's Responsibilities

The Trustee is responsible for preparing the Charity's annual report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Charity law requires the Trustee to prepare financial statements for each financial year that give a true and fair view of the state of affairs of the Charity and of the incoming resources and application of the resources of the Charity for the year. In preparing those financial statements the Trustee is required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP FRS 102;
- make judgements and accounting estimates that are reasonable and prudent;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Charity will continue in business; and
- ensure the financial statements comply with the Trust Deed.

The Trustee is responsible for keeping accounting records that are sufficient to show and explain the Charity's transactions and disclose with reasonable accuracy at any time the financial position of the Charity and enable them to ensure that the financial statements comply with the Charities Act 2011 and regulations made thereunder. They are also responsible for safeguarding the assets of the Charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Approved by the Charity Committee on behalf of the Corporate Trustee on 28 January 2026 and signed on their behalf by:

Signed:

Ama Agbeze
Chair

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INDEPENDENT EXAMINER'S REPORT TO THE CORPORATE TRUSTEE OF EAST SUSSEX HEALTHCARE NHS CHARITY

Independent examiner's report to the corporate trustee of East Sussex Healthcare NHS Charity

I report to the trustee on my examination of the accounts of East Sussex Healthcare NHS Charity (the Charity) for the year ended 31 March 2025.

Responsibilities and basis of report

As the charity trustee, you are responsible for the preparation of the accounts in accordance with the requirements of the Charities Act 2011 ('the Act'). The charity's corporate trustee considers that an audit is not required for this financial year under section 14 of the Charities Act 2011 and elected that an independent examination is conducted under section 149(3) of the Charities Act 2011.

I report in respect of my examination of the Charity's accounts as carried out under section 149 of the Act. In carrying out my examination I have followed all the applicable Directions given by the Charity Commission under section 149(5)(b) of the Act.

Independent examiner's statement

Your examiner must be a member of a body listed in section 149(3A) of the 2011 Act. I confirm that I am qualified to undertake the examination because I am a member of Chartered Institute of Public Finance and Accountancy, which is one of the listed bodies.

I have completed my examination. I confirm that no matter has come to my attention in connection with the examination which gives me reasonable cause to believe that in any material respect:

- accounting records were not kept in respect of the charity as required by section 130 of the Act; or
- the accounts do not accord with these records; or
- the accounts do not comply with the applicable requirements concerning the form and content of accounts set out in the Charities (Accounts and Reports) Regulations 2008, other than any requirement that the accounts give a 'true and fair' view which is not a matter considered as part of an independent examination.

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.

Our report is made solely to the Charity's corporate trustee, as a body, in accordance with section 154 of the Charities Act 2011. Our work has been undertaken so that we might state to the Charity's corporate trustee those matters we are required to state to them in an independent examiner'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 Charity and the Charity's corporate trustee as a body, for our work or for the independent examiner's report, or for the opinions we have formed.

John Paul Cuttle

John Paul Cuttle, CPFA

Chartered Institute of Public Finance and Accountancy

Grant Thornton UK LLP
Chartered Accountants

London
28 January 2026

Statement of Financial Activities for the year ended 31 March 2025

	Note	2024/25 Unrestricted Funds	2024/25 Restricted Funds	2024/25 Total Funds	2023/24 Total Funds
		£000	£000	£000	£000
Income and endowments from					
Donations	2.1	111	52	**163**	**115**
Legacies	2.2	57	-	**57**	**23**
Charitable activities	2.3	1	-	**1**	**23**
Investments	2.4	4	-	**4**	**-**
Total income		**173**	**52**	**225**	**161**
Expenditure on Charitable activities					
Patient welfare		(89)	(2)	**(91)**	**(68)**
Funding for staff posts and services		(10)	1	**(9)**	**(18)**
Staff welfare		(45)	(27)	**(72)**	**(100)**
Purchase of equipment		(39)	(26)	**(65)**	**(55)**
Spend on charitable activities		**(183)**	**(54)**	**(237)**	**(241)**
Fundraising		(1)	(1)	**(2)**	**(6)**
Transfer of funds		-	-	**-**	**(78)**
Total expenditure	**3-4**	**(184)**	**(55)**	**(239)**	**(325)**
Net gains/(losses) on investments	7.1	(72)	-	**(72)**	**(83)**
Net movement in funds	**6**	**(83)**	**(3)**	**(86)**	**(81)**
Reconciliations of funds					
Fund balances brought forward at 1 April		1,838	327	**2,165**	**2,246**
Fund balances carried forward at 31 March		**1,755**	**324**	**2,079**	**2,165**

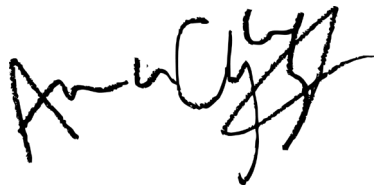
Balance Sheet as at 31 March 2025

	Note	2024/25 Unrestricted Funds	2024/25 Restricted Funds	2024/25 Total Funds	2023/24 Total Funds
		£000	£000	£000	£000
Non-current assets					
Investments	7	1,786	117	**1,903**	1,975
Total non-current assets		**1,786**	**117**	**1,903**	1,975
Current assets					
Cash and cash equivalents		28	233	**261**	351
Total current assets		**28**	**233**	**261**	351
Liabilities					
Creditors falling due within one year	9	(59)	(26)	**(85)**	(161)
Net current liabilities		(31)	207	**176**	190
Total net assets		**1,755**	**324**	**2,079**	**2,165**
Funds of the Charity					
Unrestricted		1,755	-	**1,755**	1,838
Restricted		-	324	**324**	327
Total funds	11	**1,755**	**324**	**2,079**	**2,165**

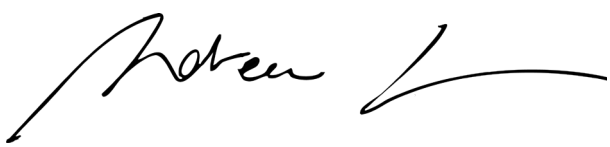
The notes at pages 36 to 45 form part of these accounts.

Approved and authorised for issue by the Trustees on 28 January 2026 and signed on their behalf.

Ama Agbeze
Chair
Date: 28-01-2026



Andrew Strevens
Chief Finance Officer
Date: 28-01-2026



Statement of Cash flows for the year ended 31 March 2025

	Note	2024/25	2023/24
		Total Funds	Total Funds
		£000	£000
Cash flows from operating activities:			
Net expenditure for the reporting period		(86)	(81)
Adjustments for:			
(Gains)/losses on investments	7.1	72	(83)
(Increase)/decrease in debtors		-	-
Increase/(decrease) in creditors		(76)	26
Net cash used in operating activities		**(90)**	**(138)**
Cash flows from investing activities			
Proceeds from sale of investments		-	350
Net cash provided by investing activities		**-**	**350**
Change in cash and cash equivalents in the reporting period		**(90)**	**212**
Cash and cash equivalents at 1 April		**351**	**139**
Cash and cash equivalents at 31 March		**261**	**351**

Notes to the Accounts

1. Accounting Policies

1.1. Accounting Convention

The The financial statements have been prepared under the historic cost convention, as modified for the revaluation of certain investments at market value. The financial statements have been prepared in accordance with the Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Charities Act 2011, and UK Generally Accepted Accounting Practice as it applies from 1 January 2015.

The Trust constitutes a public benefit entity as defined by FRS 102.

The Trustee considers that there are no material uncertainties affecting the accounts or the Charity's ability to continue as a going concern and that no subsequent events have been identified which would be material and would require adjustment in the statements to 31/03/2025. The Trustee confirms that they are satisfied that charity reserves are more than sufficient to cover ongoing liquidity needs and pay creditors as they fall due for a period of at least 12 months from the date of signing the statements.

1.2. Income Recognition

All income is recognised and included in full in the Statement of Financial Activities as soon as the following three factors can be met:

- Entitlement: control over the rights or other access to the economic benefit has passed to the Charity.
- Probable: it is more likely than not that the economic benefits associated with the transaction or gift will flow to the Charity.
- Measurement: the monetary value or amount of both the income and the costs to complete the transaction can be measured reliably.

Income from legacies are accounted for as incoming resources once the receipt of the legacy becomes probable. This will be once confirmation has been received from the representatives of the estates that payment of the legacy will be made or property transferred and once all conditions attached to the legacy have been fulfilled or are within the Charity's control to fulfil.

1.3. Expenditure Recognition

The accounts are prepared in accordance with the accruals concept. All expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party.

Grants payable are payments made to third parties (including NHS bodies) in the furtherance of the charitable objectives. They are accounted for on an accruals basis where the conditions for their payment have been met or where a third party has a reasonable expectation that they will receive the grant. This includes grants paid to NHS bodies.

Support and Governance costs are accounted for on an accruals basis and are recharges of appropriate proportions of the ESHT costs, audit or independent examination fees, fund raising consultancy, support for the accounting software and Trustee Indemnity Insurance.

Support and Governance costs are apportioned between the unrestricted funds based on the average fund balance for the year.

1.4. Structure of funds

Where there is a legal restriction on the purpose to which a fund may be put, the fund is classified in the accounts as a restricted fund. Funds where the capital is held to generate income for charitable purposes and cannot itself be spent are accounted for as endowment funds. Unrestricted funds held within the Charity are disclosed in note 11.

1.5. Investments

Investments are shown at bid price, which is used to measure fair value for accounting purposes of shares that are traded in an active market. The investments are valued at closing unit prices and the net gains and losses on revaluations and disposals are included on the Statement of Financial Activities.

1.6. Gains and losses

All gains and losses are taken to the Statement of Financial Activities as they arise.

Gains and losses on investments are calculated as the difference between sales proceeds and opening fair value (or date of purchase if later). Unrealised gains and losses are calculated as the difference between fair value at the year end and opening fair value (or date of purchase if later).

1.7. Pooling scheme

An official pooling scheme, the East Sussex Healthcare NHS Trust (Expendable Funds) Common Investment Fund is operated for investments relating to the following funds:

- East Sussex Healthcare NHS Trust Ward Fund
- East Sussex Healthcare NHS Trust Clinical and Clinical Support Fund
- East Sussex Healthcare NHS Trust Education Fund
- East Sussex Healthcare NHS Trust Arts in Healthcare Fund
- The East Sussex Healthcare NHS Trust (Expendable Funds) Common Investment Fund

The Scheme was registered with the Charity Commission on 17 March 1998.

1.8. Related Party Transactions

The Trustee of the ESHTCF is East Sussex Healthcare NHS Trust.

ESHT is the major recipient of funds of the Charity and received grants from the Charity totalling £176,000 during the year (2023/24 £184,000). Refer to note 4.

ESHT charged a management fee to the Charity of £38,000 (2023/24 £45,000) to recharge administrative costs and services provided. Refer to note 4.

The Charity owed ESHT £25,000 at 31 March 2025 (£82,000 31 March 2024). Refer to note 9.

None of the members of ESHT Board, senior staff or parties related to them were beneficiaries of the Charity. None of the Trustees or other Members of ESHT Board has received honoraria, emoluments, or expenses in the year.

1.9. Debtors

Debtors are amounts owed to the Charity. They are measured based on their recoverable amount. There were no debtors in the current year 2024/25 or the prior year 2023/24. Refer to note 8.

1.10. Cash and cash equivalents

Cash at bank and in hand is held to meet the day to day running costs of the Charity as they fall due. Cash equivalents are short term, highly liquid investments.

1.11. Creditors

Creditors are amounts owed by the Charity. They are measured at the amount that the Charity expects to have to pay to settle the debt. There are no amounts which are owed in more than a year. Refer to note 9.

2. Details of Income

2.1. Donations

	Unrestricted Funds	Restricted Funds	Total 2024/25	Total 2023/24
	£000	£000	£000	£000
Donations from individuals	50	-	**50**	29
Other trading activities	-	-	**-**	-
Other	61	52	**113**	86
Total voluntary income	**111**	**52**	**163**	**115**

2.2. Legacies

S D Stringer	-	-	**-**	1
S M Lister	-	-	**-**	5
P L Ellis	-	-	**-**	17
J M Bullock	23	-	**23**	-
S D Stringer	2	-	**2**	-
S M Lister	18	-	**18**	-
P L Ellis	14	-	**14**	-
Total legacies	**57**	**-**	**57**	**23**

2.3. Charitable Activities

Training courses	1	-	**1**	23
Total charitable activities	**1**	**-**	**1**	**23**

2.4. Gross Income from Investments

Bank Interest	4	-	**4**	-
Total income from investments and cash on deposit	**4**	**-**	**4**	**-**

Bank interest is recorded in the period in which it is received and is allocated to the unrestricted funds based on the average fund balance for the year.

3. Analysis of charitable expenditure before allocation of Support and Governance Costs

	Unrestricted Funds	Restricted Funds	Total 2024/25	Total 2023/24
	£000	£000	£000	£000
Arts in Healthcare	23	2	**25**	25
Other patients welfare and amenities	41	-	**41**	22
Patient welfare total	**64**	**2**	**66**	**47**
Funded staff posts and services	4	(1)	**3**	25
Funding for Professional Fees	3	-	**3**	(10)
Funding of staff posts and services total	**7**	**(1)**	**6**	**15**
Support to staff training	8	2	**10**	13
Other support to staff welfare and amenities	24	25	**49**	70
Staff welfare total	**32**	**27**	**59**	**83**
Purchase of equipment	28	26	**54**	37
Fundraising	1	1	**2**	6
Transfer of Funds	-	-	**-**	78
Total charitable expenditure	**132**	**55**	**187**	**266**

All charitable expenditure is classified as grant funded activities.

4. Analysis and Allocation of Support and Governance Costs

	2024/25 Total Funds £000	2023/24 Total Funds £000
Computer Expenses	5	4
Administration fee	12	12
Total support costs	**17**	**16**
Independent Examiner's fee	9	9
Indemnity insurance	-	1
Governance fee	26	33
Total governance costs	**35**	**43**
Total support and governance costs	**52**	**59**

The support costs and governance costs attributable to charitable activities is apportioned based on the total expenditure for the year for each charitable activity as shown in the table below. The management fee charged to the Charity is made up of the Administration and Governance fee. Charge for the current year is £38,000 (2023/24 £45,000).

	2024/25 Grant funding of activities £000	2024/25 Support and Governance Costs £000	2024/25 Total Funds £000	2023/24 Total Funds £000
Allocation of support and governance costs	Note 3			
Patient welfare	66	25	91	68
Funding for staff posts and services	6	3	9	18
Staff welfare	59	13	72	100
Purchase of equipment	54	11	65	55
Active continuing funds	**185**	**52**	**237**	**241**
Fundraising	2	-	2	6
Transferred funds	-	-	-	78
Total allocated	**187**	**52**	**239**	**325**

The Total allocated Grant funding of activities consists of Grants paid in year to ESHT £176,000 (2023/24 £184,000) and Grants paid to individuals in year £11,000 (2023/24 £4,000).

5. Examiner's remuneration

The Independent Examiner's remuneration as per the audit plan of £9,000 including VAT, (2023/24 £9,000) related solely to the independent examination with no other additional work undertaken. Refer to note 4.

6. Changes in Resources Available for Charity Use

	2024/25 Unrestricted Funds	2024/25 Restricted Funds	2024/25 Total Funds	2023/24 Total Funds
	£000	£000	£000	£000
Net movement in funds for the year	(83)	(3)	(86)	(81)
Net movement in funds available for future activities	**(83)**	**(3)**	**(86)**	**(81)**

7. Analysis of Investments

7.1. Investments

	2024/25 Total	2023/24 Total
	£000	£000
Market value at start of period	**1,975**	2,242
Net gains/(losses) on revaluation and sales	**(72)**	83
Investment withdrawal	**-**	(350)
Market value at end of period	**1,903**	**1,975**
Historic cost at end of period	**1,933**	**1,861**

7.2. Market Value

	31 March 2025	31 March 2024
	£000	£000
Investment Portfolio		
Greenbank Investments	**1,903**	1,975
Total	**1,903**	**1,975**

8. Analysis of Debtors

As at 31 March 2025 the Charity had no debtors.

9. Analysis of Creditors

	Balance 31 March 2025	Balance 31 March 2024
	£000	£000
Falling due within one year		
Accruals and deferred income	60	79
Other creditors	25	82
Total creditors	**85**	**161**

10. Contingent Asset

The Charity stores and displays various pieces of artwork within East Sussex Healthcare NHS Trust sites which are intended to enhance the environment for patients, visitors, and staff. At the reporting date the ownership and funding source cannot be conclusively determined and as a result the artworks are not recognised in the Charity's financial statements, no valuation has been applied, and no depreciation has been recorded. The Charity maintains an inventory to safeguard these items of art. Should ownership be confirmed in the future, the Charity will update its accounting treatment accordingly.

11. Analysis of Funds

11.1.

	Balance 31 March 2025	Income	Expenditure	Transfers	Gains and Losses	Balance 31 March 2024
	£000	£000	£000	£000	£000	£000
Unrestricted funds	**1,755**	**173**	**(184)**	**-**	**(72)**	**1,838**
Arts in Healthcare	3	2	(2)	-	-	**3**
Bereavement Services	1	1	-	-	-	**-**
Bladder Cancer ID and Prediction Project	1	-	1	-	-	**-**
Conquest Courtyards	11	1	-	-	-	**10**
COVID - Deaf App	10	-	-	-	-	**10**
COVID - General	27	-	-	-	-	**27**
COVID - Nursing Fund	2	-	-	-	-	**2**
COVID - Sunflower Scheme	1	-	-	-	-	**1**
COVID - Trauma Therapist	-	-	(23)	-	-	**23**
COVID - TRiM Training	13	-	(3)	-	-	**16**
Dowling Retinal Suite	-	27	(27)	-	-	**-**
EDGH Scanning Equipment for Intensive Care and Radiology	145	-	-	-	-	**145**
Kipling Music	-	-	-	-	-	**-**
Lewes Victoria Hospital	14	-	-	-	-	**14**
Maternity Bereavement Suite	43	21	-	-	-	**22**
NHSCT Development Project	20	-	(1)	-	-	**21**
Pooja Sharma Memorial	2	-	-	-	-	**2**
Workscape Project	-	-	-	-	-	**-**
Youth Volunteering Project	31	-	-	-	-	**31**
Total Restricted Funds	**324**	**52**	**(55)**	**-**	**-**	**327**
Total Funds	**2,079**	**225**	**(239)**	**-**	**(72)**	**2,165**

11.2. Details of the Restricted Income Funds

Name of fund	Description
Arts in Healthcare	The promotion of the initiative for the provision of Arts in Healthcare
Bereavement Services	The fund held to support Bereavement Services
Bladder Cancer ID and Prediction Project	To create a specialised training mobile website to accelerate bladder cancer identification and predicting correlated pathology
Conquest Courtyards	The fund held for the benefit of the Conquest courtyards
COVID - Deaf App	The development of an App for deaf users
COVID - General Fund	To enhance the wellbeing of NHS Staff, volunteers and patients impacted by COVID-19
COVID - Nursing Fund	To enhance the wellbeing of staff nurses
COVID - Sunflower Scheme	The project to promote sunflower lanyards, which demonstrate when someone has a hidden disability
COVID - Trauma Therapist	To support trauma therapy for NHS staff
COVID - TRiM Training	This is a trauma-focused peer support system designed to help people who have experienced a traumatic, or potentially traumatic event
Dowling Retinal Suite	The fund held for the purchase of equipment for the Dowling Retinal Suite
EDGH Scanning Equipment for Intensive Care and Radiology	The funds held for the purchase of scanning equipment for Intensive Care and Radiology at Eastbourne District General Hospital
Kipling Music	The fund held to provide interactive music sessions to Kipling Ward
Lewes Victoria Hospital	The fund held for the benefit of Lewes Victoria Hospital
Maternity Bereavement Suite	The fund held for the refurbishment of the Maternity Bereavement Suite
NHSCT Development Project	NHS Charities Together Development Grant to aid Communications, branding, marketing and fundraising
Pooja Sharma Memorial	To commemorate staff member Pooja Sharma
Workscape Project	To enhance staff facilities and workspaces
Youth Volunteering Project	The fund held for the development of youth volunteering opportunities in East Sussex

12. Funding Commitments

As at 31 March 2025 the Trustees had not made commitments other than those shown as creditors, note 9.

10

WAYS IN WHICH TO SUPPORT OUR CHARITY

There are many ways you can support our Charity

Donations can be made in the following ways:

Direct into bank account

Bank: Lloyds Bank
Sort code: 30-92-86
Account number: 00460039
Account name: East Sussex Healthcare NHS Trust Charitable Fund
Reference: Please state the General Fund

By post

Cheque to East Sussex Healthcare NHS Charity

Please write on the back of the cheque which fund you would like to donate to, e.g. General Fund, and send to:

Charitable Funds
St Anne's House
729 The Ridge
St Leonards-On-Sea
East Sussex
TN37 7PT

By a donation on our 'Just Giving' site

www.justgiving.com/esht

As well as making a general donation, you can also open a page in celebration of and in memory of a loved one. If you are a group or an organisation who is interested in raising money on behalf of the Charity, we would love to hear from you too.

For more information and for support if you are holding your own event, please contact our charity team:

esht.charity@nhs.net

Gift Aid

Gift Aid is a simple, government initiative which allows us to increase the value of your donations at no extra cost to you. For every pound you give to us we can get an extra 25 pence from HM Revenue and Customs helping your donation go further to help patients and their families. The only condition is that you are a UK tax payer. When making a donation simply let us know that you wish to Gift Aid your donation, to do this all we need is your name and address.

Contact

East Sussex Healthcare NHS Charity
St Anne's House
729 The Ridge
St Leonards-On-Sea
East Sussex
TN37 7PT
0300 131 4500 Ext. 773291
esht.charity@nhs.net

Our Charity Website:
www.eastsussexhealthcarenhs.charity

East Sussex Healthcare NHS Charity

Agenda Item: 18

Report To/Meeting	Trust Board	**Date of Meeting**	17th February 2026
Report Title:	Use of Trust Seal		
Key question	Has the Trust Seal been used since the last Trust Board meeting?		
Decision Action:	For approval ☐ For Assurance ☐ For Information ☒ For Discussion ☐		
Report Sponsor:	Andrew Strevens, Chief Finance Officer	**Presenter(s):**	Steve Phoenix, Trust Chair
Report Author:	Pete Palmer, Board Secretary		
Outcome/Action requested:	The Board is asked to noted the use of the Trust Seal.		
Executive Summary	The Trust Seal has been used to seal two documents since the last Board meeting in public: **Sealing 126** Agreement with Keep IT Simple Ltd for professional resources for the Our Care Connected Programme. **Sealing 127** Lease renewal with Riverside Investments Ltd for 1st Floor, Ivy House, Eastbourne.		
Regulatory/legal requirement:	Not applicable		
Business Plan Link:	Quality ☐ People ☐ Sustainability ☐		
Equality, Diversity, and Inclusion Impact Assessment/Comment	EDI issues have been taken into consideration		
Resource Implication/VFM Statement:	Not applicable		
Risk:	Not applicable		
No of Pages	1	**Appendixes**	None
Governance and Engagement pathway to date:	Not applicable		
What happens next?	Not applicable		
Publication	Report is for publication		

ESHT Trust Board Meeting in Public 12-month forward plan

Agenda sections	17th February 2026 Eastbourne	21st April 2026 Cooden	16th June 2026 Conquest	18th August 2026 Eastbourne	15th September 2026 Cooden	20th October 2026 Cooden	15th December 2026 Conquest
Standing Items	Staff Recognition Service Presentation Board Committee Chair's Reports CEO's Update IPR Use of Trust Seal Questions from members of the public (15 mins)	Staff Recognition Service Presentation Board Committee Chair's Reports CEO's Update IPR Use of Trust Seal Questions from members of the public (15 mins)	Staff Recognition Service Presentation Board Committee Chair's Reports CEO's Update IPR Use of Trust Seal Questions from members of the public (15 mins)	Staff Recognition Service Presentation Board Committee Chair's Reports CEO's Update IPR Use of Trust Seal Questions from members of the public (15 mins)		Staff Recognition Service Presentation Board Committee Chair's Reports CEO's Update IPR Use of Trust Seal Questions from members of the public (15 mins)	Staff Recognition Service Presentation Board Committee Chair's Reports CEO's Update IPR Use of Trust Seal Questions from members of the public (15 mins)
Service Presentation	Dementia Training (Julie Allen)						
General				Board Committee Annual Reviews and Annual Reports			
Quality, Safety and Performance	Avoidability of Inpatient Deaths Q1	Maternity Overview Q3 Avoidability of Inpatient Deaths Q2	Maternity Overview Q4	Avoidability of Inpatient Deaths Q3		Maternity Overview Q1 Avoidability of Inpatient Deaths Q4	Maternity Overview Q2
Human Resources incorporating workforce targets and staff survey						Annual Equality Report	
Strategy							
Other monitoring							
Governance and Assurance	BAF Q3 EPRR Update	Trust Annual plan, budget and capital plan 2026/27 (final) BAF Q4 Delegation of approval of Annual Report and Accounts 2025/26	Speak Up Guardian Update Delegation of approval of Quality Account 2025/26 Nursing Establishment Review	BAF Q1 Guardian of Safe Working hours - report Annual Review of Trust Governing Documents Winter Planning	AGM	BAF Q2 Winter Planning Update	Speak Up Guardian Update Guardian of Safe Working hours
Annual Reports	ESHT Charity Annual Report and Accounts			Medical Revalidation		Annual Equality Report	Infection Control Safeguarding Annual Report
Items for Information							Meeting Dates for 2027