NHS
East Sussex Healthcare
NHS Trust

East Sussex Healthcare NHS Annual General Meeting Agenda

Date: Tuesday 15th September 2026

Time: 14:00 – 15:00

Venue: The Relais Cooden Beach, Cooden Sea Road, Bexhill-on-Sea TN39 4TT

	Item	Lead
1	Welcome	Steve Phoenix, Chair
2	Minutes of the AGM held on 23rd September 2025	Steve Phoenix, Chair
3	Chair's Comments	Steve Phoenix, Chair
4	Highlights of the year	Video
5	CEO review of 2025/26	Jayne Black, Chief Executive
6	Alcohol Care Team Presentation	Steven Fong, Consultant Gastroenterologist
7	CFO review of 2025/26 & forward look	Andrew Strevens, Chief Finance Officer
8	Presentation of the Annual Report, Accounts & Quality Account	Steve Phoenix, Chair
9	Public questions relating to the Annual Report, Accounts & Quality Account	Steve Phoenix, Chair
10	Summary and Close	Steve Phoenix, Chair

Steve Phoenix
Chairman

East Sussex Healthcare NHS AGM Minutes

Date: 23rd September 2025

Time: 14:00 – 16:00

Venue: The Relais Cooden Beach, Cooden Sea Rd, Bexhill-on-Sea TN39 4TT

		Actions
	Attendance: Steve Phoenix, Chair and Non Executive Director Jayne Black, Chief Executive (CEO) Steve Aumayer, Deputy Chief Executive and Chief People Officer (DCEO) Simon Merritt, Chief Medical Officer (CMO) Charlotte O'Brien, Chief Operating Officer (COO) Paresh Patel, Vice Chair and Senior Independent Director Frank Sims, Non-Executive Director Andrew Strevens, Chief Finance Officer (CFO) Carys Williams, Non-Executive Director <u>Non-Voting Directors</u> Ama Agbeze, Associate Non-Executive Director Amber Lee, Associate Non-Executive Director <u>In Attendance</u> Claire Bishop, Deputy Chief Nurse (DCN) Dr Simon Dowse, Director of Transformation, Strategy and Improvement (DTSI) Spencer Prosser, Incoming Non-Executive Director Pete Palmer, Board Secretary (BS) (minutes)	
	Apologies: Vikki Carruth, Chief Nurse & Director of Infection, Prevention and Control Jenny Darwood, Director of People Amanda Fadero, Non-Executive Director Richard Milner, Chief of Staff Nicki Webber, Non-Executive Director	
01/25	**Welcome** Steve, Chair welcomed everybody to the meeting. He noted apologies, which included those from Nicki Webber who was in her last week after seven years as a Non-Executive Director of the Trust. He thanked her for all of the work that she had done during her time with the Trust and welcomed Spencer Prosser who would formally be joining the Trust as a Non-Executive Director on 27th September 2025.	
02/25	**Minutes** The minutes of the AGM which was held on 10th September 2024 were approved as an accurate record. There were no matters arising from that meeting.	
03/25	**Report from the Chief Executive** The CEO reported that she had now been in post for approximately five months and presented a report reflecting on the previous year and outlining future priorities. She highlighted that the Trust's integrated model, combining community and acute services, placed it in a strong position to deliver care for a population of approximately 500,000. Care was provided across a wide range of services by around 8,700 staff, with a	

	significant proportion delivered in patients' homes. The Trust was part of the Sussex system, which would soon extend to include Surrey, and worked closely with local GPs, council partners, the voluntary sector, and other stakeholders. Winter of 2024/25 had been one of the busiest on record for the Trust, with high numbers of patients attending ED and a substantial impact from flu, underlining the importance of vaccination. Services had been redesigned to maintain elective care during this period, and the Trust had supported neighbouring organisations by providing elective capacity without adversely affecting local patients. A new staffing model for maternity services had enabled the reopening of the EMU at Eastbourne District General Hospital. The CEO highlighted the progress that had been made in progressing the Trust's strategic priorities: • **Improving the health of communities:** Initiatives included virtual wards, the Home First model, expansion of rehabilitation services, the care navigation hub, the Surgical Short Stay Centre, and the Bexhill Community Diagnostic Centre. • **Collaborating to deliver care better:** Key developments included integrated neighbourhood teams - Hastings being one of the pioneer sites - , digital transformation, and the development of the provider collaborative. • **Empowering our people:** The CEO emphasised the central role of colleagues and described increased engagement with colleagues across the organisation through Board Gemba walks to hear both successes and challenges. A leadership development roadmap and management toolkits had been introduced to support staff and workforce growth. • **Innovative and sustainable care:** The "Art of the Possible" programme focused on shifting care from acute to community settings where appropriate, improving capacity and enabling care closer to home. The CEO reported a 6.2% increase in ED attendances in 2024/25, with performance improving to 74.22% against the four hour ED standard. She noted that improvements were continuing into the current year due to staff efforts and new care models. Length of stay had increased for both elective and non-elective patients, as well as in intermediate care units; work was ongoing with partners to streamline pathways and reduce delays. Cancer performance remained strong and continued to improve, the Trust was not complacent and would maintain focus on further improvement.	
04/25	**Financial Position of the Trust** The CFO noted that he had only joined the Trust in May 2025; he presented key financial highlights from 2024/25 noting that the Trust's plan for the previous year had been to achieve a breakeven position; however, the Trust ended the year with a deficit of £8.9 million. CIPs of £37.7 million had been delivered against a target of £36.7 million, which was an outstanding achievement. The deficit position was attributed to increased activity, industrial action, and wider cost pressures. The overall deficit for the 2024/25 was just under £33 million, which had been improved by net impairments relating to the New Hospital Programme (NHP). The Trust had been part of this programme but, following a decision in January to defer schemes to 2037, all associated costs incurred to date had to be impaired, representing a significant financial adjustment. As part of the year-end process, the Trust had sought an opinion from external auditors, who had issued an unqualified opinion, confirming that the accounts were true and fair. Internal auditors provided a qualified positive opinion, indicating that further	

	enhancements to governance and internal controls were required. This was the highest opinion typically issued by internal auditors.	
06/25	**Presentation of the Annual Report, Accounts & Quality Account** The Chair noted that the Annual Report, Accounts, and Quality Account had been reviewed by internal committees and external auditors. The Board formally agreed to adopt the documents for 2024/25.	
07/25	**Highlights of the year** A video showcasing highlights of the year was played. The Chair expressed thanks to all those who had supported the Trust, with particular appreciation extended to the Friends, colleagues in local authorities, the county council, and other partners. He emphasised that the Trust's success would not have been possible without the contributions and collaboration of these stakeholders.	
08/25	**Developing and Improving at ESHT** The CEO outlined the future challenges for the Trust, emphasising the need to develop plans to deliver the national ten-year strategy. She identified three major shifts: neighbourhood care, digitally enabled care, and prevention, which would shape priorities over the coming year and beyond. She anticipated greater collaboration with neighbouring trusts and GPs to strengthen community-based care and closer links with other acute hospitals. The Trust was refreshing its strategy to define its direction and vision for the next five years, with staff engagement having taken place to gather views of colleagues; the updated strategy would be shared publicly in the coming months. The CEO stressed the importance of creating a culture that fostered continuous improvement, supported by the application of Continuous Quality Improvement (CQI) methodology. The Sussex Surgical Centre (SSC) had opened on 8th September and was expected to deliver 7,000 day cases annually, freeing capacity for more complex procedures and supporting patients across Sussex. The Trust's ambitions could not be achieved in isolation and the CEO expressed gratitude to the Friends for their significant fundraising support during the year, extending thanks on behalf of the Board and personally. She also highlighted the Trust's commitment to supporting the armed forces, noting the recent achievement of the Gold Defence Employer Recognition Scheme Award - a significant accomplishment in a short timeframe. She further reported on the Trust's allyship initiative, which aimed to tackle inequality and discrimination through active engagement and pledges. Allyship was everyone's responsibility and she noted that the initiative had been very well received.	
09/25	**Public questions** Questions received from members of the public included: • The future of the Trust's day surgery and outpatient services at Uckfield Hospital. • Reduced funding for the NHS in Sussex and Surrey in 2026/25. • How the Trust could work more closely with the County Council, particularly around Adult Social Care. • The reinstatement of a parking grace period. • The nature of the Trust's collaboration with the Horder Centre for MSK services. • How the Trust would monitor staff welfare during the unprecedented changes expected over the coming years. • When the next patient experience report would be published. • Whether members of the public could contribute to the strategy conversations.	

	• How quickly issues reported with toilets should be resolved by the Trust. • How issues with lifts, particularly at the Conquest, would be resolved. • Whether robotic colorectal surgery was safer than laparoscopic surgery. • What the Trust was doing to prioritise patient safety during all the changes that were taking place. • Whether the NHS 10 year plan and the merger of Surrey and Sussex would be integrated into the Trust's five year strategy. • When structures for neighbourhood community teams would be published. • Thanks to Joe Chadwick-Bell, Damian Reid and Nicki Webber for their contributions during 2024/25.	
10/25	**Close of the Meeting** Mr Phoenix thanked everyone for coming to the meeting.	



East Sussex Healthcare
NHS Trust

Annual Report 2025/26

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Content

Welcome	4
About the Trust	8
Our Strategy	11
Principal Risks to our Strategy and Objectives	18
Acting on patient feedback: patient experience	21
Public Engagement	23
Summary of Performance	25
Accountability Report	31
Responsibilities of the Chair, Senior Independent Director and Chief Executive	41
Remuneration and Staff Report	62
People Policies and Equality, Diversity and Inclusion	106
Sustainability - Care Without Carbon	121
Key Highlights 2025/26	124

Statement of the Chief Executive's Responsibilities as the Accountable Officer of the Trust	134
Annual Governance Statement	135
Annual Accounts	156
Statement of Directors' Responsibilities in Respect of the Accounts	157
Certificate on summarisation schedules	158
Accounts Introduction	159
Accounts Headlines	161
East Sussex Healthcare NHS Trust Annual accounts for the year ended 31 March 2026	163
Independent auditor's report to the directors of East Sussex Healthcare NHS Trust	164



Steve Phoenix
Chairman



Jayne Black
Chief Executive

Welcome

This year has once again shown the extraordinary dedication, compassion and professionalism of colleagues across our Trust. Despite sustained operational pressures, our teams have continued to deliver safe, high-quality care, while making improvements that reflect our values and strengthen our services.



This year also marked an important leadership moment for us. In April 2025, we welcomed our new Chief Executive, Jayne Black, who arrived at a time of considerable political change that altered the context for the work we do. Under Jayne's leadership, we have sharpened our focus on financial control, quality improvement, clinical leadership and improving wait times. While challenges keep coming, we approach them with clarity, ambition and a renewed commitment to delivering meaningful impact.

The scale of the financial task is the largest in our history. Alongside this, we have navigated unprecedented levels of industrial action and its impact. Our staff survey shows a dip in morale, and we know that the pressures of recent years have taken a toll. Yet throughout, colleagues have continued to show professionalism, compassion and a deep commitment to doing the very best for the people we serve.

We also recognise that our infrastructure is ageing and, in places, no longer fit for the future. While we continue to advocate for the long term investment our estate urgently needs, we are taking every opportunity to make improvements now, ensuring our environments remain safe, supportive and centred on patient care. These challenges are real, but they strengthen our resolve to modernise, to innovate and to build a more resilient organisation.



The national direction of travel is clear. The NHS 10 year plan sets out a fundamental shift from hospital based care towards more preventative, community centred and digitally enabled services. The focus on neighbourhood teams, early intervention and integrated support aligns closely with our own ambitions. By strengthening care closer to home, improving access and working proactively to prevent ill health, we are preparing our services for the needs of the future while ensuring patients have greater choice and control over their care.

The opening of the Sussex Surgical Centre marked a major milestone in expanding capacity and improving patient access to procedures across the region, and we have continued to invest in modern, high-quality care elsewhere, too. Conquest Hospital celebrated one year of successful robotic surgery, improving precision and recovery times for patients. Our urology teams introduced the innovative aquablation procedure, offering safer, more accurate treatment for patients with enlarged prostates. These developments reflect our commitment to adopting evidence-based technologies that enhance patient outcomes.

Across our services, colleagues have championed compassionate, person-centred care. Our community services have continued to strengthen the shift towards prevention and care closer to home. Our Virtual Wards team continued to support patients safely at home through remote monitoring and specialist input, reducing avoidable admissions and improving quality of life. Teams across Joint Community Rehabilitation, frailty, community stroke and heart failure have supported people to stay well and independent, reducing avoidable admissions and helping patients recover safely in familiar surroundings. The growth of local support groups, such as the Hastings complex devices group, reflect our commitment to making services easier to navigate and more responsive to local need.

This year has also highlighted the strength of our partnerships. We deepened collaboration with local hospices to enhance palliative care, ensuring more seamless and compassionate support for patients with life limiting conditions. Through the Sussex Provider Collaborative and the development of neighbourhood teams, we are working with more partners to improve efficiency, sustainability and quality of care. By combining expertise, sharing resources and standardising best practice, we can tackle challenges that we could not address alone.



At the same time, our culture and values have continued to grow stronger. We were formally presented with the Gold Wellbeing at Work Award, recognising our commitment to staff health, wellbeing and positive workplace culture. We were also reaccredited as a Disability Confident Leader, reaffirming our dedication to creating an inclusive and accessible workplace for disabled colleagues, and we were proud to receive national recognition for our support for veterans, including winning the HSJ Military and Civilian Health Partnership Award.

Our staff networks continue to thrive, strengthening representation and allyship across our trust, and our volunteers, Friends groups and local communities have continued to play a vital role. From funding state of the art surgical equipment and a new kitchen at the Bexhill Irvine Unit, to generous donations supporting SCBU and paediatric services, their contributions have directly improved patient care and environments across our sites.

As we look ahead, we do so with confidence. The challenges facing the NHS remain significant, but so too does the determination, compassion and expertise of our people. Their achievements this year - large and small, clinical and cultural, individual and collective - reflect an organisation that listens, learns and leads with purpose.

Thank you to all our colleagues, volunteers, partners and communities for your continued support. Your resilience has been matched by a spirit of innovation and teamwork that defined 2025/26.

Steve Phoenix

Chairman
East Sussex Healthcare NHS Trust

Jayne Black

Chief Executive
East Sussex Healthcare NHS Trust

Trust Stories

Hospitals and hospices join forces to enhance local palliative care services

A pioneering partnership between our Trust and local hospices – St Michael's Hospice in Hastings and St Wilfrid's Hospice in Eastbourne – is transforming the way palliative care is delivered across East Sussex.

The ability for consultants to work flexibly across the Trust and both hospices has led to real, tangible benefits for patients. Whether seen on a ward at Conquest Hospital or Eastbourne DGH, or in a hospice clinic, patients are increasingly benefiting from smoother transitions of care. Consultants who know their case can support timely admissions to hospice inpatient units with management plans already in place – reducing delays and repetition for patients and families at an already stressful time.

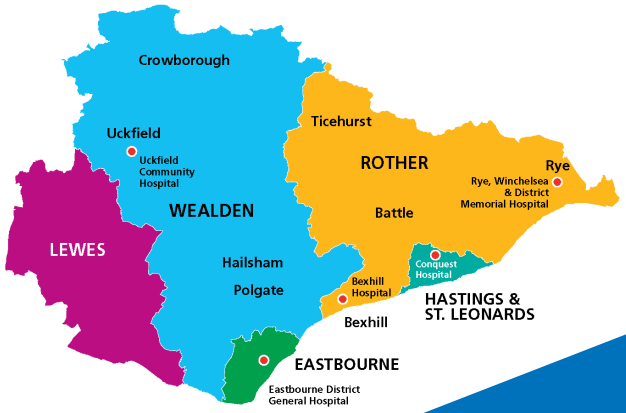
Patients can now be discharged with the reassurance that follow-up in the community will be delivered by the same consultant team they saw in hospital – providing a sense of continuity and Trust that's vital in palliative care.

As the partnership continues to grow, it offers a model of collaborative working that could inspire similar innovations elsewhere.



About the Trust

East Sussex Healthcare NHS Trust is committed to delivering safe, compassionate and high-quality hospital and community services for around half a million people living in East Sussex, as well as those who visit and work in our local area. Everything we do is guided by our values and by our ambition to continuously improve care and experience for patients, communities and our workforce.



As one of the largest employers in the county, with an annual income of £770 million, we are proud to be the only integrated provider of acute and community care in Sussex. More than 8,700 colleagues work across our organisation, united by a shared purpose to provide outstanding care and to support people to live healthier, more independent lives. Our services are delivered from two acute hospitals in Hastings and Eastbourne, community hospitals in Bexhill, Rye and Uckfield, over 100 community sites, and in people's own homes.

Quality and safety remain central to our strategy. In 2020, the Care Quality Commission rated us as 'Good' overall, with 'Outstanding' ratings for Caring and Effective. Conquest Hospital and our Community Services were rated 'Outstanding', and Eastbourne District General Hospital was rated 'Good'. These ratings reflect the compassion, professionalism and commitment of our teams, and our ongoing focus on learning, improvement and high standards of care.

Our two acute hospitals have Emergency Departments and operate 24 hours a day, providing a comprehensive range of medical, surgical, maternity and outpatient services, supported by diagnostics and therapies. Conquest Hospital is our centre for trauma and obstetric services, while Eastbourne District General Hospital is the centre for stroke and urology care. Together, they play a vital role in supporting urgent and planned care across the county.

Our community hospitals and services are a key part of our integrated model of care, supporting our strategic aim to provide more care closer to home. Bexhill Hospital delivers ophthalmology, outpatient, rehabilitation and intermediate care services. Rye, Winchelsea and District Memorial Hospital provides outpatient, rehabilitation and intermediate care services, and Uckfield Community Hospital currently offers outpatient care. We also deliver rehabilitation services in partnership with East Sussex County Council Adult Social Care, helping people to recover and regain independence.

In the community, our Integrated Locality Teams work closely with District and Community Nursing teams to support people with long term conditions and complex needs. By delivering care in people's homes, clinics, health centres and GP surgeries, we help reduce unnecessary hospital admissions and support people to live well in their own communities.

Partnership working underpins our strategy. We work closely with East Sussex County Council and a wide range of partners across Sussex as part of a locally focused and integrated health and care system. Through collaboration, innovation and a strong focus on our people, we continue to strengthen services, improve outcomes and build a sustainable future for healthcare in East Sussex.

Trust Stories

Conquest Friends donate state of the art surgical equipment

Two new Karl Storz Stack Systems for use by the gynaecology and colorectal departments in both theatres and outpatients at Conquest Hospital were donated by Friends of Conquest Hospital, replacing existing equipment.

The new stack systems include all the equipment needed to perform keyhole laparoscopic diagnostic and surgical procedures. It has ultra-high 4k capability giving significantly better image resolution and the 3D stereoscopic capability gives the surgeon improved spatial orientation during procedures.

This makes performing laparoscopic procedures faster and safer, reducing the risk of surgical complications. In particular, 3D imaging combined with intravenous fluorescent green dye helps to locate the ureters accurately during surgery, reducing the risk of ureteric damage which can lead to sepsis and kidney damage.

Mr Elhami Ebeid, Consultant Obstetrician and Gynaecologist said: “We are really grateful to the Friends for this donation, which contributes greatly to the treatment for gynaecology and gynaecology oncology patients, offering minimally invasive surgery.”



Our Strategy



Our current strategy “Better Care Together for East Sussex” was developed in 2021 and the key themes we focused on – healthy communities, collaborating, empowering people and achieving a sustainable, good quality set of services – are just as critical now as they were then.

We have made great progress in many areas since 2021, not least:

- establishing our virtual ward services;
- developing urgent community response services; and
- investing in a ‘HomeFirst’ delivery model to help people get home from hospital quickly and safely.

Each of those services helps to meet people’s needs in their communities, in more appropriate places and speeds up access to the care they need. Those services continued to increase in capacity and productivity in this last year: our virtual ward service has nearly doubled in scale and routinely supports nearly 100 people at any one time, and HomeFirst continues to grow. Helping people get home at the right time after a hospital stay remains a key challenge for our system and, while we work with partners to address this, in 2025 we also converted two of our in-hospital acute wards to ‘integrated care wards’. These allow us to provide more appropriate support after patients’ acute, specialist medical needs have been addressed, and focus our rehabilitation capacity to greater effect.

2025/26 also saw some key steps forward in how we collaborate across Sussex with our system partners. The Provider Collaborative structures are now better defined and governed, and have formed two key ‘alliances’ – the Acute Alliance, which aims to make best use of acute hospital capacity by working with our acute partners in Sussex, and the Neighbourhood Alliance, which will drive forward the ambitions of Neighbourhood Health and integrated neighbourhood teams. Both initiatives will be crucial in ensuring the longer-term sustainability and quality of health and care services across Sussex.

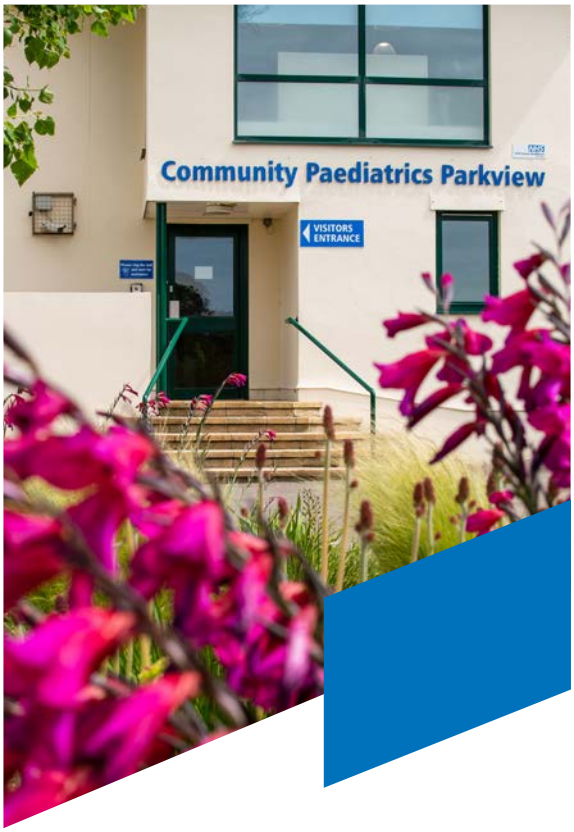
We continue to progress the ‘Sussex Pathology Network’ in collaboration with our neighbouring acute providers, and having completed the procurement of a joint laboratory information system (LIMS), we are now over two-thirds of the way through the joint implementation programme. We are also starting to see the ambitions of the Surrey, Sussex and Frimley Imaging Network become reality with a shared Picture Archiving and Communication System (PACS) now in operation and plans to share reporting capacity more effectively as a network taking their tentative first steps. Again, both networks will drive faster and more efficient delivery of critical steps in patient pathways, reduce unwarranted variation and help us push quality standards to even higher levels.



This year also saw the opening of the Sussex Surgical Centre in Eastbourne, which provides a step-change in day case surgery capacity for our population. This was a key part of our strategy – not only to modernise infrastructure, but to aim for day case excellence in a location that can serve a broad catchment of the population. Next year the priority for this new system asset will be to maximise its quality of care, productivity and efficiency and to ensure that extra capacity is offered to as wide a catchment as possible.

While this progress has been positive, much has also changed since 2021 and, as the new government identified, getting back to high standards of performance (short waits and good experience) in the context of rising demand and unprecedented financial pressure puts the long-term sustainability of our NHS at risk. Locally, our access to the New Hospital Programme Funding has been delayed by over a decade, which creates significant estates and digital infrastructure risk; our local health and care system has seen spending above agreed levels which means we now experience the financial pressure even more keenly and, because of the demography in East Sussex, local inequalities, transport challenges and pockets of deprivation, we also experience rapidly rising demand for urgent and hospital based services. On top of these challenges our Sussex Integrated Care Board has now merged with Surrey’s and all the Integrated Care Boards in NHS England are required to halve in size and spend within a year – which means rapid change, and that can result in disruption. All of this puts an even greater onus on providers like us to have a clear view of how we move forward and how we work together to improve services.

These challenges are being felt by NHS colleagues day to day. Our staff survey tells us that 'staff engagement' has declined significantly over the last five years in almost all NHS organisations, and the frequency and persistence of industrial action resulting from multiple factors presents an immediate challenge to service delivery. We are no different to the wider NHS and our staff engagement scores have dropped since 2021; the NHS is nothing without its people and so we must address this challenge.



So, during 2025/26 we began the process of renewing our strategy and objectives, taking account of the national view that a sustainable future lies in making better use of digital technologies and what they call 'Neighbourhood Health', the challenges we face locally and the opportunities we have as a provider of both acute and community-based services. Given the absolute imperative to see staff engagement improving again, we are not just renewing our strategic ambitions, we are also changing how we deliver our strategy. In 2025/26 we began implementing a Continuous Quality Improvement system which, over the coming years, will transform how we help and engage with our teams to deliver change, connect our objectives with the frontline and instil an improvement culture at all levels. There is good evidence that an effective Continuous Quality Improvement system and culture have a profoundly beneficial impact on staff engagement and morale and in 2026/27 the CQI programme will be one of our most pivotal enabling programmes alongside the key digital programmes and infrastructure that support service improvement and transformation.

We are calling our new strategy and the new CQI management system "BEST" – Building Excellence & Sustainability Together. It is still a work in progress, but the main themes have been identified.

BEST will focus on three things (we call them Domains) to drive improvement in care for people in East Sussex:



Integrated Domain:



As an organisation we provide both acute and community-based services, which means we can remove the barriers across teams that are traditionally split between different providers.

Working across hospital and community services and working well with partners in primary care, the voluntary sector, social care and other public services means we can do more to respond to people's needs proactively or even prevent health and care needs from escalating in the first place. It also means we can adapt how we work and what we offer to align to local needs and resources which will help us tackle the challenges that matter most locally and reduce inequality in health and care outcomes. This 'Neighbourhood Health' approach is one of the highest priorities in the long-term plan.

Implementing Neighbourhood Health concepts means getting care earlier, a more seamless experience for patients, more resources and support for local services and reserving more costly specialist and hospital services for when they are necessary. This is a more sustainable operating model both for our trust and for the whole NHS.

How we will track our progress in this 'domain':

- Access Standards – if we are delivering Neighbourhood Health, using technology well and maximising the benefit of being an integrated provider, then we expect to see waiting times in the emergency department reduce and the wait for diagnosis and treatment to get shorter, especially for cancer pathways
- We should see fewer admissions to hospital beds that could have been avoided – either by preventing the need in the first place or because a much better alternative exists. People should get home from hospital, with the right support around them, more quickly

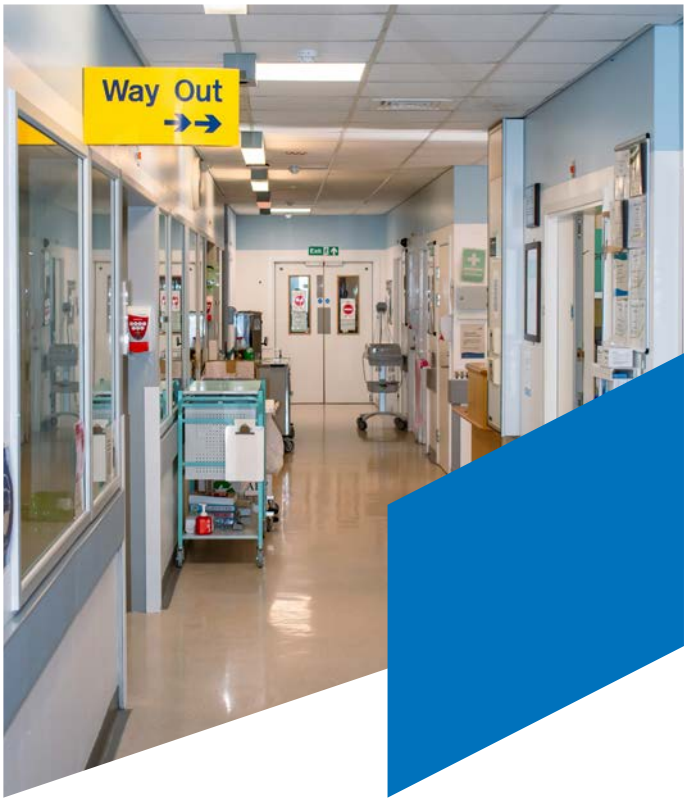
Over the next five years we expect to not only restore, but to exceed the standards set nationally and to demonstrate how integration and Neighbourhood Health will let us focus specialist acute resources where and when they are needed and invest in proactive and preventative models of care.

Patient Centred Domain:

We always need to put safety and good clinical outcomes first; we have expertise in those areas and are heavily invested in tracking and governing them. However, as we look to implement the concepts of Neighbourhood Health and get better at using digital technology, we also need to be more attuned than ever before to what our patients and their carers or families value, what counts as a positive experience for them, and what we need to get 'most right' as we make changes to improve our system. So not only will we get better at tracking how patients and carers experience our services, but we will also develop ways to engage more closely with the people that use our services when we design service improvements and test their benefits. Understanding the patient journey better will be a key feature we build into our continuous improvement system.

How we will track our progress in this 'domain':

- A safe clinical environment and safe delivery models both result in a reducing or low rate of 'avoidable harms' which we can analyse and track in detail
- We will initially make better use of the information we currently get from patients (through family and friends questionnaires, complaints, compliments and focus groups) and then as we get better at using this information, we will review better ways to engage with patients, their carers and their families.
  Demonstrating that patient experience is improving will be a key strategic metric over the next five years.
- We will ask our frontline colleagues how they feel about the quality of the care we provide. Colleagues see and feel this every day, and they get insight into patient experience even when a patient doesn't formally provide feedback. The NHS staff survey does this anonymously and has a series of useful questions that together tell us whether colleagues would "recommend us as a place to receive care", which is a powerful way to test if, overall, we are improving. We expect improvements in quality and the CQI system combined will mean that colleagues also feel a sense of ownership and achievement in delivering those improvements and so we will see staff engagement scores rising.





Sustainable Domain:

The NHS must find a way to get back to delivering against standards in a way that we can afford. Being productive and cost-effective is an absolute must, doing what we normally do more efficiently and changing what we do to make services more productive overall. Being sustainable is not just about efficiency though. We can have all the technology, equipment and infrastructure in the world, but without the right workforce with the right skills we cannot deliver care. There are several strategic challenges we must address for a sustainable workforce:



a. changing models of delivery means changing skills and/or practice;
b. increased sub-specialisation in the NHS clinical workforce makes recruiting the right capacity more difficult and makes it harder to sustain quality and capacity in small services;
c. our location and local labour market can make recruiting to specialist roles more challenging; and
d. changes and restrictions around immigration make it more difficult for us to fill critical roles

To ensure a sustainable workforce we will need to focus on areas where the challenges are biggest, how to develop and train colleagues and identify what is more achievable by working with or sharing services across other providers. Planning ahead, together, will be critical and the Alliance structures in the Provider Collaborative will be an important mechanism for this. As well as that, improving staff engagement is vital and this is a large part of what our CQI system is for; there is good evidence that CQI systems can make a real difference. We are working collaboratively to learn from another Trust who have a well-developed CQI approach and has seen some of the best staff engagement scores in the NHS as a result.

Climate change impacts us all and we are starting to see the impact of this on healthcare demand. We need to be ready and resilient as the impact of climate changes becomes more apparent and do our bit to mitigate factors driving climate change (for example the NHS has a large carbon footprint), and we are committed to our 'Green Plan' strategy to help us do that.

How we will track our progress in this 'domain':

- We must sustain a financial breakeven position, due to the national expectation but also as an indicator of how well we are using public resources
- We expect to see a turnaround in whether our colleagues recommend us as a place to work. We have seen those measures drop (as has the entire NHS) in recent years, but to achieve a sustainable workforce we must see this improve. Although the NHS staff survey is anonymous it can also help us see the trends against key engagement markers like 'do staff feel they are supported to make improvements' – so we will make good use of those indicators to see improvements.
- Our 'Green Plan' sets out our objective for 'tonnes of Carbon Dioxide equivalent' emissions or tCO2e. This is the overarching measure we will use to track our progress against our Green Plan.



Building Excellence and Sustainability Together – BEST – is a long-term strategic programme and so it will take time to implement, but it will help us build a culture and system of improvement together. It will become the way we make care for patients better right across our trust, and is critical to achieving our goals of being integrated, patient-centred and sustainable.

Principal Risks to our Strategy and Objectives

The Board reviews and agrees the principal risks on a quarterly basis through the Board Assurance Framework. Oversight of these risks is undertaken by the Board's Committees, with updates reported at Board meetings held in public. Further information on the organisation's most significant risks is set out in the Annual Governance Statement section of this annual report.

The table below outlines our strategic risks for 2025/26 as recorded in the Board Assurance Framework, together with changes in the overall residual risk scores following mitigating actions taken during the year.

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	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	20	▲	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	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	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	◄►	16	Minimal
6	Failure to attract and develop business intelligence limits insightful and timely analysis to support decisions.	F&P	16	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	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	16	◄►	No higher than 16	Cautious
9	Failure to meet the four-hour clinical standard.	Q&S	20	16	16	16	16	◄►	No higher than 16	Cautious

Risk tolerance exceeded

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

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

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

Trust Stories

Sussex Surgical Centre opens

Our new £40 million purpose-built unit, elective surgery hub, called the Sussex Surgical Centre, opened its doors to its first patients. The unit offers state-of-the-art care for day surgery patients across all our surgical specialties and is the product of more than three years of collaboration between our clinical and operational colleagues in our DAS division and the Estates and Facilities teams.





The Centre features four new operating theatres, comprehensive pre-assessment, admission, and recovery areas and will deliver around 7,000 planned procedures each year. Operating ten hours a day, five days a week, patients are able to undergo their procedure and return home to recover the same day. The creation of this new facility not only increases our capacity for same-day elective surgery, but also frees up our existing theatres to carry out additional complex procedures.

Dr James Evans, Consultant Anaesthetist and clinical lead for the project, said: “This has been an enormous piece of work but we have created an amazing new facility that will help us to provide quicker, better care to our patients, help reduce our waiting lists and free up additional capacity in our main theatres.”



Acting on patient feedback: patient experience

Number of compliments/plaudits

Plaudits and compliments are received in the form of letters, cards or emails addressed directly to the clinical services. These can be submitted in long form or via a patient or carer completing a Friends and Family Test (FFT).

Plaudits	Totals 2023-24	Totals 2024-25	Totals 2025-26
FFT Comments	24,729	83,366	87,433
Thank you, cards / letters / emails / messages / online forms	1,060	981	987
Positive Healthwatch feedback	11	6	1
Positive NHS reviews	72	57	2
Total Plaudits	25,872	84,410	88,423

Digital FFT did not come into effect until June 2024, resulting in a large increase in the number of surveys and compliments that were received. Driven primarily by SMS FFT, this significantly increased patient engagement and participation in providing us with feedback, resulting in a surge in plaudits.

The top three positive and negative themes received from FFT feedback in 2025/26 were:

Top three positive themes	2024/25	2025/26
Staff Attitude	54,800	61,541
Implementation of Care	29,954	32,180
Environment	16,803	19,731

Top three negative themes	2024/25	2025/26
Staff Attitude	3,371	3,566
Environment	2,629	2,628
Waiting Time	2,298	1,513

Number of complaints

We received 498 complaints in 2025/26; 426 complaints were received in 2024/25.

Complaints response rates

The Local Authority Social Services and National Health Service Complaints (England) Regulations (2009) set out the rights of complainants to have their complaints investigated and formally responded to in an appropriate and timely timescale, six months or longer when in agreement with the complainant. The Trust aims to respond to complaints within 60 working days, and our local target for this is 80%. Monitoring takes place throughout the year to analyse where any delays occur in responding to complaints. This is often due to operational pressures within clinical divisions impacting staff ability to investigate and respond to a complaint.

Overall, the complaints response rate for 2025/26 was 71%.

Metric	April 25	May 25	June 25	July 25	Aug 25	Sept 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26	Total 25/ 26	Total 24/ 25
60 working days	74%	77%	81%	80%	63%	69%	81%	70%	67%	64%	56%	66%	71%	78%

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

Equality of Service Delivery

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

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





Public Engagement

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

The Sussex ICS 'Working with people and communities strategy' provides a framework that will enable the ICS to sustain and improve existing, and develop new and different, ways of working with people and communities. Our Engagement Framework embeds a culture of collaboration and co-design within the trust, strengthening patient voice and input into service improvement.

In the past year we held our Board Meetings in Public across East Sussex. We invite members of the public to attend these meetings allowing them to ask questions of the Board. We also held our 2024/25 AGM in public at the Relais Hotel in Bexhill, which was attended by colleagues, stakeholders and members of the public. We reviewed our year, highlighting the work of colleagues and developments over the 2024/25 operational year.

We are also actively engaged with social media and the number of people following our official accounts rose over the last year across all channels. We have more than 8,100 followers on Facebook, 8,900 on LinkedIn, 15,300 on X, 1,244 on Instagram and 1,084 subscribers on YouTube, which enables us to create regular two-way communication with patients, colleagues, clinicians and interested members of the public.



Trust Stories

Donation to Eastbourne DGH paediatric Cystic Fibrosis unit



Eastbourne DGH Scott unit Cystic Fibrosis clinic received a donation of a Budii, an innovative sensory system designed for children, which provides interactive projections onto tables, floors or walls, enabling engaging learning that is inclusive for all abilities.

The donation was made by ‘Katefest’, an annual fundraising event in memory of Kate Scotcher, who had cystic Fibrosis and died in 2018, and Eastbourne 41 Club, a local Roundtable branch. The 41 Club, along with members of Kate’s family, visited the Scott Unit to see the Budii being used by Bea, who made her way through several of the interactive games, alongside her mum and dad and the nursing team.

Harry Walmsley, Chairman of The Friends of Eastbourne Hospital, said “The Friends of Eastbourne Hospital were very pleased to be able to facilitate this donation from Katefest and Eastbourne 41 Club to the Cystic Fibrosis Clinic. Seeing the equipment used by the young patient in clinic was very moving; it was clear straightaway how advanced this kit is and what a difference it can make.”

Our thanks to the 41 Club and Kate’s family for the donation and the enjoyment it brings to our younger patients and their families.”



Summary of Performance

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

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

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

Cancer standard: 62 Day Referral to Treatment Standard.

Faster Diagnosis Standard (FDS) - patients receive a cancer diagnosis or have cancer ruled out within 28 days of an urgent referral. 31 Day Decision to Treat to Treatment Standard.

DM01 (diagnostics): Patients referred for an elective diagnostic, waiting no more than 6 weeks from referral to diagnostic.

Indicator	Detail (national standard)	2022/23	2023/24	2024/25	2025/26
Standards	Four-hour A&E (to achieve 78% target in March 26)	67.91%	73.18%	74.22%	75.02%
	RTT (92% target)	57.35%	51.15%	55.92%	63.65%
	Cancer 28 Day General FDS (to achieve 80% in March 26)	72.63%	75.00%	81.19%	82.94%
	31 Day General Treatment Standard	96.49%	93.47%	94.14%	93.46%
	Cancer 62 Day General Treatment Standard (to achieve 75% in March 26)	70.37%	61.17%	70.52%	74.12%
	Diagnostics (99% target)	83.85%	87.15%	89.14%	85.35%

Indicator	Detail (national standard)	2022/23	2023/24	2024/25	2025/26
Length of Stay	Acute elective (days)	2.87	2.64	2.66	2.52
	Non-elective (days)	5.07	4.44	5.03	4.86
	Bexhill (days)	43.90	42.31	47.20	47.13
	Rye (days)	34.27	32.07	28.39	28.85
Community (seen within 13 weeks)	Podiatry	69.08%	64.31%	70.06%	64.08%
	Dietetics	74.42%	69.56%	74.71%	79.89%
	Speech and Language	66.42%	83.08%	75.99%	73.35%
	Neurological physiotherapy (all sites)	68.22%	58.39%	66.14%	64.95%
	MSK Hastings and Rother	74.41%	82.74%	90.81%	
	MSK Physiotherapy	74.68%	79.58%	86.55%	85.06%
	MSK Triage/ ESMSK (all sites)	89.25%	92.18%	84.65%	82.25%
	MSK Total (all sites)	74.68%	79.58%	86.35%	83.10%
Community nursing (District Nursing)	2 Hours	77.94%	72.00%	79.31%	80.00%
	24 Hours	96.41%	96.38%	93.79%	94.14%
	48 Hours	98.02%	97.16%	95.56%	92.59%
	Routine	93.37%	91.21%	87.60%	89.36%
Urgent Community Response (inc INS)	2 hour - Rapid Response (70% target)	72.71%	81.04%	82.96%	83.38%
	24 hours	76.29%	69.82%	74.68%	73.17%

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

During 2025/26, our aggregated performance was 75.02% of patients who attended our Emergency Departments and were seen within four hours. NHS England set a target to achieve 78% during March 2026. We achieved 78.7% (with the inclusion of additional mapped activity and 77.2% without).

We observed an increase in attendances to A&E in comparison to the previous year, and in the acuity and complexity of patients presenting to our Emergency Departments. A&E attendances increased by 5.5% in 2025/26 compared to the previous year.

We work very closely with health and social care to support timely discharge for patients who are medically fit but may need additional support in returning to their home or to another care setting. Throughout 2025/26, we averaged 160 non-criteria to reside patients, limiting the ability to discharge patients to their onward care destination. Bed occupancy has remained above 95% in 2025/26, patient flow through the hospital has, at times, been adversely affected.



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

At the end of March 26, we achieved 66.3% for the RTT standard. We have achieved the national aspiration of a 5% improvement on baseline levels (60% target).

At the end of March 26, we reported a small number of patients who had waited more than 65 weeks for treatment.

Patients waiting over 52 weeks reduced to 463, against a trajectory of 544 and this represents 0.83% of the total PTL (national target of 1%). This compares to 1,084 patients waiting over 52 weeks for treatment at the end of 2024/25.

Diagnostic standard: Maximum 6-week wait for diagnostic procedures

We are working towards no more than 10% of patients waiting over 6 weeks.

Throughout 2025/26, an average of 14.7% of patients were wating more than six weeks.

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

We have seen an increase in demand for suspected cancer and are now seeing an average of 2,910 referrals per month compared to a 2,650 average the previous year.

Throughout 2025/26, we achieved 82.9% for the Faster Diagnostic Standard – where patients receive a cancer diagnosis or have cancer ruled out within 28 days of an urgent referral. The national ambition was to achieve 80% in March 2026.

We delivered 74.1% throughout 2025/26 against the 62-day standard (all patients with a cancer diagnosis to receive first treatment by day 62 of their pathway). The national ambition was to achieve 75% in March 26.

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

Increased demand

The trust is treating more patients and is reducing wait times for elective pathways. The growth in ED attendances has a direct effect on patient flow.

Indicator	2021/22	2022/23	2023/24	2024/25	2025/26
Day case and Elective Inpatients	50,134	51,039	55,987	62,425	64,784
Non-Elective	57,127	52,242	57,066	53,056	50,773
Outpatient	425,332	419,059	439,654	481,779	508,508
A&E Attendances	150,861	152,068	159,918	169,414	178,679
Cancer Referrals	26,905	27,851	29,887	31,813	34,963

We continue to work closely with our adult social care and commissioner partners to meet these increasing demands.

Length of Stay

We have a high occupancy rate for the percentage of patients not meeting the criteria to reside and continue to work with system partners to reduce the rate.

Impact of principal risk on performance



Principal risks 6, 8 and 9 listed above, have the potential to impact operational performance.
Risk 6: Failure to develop business intelligence weakens insightful and timely analysis to support decisions: A Business Intelligence development plan is in place that will deliver full capacity and build capability in the team, with milestones throughout 2026/27 to bring down risk score. We are making full use of insightful tools available on the Federated Data Platform.

Risk 8: Not being able to maintain delivery of safe, high quality effective care due to significant numbers of patients that are discharge ready with an extended length of stay: Addressing Long Length of Stay (LLoS) is a priority. Our Bed Strategy includes a structured portfolio of programmes and projects to make sure that:

- Patients are navigated to the most appropriate place for their care and inappropriate acute admissions are avoided e.g. use of Virtual Wards and Unscheduled Care Navigation Hub
- Patients move seamlessly through their period of acute care with minimal waits and/or harm e.g. helping to keep patients active and avoid deconditioning and SAFER discharge
- Patients are discharged as early as is clinically safe, on an appropriate pathway and that there is capacity in the system to meet demand.

Risk 9: Failure to meet the four-hour standard: We have an urgent and emergency care (UEC) improvement plan in place to deliver 2026/27 monthly trajectories as submitted to NHSE as a part of the 2026/27 planning round.

This performance report was approved by the Board on 22nd June 2026 and signed on its behalf by:

Signed: **Jayne Black, Chief Executive Officer**

Trust Stories

Baton of hope

The Baton of Hope, the UK's largest suicide prevention initiative, came to Conquest Hospital in September, as part of it's nationwide tour. The initiative aims to create a zero-suicide society by encouraging open dialogue and challenging the stigma that still surrounds mental health and suicide.

Every stop on the tour was a chance to remind people that they are not alone, and that help is always available. We were thrilled to be selected as one of the stops on the route, with our two baton bearers, Mark and Gillian, bearing the baton proudly. More than 75 people joined the baton bearers on the route, creating a strong sense of community and shared purpose.

As the baton was passed from Mark to Gillian, Jenny Darwood, Director of said: "As [the baton] travels the country, it carries with it powerful stories of loss, resilience and hope, encouraging open dialogue and challenging the stigma surrounding suicide," said Jenny. "Whether you've been personally affected by suicide or not, today is about all of us, standing together with empathy and courage. Suicide is often shrouded in silence, yet it touches countless lives. That silence can be isolating. Today, we choose to speak openly, because connection saves lives."







Accountability Report

Trust Board

The Board of Directors is responsible for setting and leading the strategic direction of the trust. It comprises both Executive and Non-Executive Directors who collectively develop the trust's strategic priorities and oversee performance against key objectives and other performance indicators. In fulfilling their duties, Board members receive, scrutinise and appropriately challenge reports to ensure effective governance.

The composition of the Board supports a balanced mix of skills and experience, drawing on the complementary strengths of Executive and Non-Executive Directors. This balance is kept under regular review and is also considered whenever vacancies arise at either Executive or Non-Executive Director level. Board members bring a wide range of expertise from both the public and private sectors.

The Trust's Constitution allows for flexibility in the number of Board members where necessary, provided that a majority of the Board is always made up of Non-Executive Directors. The Board may delegate its powers to sub-Committees as appropriate, with matters reserved to the Board clearly defined in the Scheme of Reservation and Delegation. Further details on governance arrangements are set out in the Standing Orders and Standing Financial Instructions.



All Board members undergo an annual performance appraisal, which assesses achievement against agreed objectives, individual skills and competencies, and progress against personal development plans.

The composition of the Board of Directors as of 31 March 2026 was as follows:

Non-Executive Directors



Steve Phoenix - Chair

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

Trust Roles:

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

Paresh Patel - Vice Chair and Senior Independent Director



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

Trust Roles:

- Chair of Finance and Performance Committee
- Chair of Remuneration Committee
- Member of Audit Committee
- Member of Charity Committee

Carys Williams - Non-Executive Director



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

Trust Roles:

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

Amanda Fadero - Non-Executive Director



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

Trust Roles:

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



Frank Sims - Non-Executive Director

Frank lives in Seaford and has spent over 30 years in the NHS, including working as a Chief Executive for acute and community providers as well as NHS commissioners.

He is driven by a desire to improve care and the experience for patients. Frank has worked in the social enterprise movement and discovered the importance of including staff in all decision-making. Most recently he has moved into the charity sector, with a focus on mental health, both as a CEO and Trustee.

Trust Roles:

- Chair of People and Organisational Development Committee
- Member of Finance and Performance Committee

Spencer Prosser - Non-Executive Director



Spencer Joined the trust in 2025, bringing a wealth of experience to the role of Non-Executive Director. He has been a Chief Finance Officer at a number of high-profile providers including Lewisham and Greenwich NHS Trust, and as the Regional Finance Director at NHS Improvement for the South region. He also previously acted as the finance lead for a large Sustainability and Transformation Partnership and has an extensive understanding of governance and legal compliance.

Trust Roles:

- Chair of Audit Committee
- Member of Finance and Performance Committeee

Associate Non-Executive Directors



Ama Agbeze - Associate Non-Executive Director

Non-voting director

A large part of Ama's career has been spent as a professional athlete culminating in captaining Team England to netball gold at the 2018 Commonwealth Games. She was recently a board member for the 2022 Games in Birmingham.

Alongside sport, Ama has worked as a lawyer in a variety of disciplines including family, corporate, charity and banking. As an ambassador and trustee for several charities Ama has a focus on the benefits of physical activity on health outcomes, using sport to help realise potential, and children and young people. She regularly speaks and advocates for diversity and inclusion, improving life opportunities in areas of deprivation, cultural development and organisational change, leadership and mental health.

Trust Roles:

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

Amber Lee - Associate Non-Executive Director

Non-voting director



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

Trust Roles:

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



Jayne Black - Chief Executive Officer

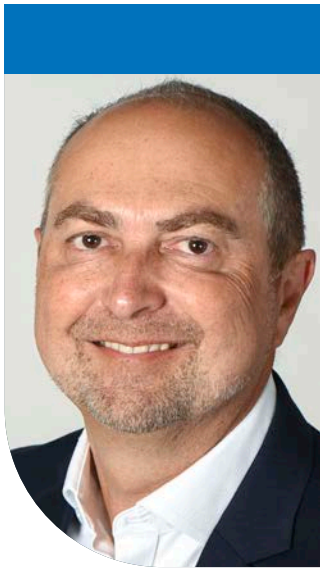
Jayne started as Chief Executive in April 2025 and has more than 30 years of experience in the health sector.

A nurse by background, prior to her previous role of Chief Executive at Medway NHS Foundation Trust, Jayne was Chief Operating Officer at University Hospitals Sussex Foundation Trust from 2018 and, before this, Chief Operating Officer and Deputy Chief Executive at Croydon Health Services NHS Trust.

Jayne has also worked as Director of Strategy and Transformation for Maidstone and Tunbridge Wells NHS Trust and West Kent Clinical Commissioning Group and had worked previously with us here at the trust in operational management and strategy.

Steve Aumayer Deputy Chief Executive and Chief People Officer

Non-voting director



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

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



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

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

Vikki is passionate about ensuring that the care that patients receive is the very best it can be and that staff have the right training, leadership and support to deliver this to every patient, every time. She has a clinical background in acute medicine and has a particular interest in the care of vulnerable patients and those with more complex needs.

Dr Simon Merritt - Chief Medical Officer



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

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



Charlotte O’Brien - Chief Operating Officer

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

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

Andrew Strevens - Chief Finance Officer



Andrew was appointed Chief Finance Officer in June 2025 and brings a wealth of experience of working in the private sector and within the NHS. His previous roles include being the Interim CEO (2022-2024) and CFO (2015-2022) of Solent NHS Trust, leading it into the newly established Hampshire and Isle of Wight Healthcare NHS Foundation Trust.

He has also worked in strategic commissioning, being the Head of Finance for NHS England South Region (2013-2015). He strongly believes that creating a great place to work results in great care and great value for money.



Richard Milner - Chief of Staff

Non-voting director

Richard joined the trust having previously held senior positions at several NHS trusts in London covering community, mental health and the acute sector. He has worked predominantly in operations and service improvement and brings his experience of leading transformation programmes to improve care for patients.

His interests are technology-enabled change and working across organisational boundaries to improve care outcomes. Richard began his career working for a US-based strategy consultancy before joining the NHS on the Gateway to Leadership programme.

Trust Stories

Allyship programme



We launched our allyship programme, Anyone Can Ally, in October, an initiative designed to help us all take practical steps towards creating a more inclusive, respectful and supportive workplace whilst living our values of kindness, inclusivity and integrity.

At the heart of the project is the Anyone Can Ally pledge. By signing the pledge, you're committing to stand up against discrimination, actively support colleagues and helping to build an environment where everyone feels they belong.

The pledge sits beside our allyship toolkit, which is packed with resources, tips, and examples to help you translate allyship into everyday action.

OBE for Trust Consultant in the New Year's Honours



Professor Scarlett McNally, a long serving consultant orthopaedic surgeon at East Sussex Healthcare NHS Trust, was awarded an OBE for her services to medicine, surgery and the NHS.



Responsibilities of the Chair, Senior Independent Director and Chief Executive

Trust Chair

The Trust Chair, Steve Phoenix, leads the Board of Directors and is responsible for ensuring that effective governance arrangements are in place, consistent with the Nolan principles and NHS values. He plays a central role in creating the conditions necessary for the Board as a whole, and for individual directors, to operate effectively. The Chair's role encompasses five key responsibilities:

1. **Strategic:** ensuring the Board sets the Trust's long-term vision and strategic direction and holding the Chief Executive to account for delivery of the trust's strategy.
2. **People:** setting the tone from the top, promoting diversity, change and innovation, and fostering an inclusive, compassionate and patient-centred organisational culture.
3. **Professional acumen:** leading the Board in respect of good governance and managing effective relationships both internally and externally.
4. **Outcomes focus:** securing the best sustainable outcomes for patients and service users by encouraging continuous improvement, clinical excellence and value for money.
5. **Partnerships:** developing strong system partnerships and balancing organisational governance responsibilities with collaborative working across the system.



Senior Independent Director



The Trust's Senior Independent Director (SID) is Paresh Patel, who also serves as Vice Chair. The SID is available to colleagues who wish to raise concerns that have not been resolved through normal channels, such as a line manager, the Speak Up Guardian, the Chair or the Chief Executive, or where it would be inappropriate to use those routes.

The SID also plays an important role in supporting the Chair in leading the Board, acting as a sounding board and providing advice. As part of the Chair's appraisal process, the SID meets annually with the other Non-Executive Directors in the absence of the Chair.

Chief Executive Officer



Jayne Black is our Chief Executive Officer (CEO). She leads the Executive team and is responsible for the overall performance of the trust, ensuring it operates safely, effectively and efficiently. She is accountable for balancing the management of day-to-day operations with the leadership of strategic initiatives necessary to deliver long-term organisational success. Her responsibilities include:

- Delivering high-quality patient care
- Providing leadership and nurturing a positive, productive organisational culture
- Setting and maintaining standards for operational excellence
- Ensuring appropriate staffing levels with suitably qualified personnel
- Implementing clinical procedures and Trust policies
- Ensuring compliance with NHS regulations and internal policies
- Building and maintaining effective relationships with external organisations, including the ICS, the wider NHS and local stakeholders
- Delivering strong and sustainable financial performance

Board changes during 2024/25 are outlined below:

Name	Change	Date of Change
Damian Reid	Chief Finance Officer	Left Trust 1st April 2025
Ian O'Connor	Interim Chief Finance Officer	Started role 2nd April 2025
Steve Aumayer	Acting Chief Executive	Resumed role as Deputy Chief Executive and Chief People Officer 6th April 2025
Jenny Darwood	Acting Chief People Officer	Became Director of People 6th April 2025
Jayne Black	Chief Executive Officer	Joined 7th April 2025
Ian O'Connor	Interim Chief Finance Officer	Left role 18th May 2025
Andrew Strevens	Chief Finance Officer	Joined 19th May 2025
Nikki Webber	Non-Executive Director	Left role 26th September 2025
Spencer Prosser	Non-Executive Director	Joined 27th September 2025

Attendance at Trust Board Meetings 2024/25

	29/04/25	24/06/25	26/08/25	14/10/25	16/12/25	17/02/26	
Steve Phoenix	✔	✔	✔	✔	✔	✔	6/6
Paresh Patel	✔	✕	✔	✔	✕	✔	4/6
Amanda Fadero	✕	✔	✔	✔	✕	✔	
Spencer Prosser	Joined Trust 27.09.25			✔	✔	✔	3/3
Frank Sims	✔	✔	✔	✔	✔	✔	6/6
Nicola Webber	✔	✕	✔	Left Trust 26.09.25			2/3
Carys Williams	✕	✕	✔	✕	✔	✔	3/6
Ama Agbeze*	✔	✔	✕	✔	✔	✔	5/6
Amber Lee*	✔	✔	✔	✔	✔	✔	6/6
Jayne Black	✔	✔	✔	✔	✔	✔	6/6
Steve Aumayer*	✕	✔	✕	✔	✔	✕	3/6
Vikki Carruth	✔	✔	✕	✕	✔	✕	3/6
Dr. Simon Merritt	✔	✔	✔	✔	✔	✔	6/6
Charlotte O'Brien	✕	✔	✔	✔	✔	✔	5/6
Ian O'Connor	✔	Left Trust 18.05.25					1/1
Richard Milner*	✔	✔	✕	✔	✔	✔	5/6
Andrew Strevens	Joined 19.05.25	✔	✔	✔	✔	✔	5/5

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



Trust Board Register of Interests

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

No Executive Directors have been released by the trust to take unpaid roles with other organisations.

The Register of Interests is held by the Chief of Staff and Board members' declarations as of 31st March 2026 are set out below. They are also available on the Trust's website at www.esht.nhs.uk/about-us/people/trust-board-register-of-interests/



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

Non-Executive Directors	**Steve Phoenix**	• None
	Ama Agbeze	• Performance and Growth Manager at Centrica
	Amanda Fadero	• I am a Non-Executive Director at the Royal Papworth NHS Foundation Trust • CEO at St Barnabas and Chestnut Tree House hospices, now Southern Hospice Group, until 30th April 2025 • Associate at Consilium Partners
	Amber Lee	• None
	Paresh Patel	• Associate of Latchmore Associates • Non-Executive Director and Senior Independent Director at Royal Surrey NHS Foundation Trust
	Spencer Prosser	• None
	Frank Sims	• I hold a trustee role (unpaid) at the Anglian Community Trust (based in Colchester) • I am CEO for Surrey Wellbeing Partnership (paid), which provides emotional wellbeing support to young people in Surrey. • I am NED for Surrey & Sussex NHS Trust
	Carys Williams	• Non-Executive Member, Welsh Government Board • Chair of Age UK East Sussex
Executive Directors	**Jayne Black**	• None
	Steve Aumayer	• None
	Vikki Carruth	• None
	Dr. Simon Merritt	• A 50% shareholder in Sagence Health Ltd. • 3-4 private clinics per month at Sussex Premier Health
	Richard Milner	• None
	Charlotte O'Brien	• None
	Andrew Strevens	• Trustee of Hospice UK



Statement as to disclosure to auditors

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

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

- made such enquiries of his/her fellow directors and of the company's auditors for that purpose; and
- taken such other steps (if any) for that purpose, as are required by his/her duty as a director of the company to exercise reasonable care, skill and diligence.

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



Schedule of Matters Reserved to the Board

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

1.1. Approve, including variations to:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The following table outlines the notice periods for directors and officers in post at 31 March 2026:

Name	Start Date	Notice period
Jayne Black Chief Executive	April 2025	6 months
Steve Aumayer Deputy Chief Executive and Chief People Officer	November 2020	6 months
Vikki Carruth Chief Nurse and DIPC	October 2017	6 months
Richard Milner Chief of Staff	May 2020	6 months
Dr. Simon Merritt Chief Medical Officer	September 2022	6 months
Charlotte O'Brien Chief Operating Officer	July 2023	6 months
Andrew Strevens Chief Finance Officer	May 2025	6 months

For statements on salary and pension benefits for all senior management who served during 2025/26 please see tables on pages 66-70.

Trust Stories

Gold Wellbeing at Work Award Achievement

The Trust was formally presented with the Gold Wellbeing at Work Award by East Sussex County Council, recognising an organisation wide commitment to staff health, wellbeing, and positive workplace culture.

The award granted in December 2025, builds on the Trust's earlier Bronze and Silver accreditation and reflects comprehensive efforts across areas such as physical activity, healthy eating, mental health support, substance misuse, sickness absence, leadership, MSK initiatives, and wider social value programmes.

Leaders from the Council's Wellbeing at Work programme praised the Trust's dedication, noting its strong cultural and individual wellbeing focus, while Trust representatives highlighted collective staff contributions that made the achievement possible and emphasised their ongoing commitment to strengthening staff support.

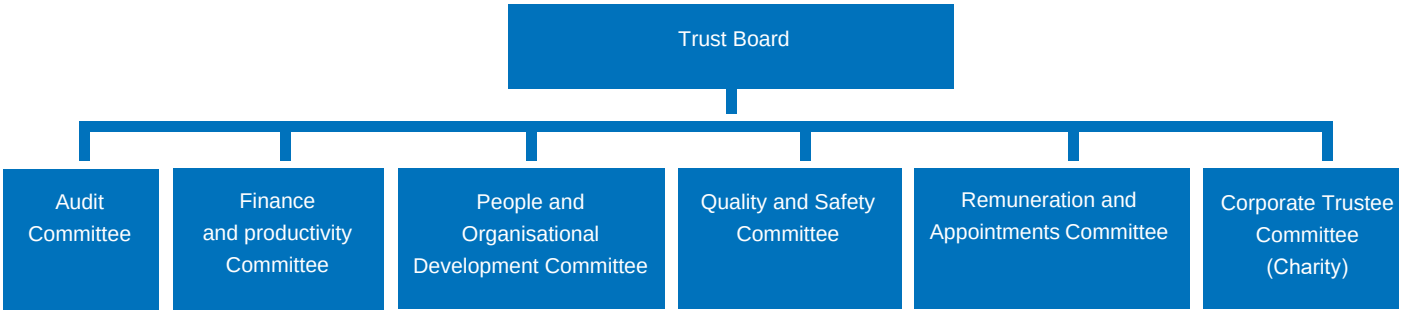




Board Committees

The Trust Board has established a number of formal sub-committees to support the effective discharge of its responsibilities. Each committee is chaired by a Non-Executive Director.

The committees do not operate in isolation; where appropriate, they work collaboratively and report to one another to ensure comprehensive oversight and clarity across all areas of trust activity. The diagram below illustrates the relationships between the Board and its committees.



Each Board Committee undertakes an annual self-assessment of their effectiveness and reports the results to Trust Board. This informs updates to the Committee terms of reference and supports the Trust Board in determining whether the Committee is contributing effectively to the business of the Trust Board. In 2025/26 the Trust Board did not undertake any specific self-assessment, but instead relied on the developmental well-led review which took place, and which involved an assessment of overall Board and governance effectiveness in line with the CQC's well-led framework.

In 2025/26 the Trust Board continued its ongoing programme of strategic and developmental Board Development Days.



Audit Committee

The Audit Committee has a key role in reviewing and providing assurance to the Board on the Trust's governance arrangements, risk management processes and systems of internal control. This includes oversight of the preparation of the Annual Accounts and Annual Report, the Board Assurance Framework and the Annual Governance Statement.

The Audit Committee met six times during 2025/26. Its membership comprises three independent Non-Executive Directors, one of whom serves as Committee Chair and was a qualified accountant during the period up to 31 March 2026. Executive Directors and senior managers regularly attend meetings to contribute to discussions and respond to questions, and both internal and external auditors are also in attendance. Private meetings with internal or external auditors are held as required. There were no changes to either the internal or external audit providers during the year.

During 2025/26, the Audit Committee discharged the full scope of its responsibilities, including the following:

- Reviewing the effectiveness of the framework of controls within the Trust
- Reviewing the Annual Governance Statement and supporting assurance processes in conjunction with the Head of Internal Audit opinion
- Approving a risk-based internal audit plan and actively reviewing the findings of all audits and monitored progress
- Approving the plan and reviewed the work of the local anti-fraud specialist
- Reviewing and approving the updated standing orders, standing financial instructions and scheme of delegation



- Agreeing on the nature and scope of the external audit plan and reviewed the reports, recommendations and management responses
- The adequacy of arrangements for managing risk and how these are implemented
- Reviewing the effectiveness of the Committee
- Agreeing updated Terms of Reference for the Committee and recommending these to Board for ratification
- Reviewing procurement waivers
- The review of the annual report and accounts



The Audit Committee reviews auditor independence as part of its examination of the Annual Report and Accounts, and through its annual assessment of the auditors' work. The Committee also maintains regular engagement with the external auditors throughout the year, including through private sessions. The Committee is satisfied that, to the best of its knowledge, there are no matters that compromise the independence of the external auditors. The effectiveness of both internal and external audit arrangements is also discussed regularly between the Committee Chair and the Chief Financial Officer.

The following steps were taken during 2025/26 to ensure that auditor objectivity and independence is safeguarded:

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

During 2025/26 the Trust's external auditor is Grant Thornton UK LLP, appointed in 2022 for a period of three years with two twelve month options to extend. The Trust's internal auditor and provider of counter fraud services was RSM UK Group LLP, who were appointed in 2023 to provide internal audit and counter fraud services for the Trust, for a period of three years with two twelve month options to extend.



Quality and Safety Committee

The Trust is committed to delivering safe, effective and high-quality care. The Chief Nurse and Director of Infection Prevention and Control (DIPC) is the Executive Lead for quality within the Trust. Working closely with the Chief Medical Officer, and supported by the Head of Governance who oversees the Risk and Safety team, the Chief Nurse holds overall responsibility for leading and delivering the Trust's quality governance agenda.

Robust and effective oversight of quality ensures a focused and transparent approach to continuous quality improvement across the Trust.

A comprehensive range of metrics is used to measure and monitor quality governance, including indicators covering patient safety, patient experience, clinical effectiveness and workforce performance. These metrics are reported bi-monthly to the Board through the Trust's Integrated Performance Report (IPR), with more detailed information reviewed monthly by the Quality and Safety Committee. Reports are supported by senior leadership commentary to aid analysis and understanding of performance. This information is triangulated with other quality governance measures, such as the delivery of outstanding care, patient experience, safe staffing levels and performance against national standards, to provide assurance that effective systems and processes are in place to support high-quality care.

The Quality and Safety Committee is a formal sub-committee of the Trust Board and is chaired by a Non-Executive Director. Membership includes Executive Directors and senior leaders from across the Trust. The Committee is responsible for scrutinising and evaluating all aspects of quality and receives assurance reports from a range of Trust steering groups, including escalation of key risks and areas of concern. During 2025/26, the Quality and Safety Committee met on eleven occasions. Key areas of focus during the year included:

- Reviewing serious incidents and never events
- Reviewing patient experience metrics, including complaints
- Receiving the annual nursing establishment review
- Reviewing the mortality indicators report and learning from death reports
- Reviewing the Board Assurance Framework and Corporate Risk Register for the risks associated with the work of the Committee

- Receiving assurance about the safety and quality of the Trust's services in light of the increasing pressures that were experienced, particularly as a result in the increase of no criteria to reside patients exacerbating winter pressures
- Monitoring the improvement journey of maternity services, including progress in meeting the requirements that arose from the Ockenden Report and review of maternity services at East Kent, and the outcomes of the CQC's inspection of the Trust's maternity services
- Reviewed and approved the Trust's Quality Account
- Approving a number of annual reports relevant to its work, including MIS (Maternity), Patient Experience, Infection Control and Safeguarding



Finance and Performance Committee

The Finance and Performance Committee supports the Trust Board by ensuring that appropriate action is taken to deliver the Trust's financial and operational performance objectives. This is achieved through the regular review of financial and operational strategies, performance against key indicators, investments and capital plans.

The Committee is responsible for approving business cases in accordance with the Trust's Standing Financial Instructions, overseeing the development and delivery of the Trust's Financial and Capital Strategy, and monitoring monthly financial and capital performance against agreed budgets.

During 2025/26, the Finance and Performance Committee met on eleven occasions. These formal meetings were supplemented by additional interim sessions towards the end of the financial year to provide enhanced scrutiny and maintain focus on achieving the Trust's year-end financial targets.



People and Organisational Development Committee

The People and Organisational Development Committee supports the Trust Board by providing strategic oversight of workforce planning, development and performance. The Committee provides assurance that the Trust has appropriate strategies, policies, procedures and capabilities in place to sustain a high-performing, engaged and motivated workforce that enables the delivery of Trust objectives and long-term organisational success.

Where wider organisational policies or processes may hinder staff performance, motivation or their ability to contribute effectively to the delivery of the Trust's strategy and goals, the Committee highlights these issues for further consideration and review. The Committee also oversees cultural development within the Trust, ensuring that behaviours are aligned with strategic objectives and that a supportive, learning-focused working environment is promoted. This includes a focus on staff development, career progression and management and leadership culture.

During 2025/26, the People and Organisational Development Committee met on eleven occasions.

Committee Attendance

Non-Executive Directors are members of the Audit Committee, Finance and Performance Committee, People and Organisational Development Committee, Quality and Safety Committee and Strategy and Transformation Committee. Committee Attendance during 2025/26 was as follows:

	Audit (6 meetings)	Finance and Productivity (12 meetings)	People and Organisational Development (11 meetings)	Quality and Safety (11 meetings)
Ama Agbeze	4/6	-	-	4/11
Steve Aumayer	-	7/7	9/11	-
Jayne Black	1/1	8/11	1/1	1/1
Vikki Carruth	4/6	4/11	3/11	7/11
Amanda Fadero	-	-	10/11	11/11
Amber Lee	6/6	-	10/11	11/11
Dr Simon Merritt	-	2/11	-	10/11
Richard Milner	3/6	-	0/11	2/11
Charlotte O'Brien	-	6/11	-	7/7
Paresh Patel	6/6	11/11	-	-

Steve Phoenix	-	9/11	-	-
Spencer Prosser	3/3	5/6	-	-
Frank Sims	-	6/11	11/11	-
Andrew Strevens	6/6	10/10	-	-
Nicola Webber	1/3	2/5	-	-
Carys Williams	-	-	-	-
Ian O'Connor	-	1/1	-	-

All of the meetings of the Trust's Committees during 2025/26 were quorate.

Trust Stories

Friends fund new kitchen at Bexhill Irvine Unit



A brand new kitchen has been opened at the Bexhill Irvine Unit thanks to the generosity of the Friends of Bexhill Hospital, who funded the project to improve the delivery of patient meals. Previously, food and crockery had to be transported up and down a hill from the main hospital kitchen three times a day, creating delays and additional workload. The new kitchen, located directly beneath the unit, now allows meals to be prepared and served on site, resulting in a smoother, safer and more efficient service for patients. Our heartfelt thanks go to the Friends of Bexhill Hospital for helping us bring this development to life. Their continued commitment to supporting patient care in our community is deeply appreciated.



Trust Stories

First Urology WetLab – Making Surgery Safer



We successfully hosted our first Urology WetLab, marking an important milestone in advancing surgical training and patient safety across the organisation.

The session, led by Mr Quraishi, Consultant Urologist, and supported by Mr Spiteri and Mr Calleja, was delivered by the Simulation and Human Factors Team in our state-of-the-art Simulation Suite and brought together core surgical trainees from across the Kent, Surrey and Sussex Deanery. Throughout the day, trainees had the opportunity to practise key urological procedures in a realistic but fully risk-free environment.

Mr Quraishi said: “I am immensely grateful to our sponsors for enabling this training opportunity. It is extremely beneficial for our future surgeons and ultimately benefits the patients with advanced procedures that are minimally invasive and highly effective.”



The success of the Urology WetLab marks a significant step forward in our commitment to innovative training, multidisciplinary collaboration, and delivering the safest possible care for patients.



Remuneration and Staff Report

Remuneration Report

The Remuneration and Appointments Committee is a Non-Executive sub-committee of the Trust Board responsible for overseeing the appointment of the Chief Executive and Executive Directors, and for agreeing the parameters and processes for senior appointments. The Committee also agrees and reviews Trust policies relating to reward, performance, retention and pension arrangements for the Executive team, together with any relevant policy matters that impact the wider workforce.

The Committee is chaired by the Senior Independent Non-Executive Director and includes the Trust Chair and two other Non-Executive Directors as members. The Chief Executive and Chief People Officer attend meetings in an advisory capacity, except when matters relating to their own performance, remuneration, or terms and conditions are under discussion.

The quorum for meetings is three members, one of whom must be the Committee Chair or, in their absence, the Trust Chair. Under delegated authority from the Trust Board, the Committee determines the remuneration and terms of service for the Chief Executive and Executive Directors, having due regard to national terms, conditions and guidance.



The Committee also advises on and oversees contractual arrangements for the Chief Executive and Executive Directors, including the appropriate calculation and scrutiny of termination payments, in accordance with national guidance where applicable.

Remuneration levels are set using national benchmarking and guidance to ensure fairness, affordability and transparency, and to reflect public accountability. The remuneration of the Chief Executive and Executive Directors comprises base salary only, with no performance-related pay. In line with national guidance, remuneration packages for newly appointed Executive Directors include an earn-back element linked to the achievement of objectives, which is incorporated into the base salary. Treasury approval is required where the remuneration of Very Senior Managers exceeds the Prime Minister's salary.

The Committee monitors the performance of the Chief Executive and Executive Directors against their agreed performance objectives.

Matters considered in 2025/26 included:

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

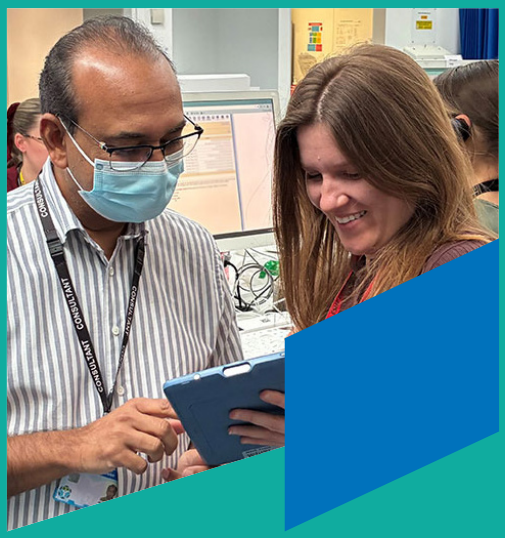


Due to nature of the business conducted, Committee minutes are considered confidential and are therefore not in the public domain. The Chair of the Committee draws to the Board's attention any issues that require disclosure to the full Board or require Executive action.

Trust Stories

Successful first Go-Live for the EmPoweR Programme

The EmPoweR Programme reached an exciting milestone, with the successfull completion of its first ‘Go-Live’ - a major SaaS Migration that moved nervecentre to a cloud-based Software as a Service (SaaS) platform. The change meant we can now deliver faster, more responsive upgrades to our Electronic Patient Record (EPR) and we were proud to be the first nervecentre user Trust in the country to adopt this approach, paving the way for other organisations nationally.



The achievement marks a significant step forward on our journey to becoming a fully digital Trust and reflects the strength of our partnership and our shared commitment to improving the quality and resilience of our digital systems.



Trust Stories

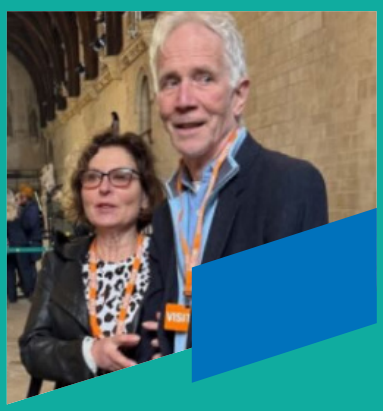
Trust wins prestigious HSJ award for support for veterans



We received the Military and Civilian Health Partnership Award at the HSJ Awards in recognition of our exceptional commitment to supporting veterans across our services. The award highlights our work in improving veteran specific care pathways, fostering staff training on armed forces awareness, and strengthening community partnerships to better meet the needs of ex service personnel. This achievement reflects our broader dedication to inclusive, compassionate care and our significant progress in supporting military communities across the region.

Earlier in 2025 we were also awarded the Gold Award in the Ministry of Defence's Defence Employer Recognition Scheme.

Retired consultant urologist awarded an OBE



Retired Urology consultant, Mr Graham Watson, has been awarded an OBE (Officer of the Order of the British Empire) for services to the development of Endo-Urological Science and to the training of Endo-Urology Overseas.

Salary and Pension entitlements of senior managers

A) Single total figure table

Name and Title	2025.26						2024.25					
	Salary (bands of £5,000) £'000	Expense payments (taxable)* to nearest £100 £	Performance pay and bonuses (bands of £5,000) £'000	Performance pay and bonuses (bands of £5,000) £'000	**Long Term** All pension-related benefits (bands of £2,500) £'000	**TOTAL (bands of £5,000)** £'000	Salary (bands of £5,000) £'000	Expense payments (taxable) to nearest £100 £	Performance pay and bonuses (bands of £5,000) £'000	Performance pay and bonuses (bands of £5,000) £'000	Long Term All pension-related benefits (bands of £2,500) £'000	**TOTAL (bands of £5,000) £'000**
Steve Phoenix Chairman	50 - 55	0	0	0	0	50 - 55	50 - 55	0	0	0	0	50 - 55
Paresh Patel Vice Chairman	10 - 15	100	0	0	0	**10 - 15**	10 - 15	100	0	0	0	10 - 15
Jayne Black Chief Executive (from 7 April 2025)	215 - 220	2100	0	0	0	**215 - 220**						
Richard Milner Chief of Staff	135 - 140	0	0	0	45 – 47.5	**180 - 185**	130 - 135	0	0	0	27.5 - 30	**160 - 165**
Victoria Carruth Chief of Staff	155 - 160	0	0	0	57.5 - 60	**215 - 220**	150 - 155	0	0	0	42.5 - 45	**195 - 200**
Stephen Aumayer Acting Chief Executive (until 6 April 2025) and Chief People Officer and Deputy Chief Executive from 7 April 2025	155 - 160	3200	0	0	40 – 42.5	**200-205**	175 - 180	0	0	0	57.5 - 60	**235 - 240**

Jenny Darwood Acting Chief People Officer (until 6th April 2025) and Director of People (from 7th April 2025). 2024.25 figures are part year from 25 November 2024 to 31 March 2025	130 - 135	0	0	0	82.5 - 85	**215 - 220**	45 - 50	0	0	0	10 - 12.5	**55 - 60**
Ian O'Connor Interim Finance Director (From 1 April 2025 to 18 May 2025)	20 - 25	0	0	0	0	**20 - 25**						
Andrew Strevens Chief Finance Officer (from 19 May 2025)	145 - 150	100	0	0	30 - 32.5	**175 - 180**						
Simon Merritt Chief Medical Officer **	230 - 235	1800	0	0	77.5 - 80	**310 - 315**	240 - 245	0	0	0	127.5 - 130	**365 - 370**
Chris Hodgson Director of Estates & Facilities (left the Trust 31 December 2025)	115 - 120	0	0	0	137.5 - 140	**255 - 260**	140 - 145	0	0	0	0	**140 - 145**
Charlotte O'Brien Chief Operating Officer	155 - 160	1300	0	0	15 – 17.5	**175 - 180**	155 - 160	0	0	0	32.5 - 35	**190 - 195**
Simon Dowse Director of Transformation & Improvement	125 - 130	1300	0	0	35 – 37.5	**160 - 165**	130- 135	0	0	0	32.5 - 35	**165 - 170**
Nicola Webber Non-Executive Director (left the Trust 26 September 2025)	5 - 10	0	0	0	0	**5 - 10**	10 - 15	0	0	0	0	**10 - 15**
Carys Williams Non-Executive Director	10 - 15	0	0	0	0	**10 - 15**	10 - 15	0	0	0	0	**10 - 15**

Amanda Fadero Non-Executive Director	10 - 15	0	0	0	0	**10 - 15**	10 - 15	100	0	0	0	**10 - 15**
Frank Sims Non-Executive Director	10 - 15	0	0	0	0	**10 - 15**	10 - 15	0	0	0	0	**10 - 15**
Ama Agbeze Associate Non-Executive Director	10 - 15	0	0	0	0	**10 - 15**	10 - 15	1000	0	0	0	**10 - 15**
Amber Lee Associate Non-Executive Director	10 - 15	0	0	0	0	**10 - 15**	5 - 10	0	0	0	0	**5 - 10**
Spencer Prosser Non-Executive Director (from 27 September 2025)	5 - 10	0	0	0	0	**5 - 10**						

* Taxable expenses and benefits in kind are expressed to the nearest £100. The values and bands used to disclose sums in this table are prescribed by the Cabinet Office through Employer Pension Notices and replicated in the HM Treasury Financial Reporting Manual.
** Board related salary for the year of £61k. Salary above includes both Board and Non-Board roles.

Pension Related Benefits

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

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

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

Pension Benefits

B)

Name and Title	pension at pension age (bands of £2500) £'000	pension lump sum at pension age (bands of £2500) £'000	pension at pension age at 31 March 2026 (bands of £5000) £'000	age related to accrued pension at 31 March 2026 (bands of £5000) £'000	transfer value at 1 April 2025 £'000	Cash Equivalent Transfer value £'000	transfer value at 31 March 2026 £'000	contribution to stakeholder pension £'000
Richard Milner Chief of Staff	2.5 - 5	0 - 2.5	40 - 45	95 - 100	845	48	924	0
Victoria Carruth Chief Nurse & DIPC	2.5 - 5	0 - 2.5	60 - 65	150 - 155	1313	68	1422	0
Stephen Aumayer Acting Chief Executive/Deputy CEO and Chief People Officer	2.5 - 5	0	25 - 30	0	397	39	462	0
Jenny Darwood Acting Chief People Officer / Director of People	5 – 7.5	0	20 - 25	20 - 25	358	0	310	0
Andrew Strevens Chief Finance Officer	0 - 2.5	0	40 - 45	80 - 85	810	34	883	0
Simon Merritt Chief Medical Officer	5 - 7.5	2.5 - 5	65 - 70	165 - 170	1294	75	1417	0
Chris Hodgson Director of Estates & Facilities	5 - 7.5	5 - 7.5	60 - 65	145 - 150	1317	0	198	0
Charlotte O'Brien Director of Transformation & Improvement	0 - 2.5	0	55 - 60	125 - 130	1091	17	1145	0
Simon Dowse Director of Transformation & Improvement	2.5 - 5	0	15 - 20	0	187	24	230	0

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

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

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

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

Trust Stories

Local amateur dramatics group, The Spotlight Players made a donation of £1650 to the Special Care Baby Unit (SCBU)



Special Care Baby Unit matron, Manju Thomas, said: “Jackie Bignell of The Spotlight Players spoke to me earlier in the year to let me know they had chosen SCBU as their charity/good cause for 2025 because a member of her family was looked after on the unit. This is such a kind donation and we are really grateful. The money will be used to buy a video laryngoscope which will be used for emergencies in the department.”



Cash Equivalent Transfer Values

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

Real Increase in CETV

This reflects the increase in CETV that is funded by the employer. It does not include the increase in accrued pension due to inflation or contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement).
Payments to Past Directors (audited)
No payments to past directors were made during the year 2025/26.

Payments to Past Directors (audited)

No payments to past directors were made during the year 2025/26.



Payment for Loss of Office (audited)

No payments for loss of office were made during the year 2025/26.

Note on Pension-related benefits (Table A)



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

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

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

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

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

Pay Ratios

Year	25th Percentile Pay	Median Pay Ratio	75th Percentile Pay
2025-26	8.26:1	6.03:1	4.41:1
2024-25	8.41:1	6.16:1	4.44:1

The pay ratios have slightly decreased from those of 2024/25, as a result of the effects of the 2025/26 pay award for Agenda for Change staff of 3.6%.

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

Prior year figures included the Chair and Non-Executive Directors; these have been excluded in the current year in line with GAM guidance.

Year	2024-25	2023-24	% Change
Average cost per FTE for all employees excluding highest paid director (Annualised basis)	£54,531	£52,185	+4.50%

The increase in average cost is principally due to the wage awards applicable from 1st April 2025.

Year	2025-26	2024-25	% Change
Band of Highest Paid Director	£235k-£240k	£225k-£230k	+4.40%

The banded remuneration of the highest paid director in the Trust in the financial year 2025/26 was £235k-£240K (2024/25 £225k-£230k). This was 6.03 times (2024/25 - 6.16) the median remuneration of the workforce, which was £39,413 (2024/25, £36,954).

The highest paid director in 2024/25 was the Chief Medical Officer, this remains the same in 2025/26.

2024-25	25th Percentile	Median	75th Percentile
Total remuneration	£28,744	£39,413	£53,881
Salary component of total remuneration	£28,744	£39,413	£53,881
Pay ratio information	8.26:1	6.03:1	4.41:1
2023-24			
Total remuneration	£27,056	£36,954	£51,190
Salary component of total remuneration	£27,056	£36,954	£51,190
Pay ratio information	8.41:1	6.16:1	4.44:1

In 2025/26 there were fifteen (a decrease on thirty three employees in 2024/25) employees who received remuneration in excess of the highest paid director. Remuneration ranged from £5,000 to £467,773 (2024/25 £5,000 to £346,074).

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

Trust Stories

Our Haematology team receive top cancer care award



The Trust's Haematology team earned a prestigious national cancer care award, recognising their exceptional dedication to supporting patients living with incurable cancers.

The award highlights the team's compassionate, highly specialised approach, their commitment to improving patient experience, and their ongoing efforts to provide personalised, high quality care throughout every stage of treatment.

Their achievement reflects the Trust's broader commitment to excellence in oncology services and the meaningful impact the team continues to have on patients and families facing challenging diagnoses.



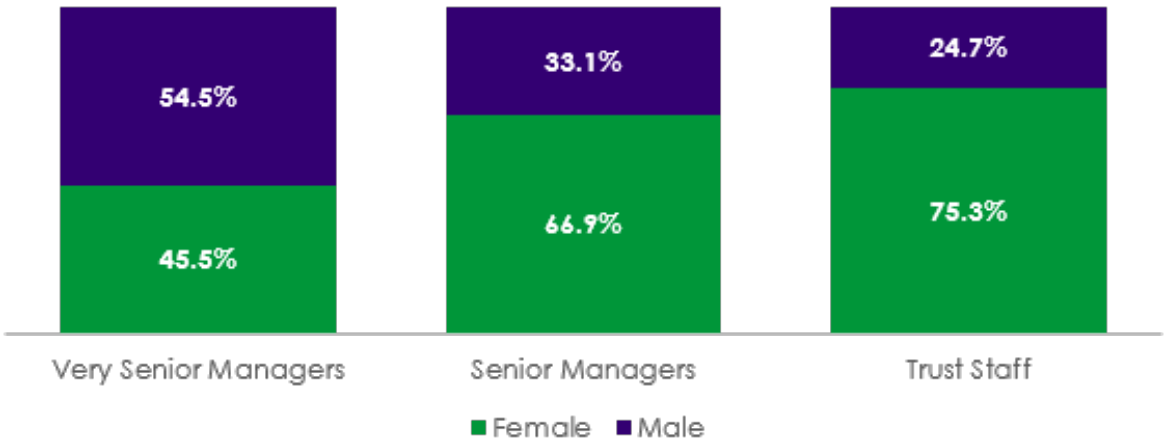
Staff Report

As of 31st March 2026:

- 75.3% of our dedicated staff identified themselves as female
- 39.2% of all staff work part-time
- 36.5% of staff are over 50 years old
- 8% of staff identified themselves as disabled
- 3.7% identified themselves as either gay, lesbian, bisexual or other sexual orientation
- 25.4% of staff are from a black or minority ethnic (BME) origin

Gender distribution by Directors, Other Senior Managers and Staff

Gender Breakdown at Trust Staff 31st March 2025

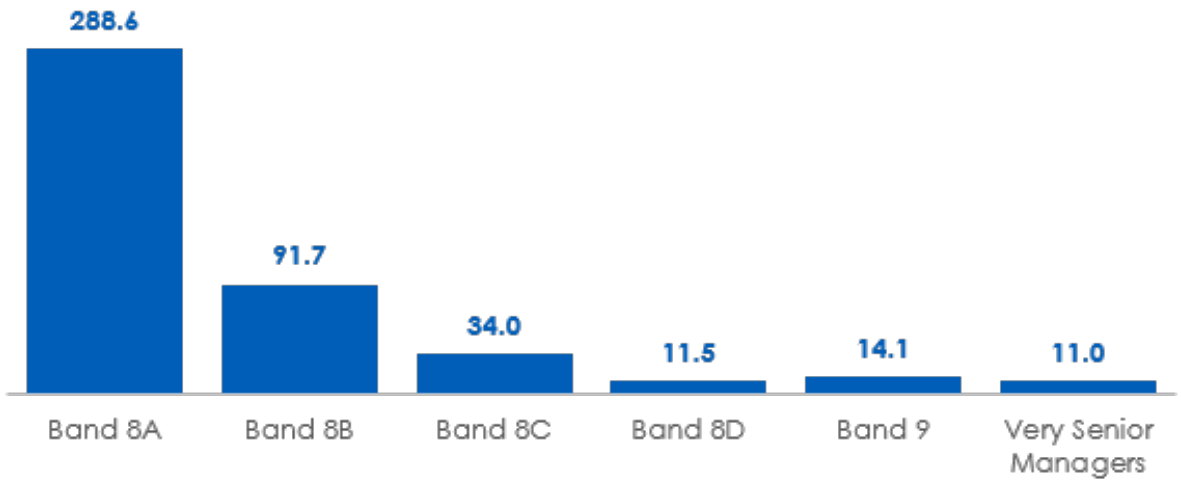


Senior Managers include all staff on Agenda for Change Bands 8a-9.

Trust Board Diversity

The proportion of our colleagues who identify as black or within a minority ethnic group is 25.4% across the Trust, an increase of 7.9% over the last five years. As of 31st March 2025, the Board was 85.7% white and 14.3% non-white. The difference of multicultural representation between the workforce and the Board overall is -11.1%.

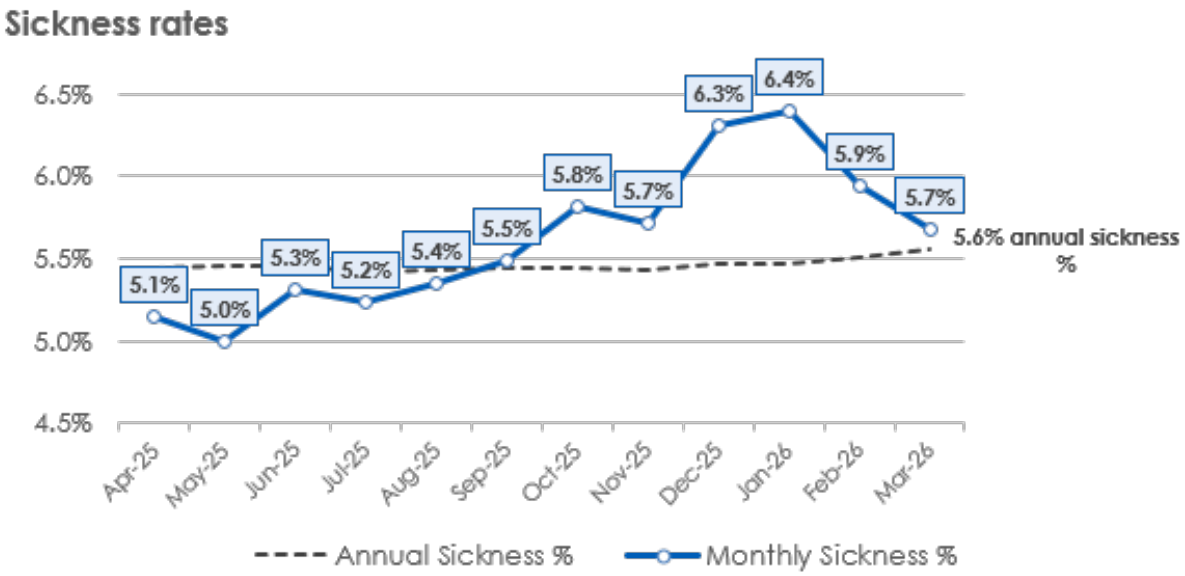
Number of Senior Managers by band at 31st March 2025



Staff Absence Data

The annual sickness rate increased across 2025/26 from 5.4% to 5.6% as monthly sickness rates were higher than in the previous year. Monthly rates peaked across Dec 25 – Jan 25 due to cold, cough and flu peaks, compounded by continuous absence related to back/MSK and anxiety, stress and depression related absences. Working days lost due to sickness per whole-time equivalent member of staff during 25/26 was 12.5, an increase on the figure of 11.9 that was reported in 2024/25 (according to Cabinet Office methodology).





NHS Sickness Absence Figures for NHS 2025-26 Annual Report and Accounts

Measure	24/25	25/26	
Average WTE Years*1	7,693	7,615	▼
Adj. WTE Days Lost*1	91,756	95,203	▲
WTE Days Available*2	2,807,771	2,779,607	▼
WTE Days Lost to Sickness Absence*2	148,849	154,441	▲
Average Sick Days per WTE*2	11.9	12.5	▲

*1 - Figures Converted by DHSC to Best Estimates of Required Data Items

*2 - Statistics Produced by NHS Digital from ESR Data Warehouse

Source: NHS Digital - Sickness Absence and Workforce Publications - based on data from the ESR Data Warehouse

Period covered: April 2025 to March 2026

Data items: ESR does not hold details of the planned working/non-working days for employees, so days lost and days available are reported based upon a 365-day year. For the Annual Report and Accounts the following figures are used:

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

Staff Turnover

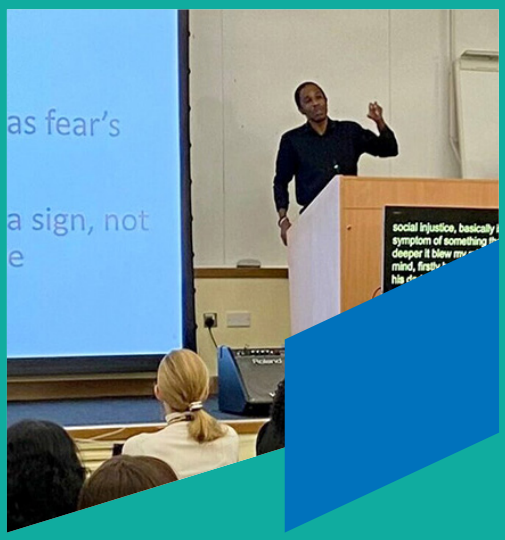
During 2025/26 there was a staff turnover rate of 8.5%. There were 613.1 WTE leavers during the year.

Monthly turnover rates during the year were:

Mar 25	Apr 25	May 25	June 25	July 25	Aug 25	Sept 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
10.5%	10.4%	10.1%	9.8%	9.8%	9.8%	9.4%	9.3%	9.1%	9.1%	8.9%	8.9%	8.5%

Trust Stories

Standing Firm in Power and Pride: Celebrating Black History Month



This year's Black History Month brought together colleagues from across our Trust and the wider Sussex system to celebrate the theme "Standing Firm in Power and Pride" as we hosted the system-wide Black History Month Conference.

Keynote speaker, Junior Smart OBE, founder of the St Giles SOS Project, delivered an inspiring and deeply personal talk on resilience, leadership and the importance of recognising and using our power to create change.



Jayne Black, Chief Executive, said: "The conference was a chance for us all to celebrate the rich history, heritage and incredible achievements of Black people in our communities, and also to reflect on the work still ahead of us to achieve genuine racial equity in healthcare. The NHS was built on values like compassion, equality and respect. But we know that inequalities still exist, and they impact both the care our patients receive and the experiences of our colleagues. That's why events like this matter. They create space to listen, to learn, and to commit to breaking down those barriers. Being anti-racist isn't just about what we say, it's about what we do. It means weaving equity into every part of our work and driving real, lasting change."

Trust Stories

Celebrating a Milestone: 300 Members Strong!

In December the Women's Network reached 300 members - hitting their 2025 goal ahead of schedule! Since launching in May 2023, the network has grown into a vibrant, supportive community, connecting colleagues from all areas and roles. This network not only empowers women and allies but also strengthens our collective impact on patient care, colleague wellbeing, and workplace culture. Tricia Jenkins, Network Chair, said, "This milestone reflects the incredible engagement of our colleagues across the Trust. Together, we're creating a space where women and allies can connect, support each other, and help shape a stronger, more inclusive NHS workplace.





Cherry Tree Garden opens at Eastbourne DGH

After months of hard work and extensive networking, the Cherry Tree Garden courtyard - a fantastic collaboration between staff, our Friends and volunteers and our corporate partners - opened to provide a beautiful space that both patients and staff can enjoy.

This transformation has been possible due to the generous donation from Friends of EDGH – £25,000 and the East Sussex Healthcare NHS Charity who donated £23,079.

Analysis of Staff and Costs for 2025/26

Staff Costs

	Permanent	Other	2025/26 Total	2024/25 Total
	£000	£000	£000	£000
Salaries and wages	348,196	29,595	377,791	365,860
Social security costs	45,726	3,879	49,605	38,628
Apprenticeship levy	1,785	151	1,936	1,882
Employer's contributions to NHS pension scheme	67,791	5,751	73,542	68,986
Pension cost - other	42	4	46	56
Other post employment benefits	-	-	-	-
Other employment benefits	-	-	-	-
Termination benefits	346	-	346	4
Temporary staff	-	4,954	4,954	8,239
Total gross staff costs	**463,886**	**44,334**	**508,220**	**483,655**
Recoveries in respect of seconded staff	-	-	-	-
Total staff costs	**463,886**	**44,334**	**508,220**	**483,655**
Of which				
Costs capitalised as part of assets	45	-	45	182

Average Number of Employees (WTE Basis)

			2025/26	2024/25
	Permanent	Other	Total	Total
	Number	Number	Number	Number
Medical and dental	853	81	**934**	919
Ambulance staff	-	-	**-**	-
Administration and estates	1,463	47	**1,510**	1,563
Healthcare assistants and other support staff	2,112	267	**2,380**	2,448
Nursing, midwifery and health visiting staff	2,134	211	**2,345**	2,387
Nursing, midwifery and health visiting learners	-	-	**-**	-
Scientific, therapeutic and technical staff	790	29	**819**	793
Healthcare science staff	109	8	**117**	122
Social care staff	-	-	**-**	-
Other	10	-	**10**	9
Total average numbers	**7,471**	**643**	**8,114**	**8,242**
Of which:				
Number of employees (WTE) engaged on capital projects	1	0	**1**	3

Exit Packages (unaudited)

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
Exit package cost band (including any special payment element)			
<£10,000	-	5	**5**
£10,000 - £25,000	-	2	**2**
£25,001 - 50,000	-	2	**2**
£50,001 - £100,000	-	3	**3**
£100,001 - £150,000	1	-	**1**
£150,001 - £200,000	1	-	**1**
>£200,000	-	-	**-**
Total number of exit packages by type	2	12	**14**
Total cost (£)	£275,000	£346,000	**£621,000**

Reporting of compensation schemes - exit packages 2024/25

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

Exit packages: other (non-compulsory) departure payments

	2025/26		2024/25	
	Payments agreed	Total value of agreements	Payments agreed	Total value of agreements
	Number	£000	Number	£000
Voluntary redundancies including early retirement contractual costs	-	-	-	-
Mutually agreed resignations (MARS) contractual costs	7	325	-	-
Early retirements in the efficiency of the service contractual costs	-	-	-	-
Contractual payments in lieu of notice	4	17	1	4
Exit payments following Employment Tribunals or court orders	1	4	-	-
Non-contractual payments requiring HMT approval	-	-	-	-
Total Of which:	12	346	1	4
Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	-	-	-	-

Expenditure on Consultancies

During 2025/26, the Trust's total spending on consultancies was £73,000 (see Accounts, note 7)

Off-payroll Engagements

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

For all off-payroll engagements as of 31 March 2026, for more than £245 per day

	Number
Number of existing engagements as of 31 March 2025	5
Of which, the number that have existed:	
- for less than one year at the time of reporting	3
- for between one and two years at the time of reporting	2
- for between two and three years at the time of reporting	0
- for between three and four years at the time of reporting	0
- for four or more years at the time of reporting	0

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

For all off-payroll engagements between 1 April 2025 and 31 March 2026, for more than £245 per day

	Number
No. of temporary off-payroll workers engaged between 1 April 2025 and 31 March 2026	13
Of which…	
No. not subject to off-payroll legislation	0
No. subject to off-payroll legislation and determined as in-scope of IR35(2)	0
No. subject to off-payroll legislation and determined as out of scope of IR35	13
the number of engagements reassessed for compliance or assurance purposes during the year	0
Of which: no. of engagements that saw a change to IR35 status following review	0

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

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2025 and 31 March 2026

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year	0
Total no. of individuals on payroll and off-payroll that have been deemed “board members, and/or, senior officials with significant financial responsibility”, during the financial year. This figure must include both on payroll and off-payroll engagements.	20

Trust Stories

Consultants keep a close eye on the summit



Consultant eye surgeons, Mr Shahram Kashani and Mr Pantelis Loannidis took part in the National Three Peaks Challenge, climbed the highest mountains of England, Scotland and Wales within 33 hours.

They climbed each peak in turn and walked a mammoth distance of 42 kilometres or 26 miles with a total ascent of 9,800 feet (3,000 m).

Shahram Kashani also raised money and awareness for East Sussex Vision Support, a local charitable organisation where he is also a vice patron. Shahram said: “It was a gruelling 33 hour challenge and thanks to the hard work and team effort of all five climbers, we completed the challenge.”

Trust reaccredited as Disability Confident Leader

The Trust was successfully reaccredited as a Disability Confident Leader, reaffirming its ongoing commitment to creating an inclusive and accessible workplace for people with disabilities. This reaccreditation reflects the Trust’s sustained efforts to improve recruitment, remove barriers, support disabled staff, and champion equality across all services. The recognition underscores the organisation’s dedication to fostering a culture where disabled colleagues are valued, supported, and able to thrive professionally. Jenny Darwood, Director of People, said: “Being recognised again as a Disability Confident Leader demonstrates our continued progress – but it also reminds us of our responsibility to keep moving forward. We’re committed to making our Trust a place where all colleagues feel seen, heard and supported.”

Trust Stories

Dining Immersive Experiential Training (DIET)

DIET is a pilot project aiming to improve the dining experience for people with dementia and improving their oral intake as it is common for people with dementia to have reduced appetite, forget to drink, or to overeat due to forgetting they have already eaten.

Colleagues have worked with Training 2 Care to develop DIET for the hospital setting. The training teaches colleagues to better understand the challenges faced by patients around mealtimes, with advice on how to improve the dining experience.

Quality improvement and research in dementia care



To mark Dementia Awareness Week and International Clinical Trials Day in May, our teams highlighted the importance of clinical trials in the improvement of treatment and resources available to those with dementia.

Nicola Burke and Claire Shimmons, Dementia Care Practitioner/Team Leads, said: “It is great to have the support of the research team. It is important that people have the opportunity to be involved in research – it is not just people with a diagnosis of dementia that can participate in dementia related studies. Taking part in research can give people the sense of hope for the future.”



Recruitment and Staffing

During the year, overall recruitment activity increased by 15%, with a significant rise in external applications across all role types. A total of 22,402 applications were received, reflecting continued interest in the Trust. Targeted recruitment activity, including external support for hard-to-fill roles, enabled the successful appointment of a number of difficult-to-recruit posts, particularly at consultant level. However, national workforce shortages continue to impact some roles.

The average time to hire reduced slightly from 25.2 days in 2024/25 to 25 days in 2025/26, with further work underway to improve recruitment processes and the experience of candidates. Candidate feedback remained strong, with satisfaction levels of around 90%, and targeted improvements are being progressed to support the Trust's aim of being an Employer of Choice.



This year's survey of Temporary Work Services colleague again achieved one of the highest response rates in the region, with results among the strongest across the sector. Action plans are in place to further enhance the experience of temporary staff.

International recruitment continued as part of a wider approach to reducing vacancies, with candidates recruited from a range of countries.

During the year:

- Around 3,135 interviews were conducted
- 1,194 virtual Right to Work checks were completed
- 419 colleagues were appointed to medical roles, including resident doctors
- Temporary staffing spend reduced by 7.4% compared to 2024/25 year to date
- Medical Bank and Agency spend reduced by 16.7% (Bank by 9% and Agency by 41.3%)
- Bank shifts filled 65% of approximately 20,000 monthly requests
- The Bank workforce comprised 5,727 Agenda for Change staff and 952 Medical and Dental staff



Wellbeing of our People

Throughout 2025/26, the Trust continued to prioritise the physical and emotional wellbeing of colleagues, adapting its offer in response to ongoing work pressures and feedback from staff engagement activities, including ward and departmental visits, surveys and informal feedback.

The Trust strengthened its mental health training offer to ensure colleagues and managers felt confident in supporting themselves and others. A total of 266 colleagues completed Mental Health First Aid training, while uptake of Mental Health Aware Training continued to grow. Since its introduction in 2023, 245 colleagues have completed this training, including an increase of 119 during the year. Further expansion is planned, with additional places for managers and the development of bespoke e-learning and signposting resources via the MyLearn platform to improve accessibility.

A comprehensive wellbeing programme was delivered during the year, including:

- Expansion of the Wellbeing Champions network to 162 colleagues
- Introduction of blended Wellbeing Conversations training via facilitated sessions and e-learning
- Trust-wide quarterly wellbeing meetings and regular smokefree focus groups
- On-site stop smoking clinics delivered in partnership with One You East Sussex (OYES)
- Targeted wellbeing initiatives, including men's health sessions and menopause workshops and cafés

- Provision of health checks for colleagues aged 40–74, delivered with OYES
- Enhanced maternity support and improved access to wellbeing information and benefits
- Continued promotion of the Vivup Employee Assistance Programme, with 35.5% of staff now registered
- Strengthened support for flexible working, with 82% of requests approved or approved with amendments
- Streamlined access to wellbeing services via a single ‘Team in Need’ referral process
- Tailored wellbeing support to teams across acute and community services, reaching over 1,000 colleagues
- Delivery of bespoke 1:1 wellbeing, TRiM and restorative supervision sessions



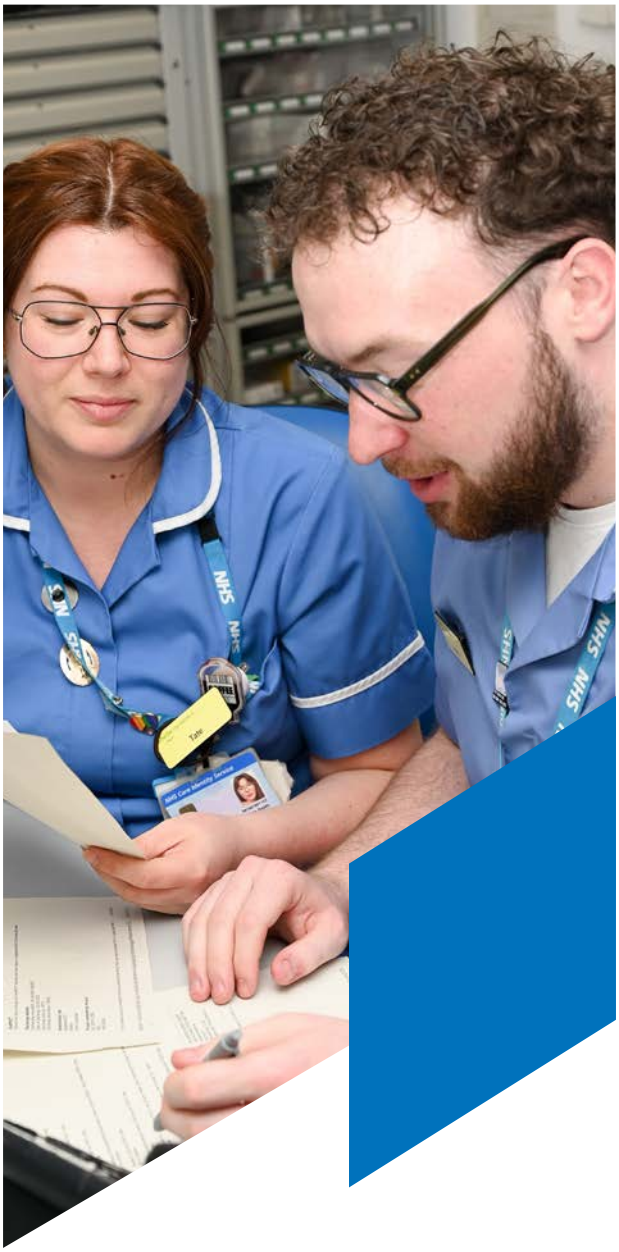
The Trust also secured external wellbeing funding through NHS Charities Together, supporting future programmes including early resolution and mediation, restorative supervision and targeted psychological wellbeing initiatives for multicultural, disabled and LGBTQIA+ colleagues. All actions within the Wellbeing Workstream of the Green Plan were completed.

In recognition of the Wellbeing support offered, the Trust was awarded the Gold Wellbeing at Work Award by East Sussex County Council in December 2025, for our comprehensive, organisation-wide commitment to staff health, wellbeing and our supportive workplace culture.

Plans to further strengthen wellbeing provision are informed by evaluation feedback, sickness absence data and staff survey results, with a continued focus on improving accessibility. Throughout the year, the Trust also held events to recognise and celebrate staff achievements, including the Trust Awards and festive appreciation events.



You Said, Together We Did: How we improved staff experience this year



Over the past year, the Trust has strengthened how staff experience insights drive cultural, operational and quality improvement. A continued focus on visibility, accessibility and accountability has supported positive change within divisions, improved engagement with the NHS Staff Survey and increased confidence that colleague feedback leads to action. This was reflected in the 2025 NHS Staff Survey, with participation exceeding 50% among substantive colleagues and reaching 34% among Bank colleagues, one of the highest Bank response rates nationally.

Targeted engagement activity supported participation from historically harder-to-reach groups, including medical colleagues, through attendance at Grand Rounds, tailored communications and high-footfall pop-up sessions. A prize draw incentive, delivered with the external survey provider, also encouraged participation and recognised colleague contribution.

The national You Said, Together We Did approach continues to be embedded, strengthening the visible link between feedback and organisational action and supporting greater cultural transparency. This has contributed to growing confidence in speaking up and increased survey engagement.

Access to NHS Staff Survey insights was significantly improved through the launch of divisional dashboards, enabling leaders and teams to review and discuss results in detail. This was supported by tutorial sessions and wider access via the Trust extranet, encouraging open local conversations. Progress is reinforced through the Divisional Assurance Framework and oversight via the People and Organisational Development Committee.

Where focused interventions and sustained leadership attention were applied, improvements were seen across priority cultural areas, including sexual safety, discrimination and bullying and harassment reporting, burnout and stress reduction, and the embedding of the Trust's Values and Behaviours Framework across core people processes. New learning initiatives, including Living Our Trust Values - Behaviours and Allyship and the Allyship Programme, were introduced to support inclusive behaviours and everyday action.



All actions from the Too Hot to Handle listening events have now been completed and embedded across process, engagement, communications, and training workstreams. Staff networks continue to grow in reach and influence, supporting colleague voice, peer support and co-production, alongside continued progress as a Veteran Aware Trust and delivery of initiatives such as the Sussex-wide Black History Month Conference.

To provide more regular insight into colleague experience, the National People Pulse Survey was relaunched in January 2026, complementing the annual NHS Staff Survey with more timely feedback. The Partnership Forum is also being refreshed to strengthen engagement, governance and impact.

People PULSE

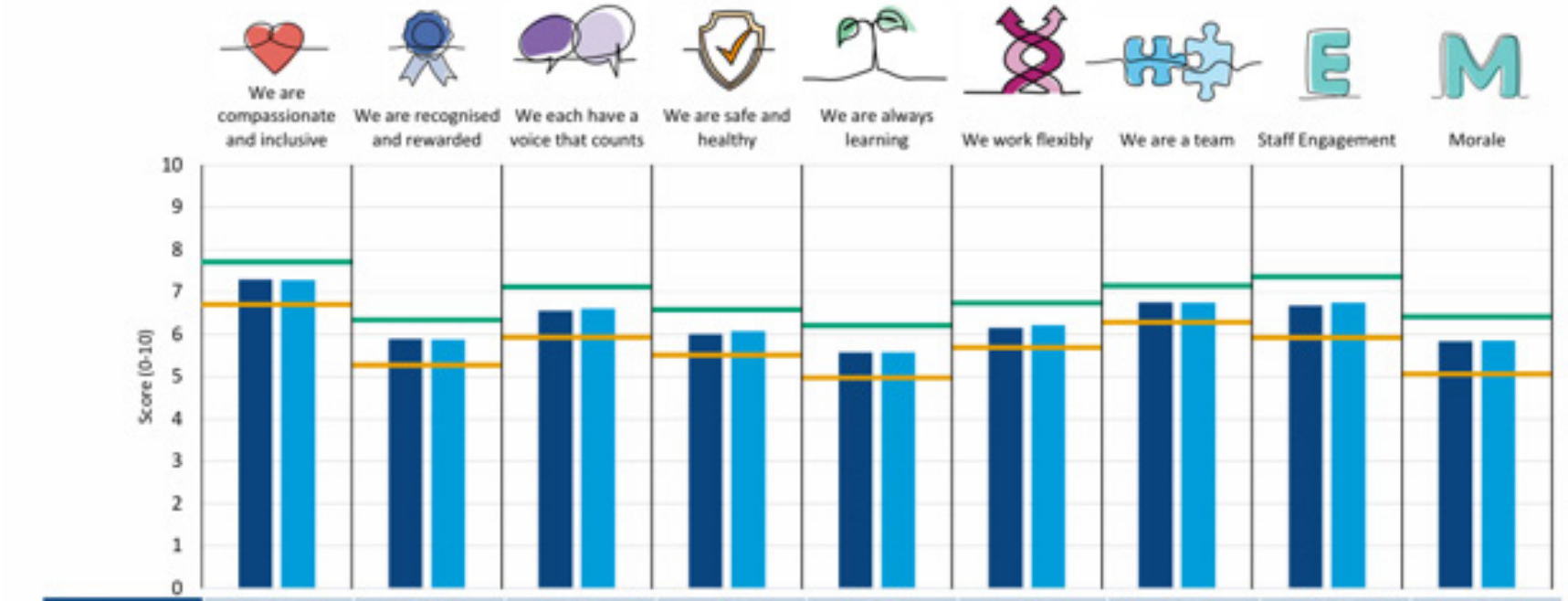
Overall, meaningful progress has been made in improving engagement, access to insights and confidence in the value of colleague feedback. Further work will focus on clearer priorities, improved data triangulation and sustained action to embed a culture in which colleagues feel heard, valued and confident that raising concerns leads to change, recognising colleague experience as fundamental to the delivery of safe, high-quality patient care.

The Trust's People Promise elements and themes from the NHS Staff Survey 2025

People Promise elements and themes: Overview

Survey Coordination Centre NHS

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score.**



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	7.29	5.89	6.55	6.00	5.57	6.15	6.75	6.67	5.84
Best result	7.71	6.34	7.12	6.58	6.21	6.74	7.14	7.36	6.42
Average result	7.28	5.87	6.60	6.07	5.57	6.22	6.75	6.74	5.84
Worst result	6.71	5.27	5.93	5.51	4.98	5.69	6.29	5.92	5.06
Responses	4284	4292	4230	4249	4104	4257	4279	4298	4295

Example You Said, Together We Did action 2024-2025

KINDNESS INCLUSIVITY INTEGRITY

East Sussex Healthcare NHS Trust

Staff Survey Results 2024

Workforce Planning, Information & Systems Governance

You said...

1. 23.1% said they do not feel supported to develop their potential.
2. 23.1% said they do not feel involved in decisions that affect their area, team and department.
3. 15.4% said they have not had an appraisal, annual review, developmental review or KSF review

Together we did...

1. 121s in placed with new energy and focus using a template that frames the conversational topics. The aim is to address if there are any developmental resources required, any wellbeing support needed, and how management can offer that support. These wellbeing conversation take place monthly. Flexible working has been implemented. Two apprenticeships have been undertaken, and multiple learning opportunities have circulated to all team members.
2. Team meetings have been increased in time, giving management the opportunity to outline current work, request feedback and offer support where needed. A team newsletter was created giving team members the opportunity to collaborate across the departments. Collaboration continued with training opportunities between systems and reporting, as to better understand decisions undertaken by the department. In addition, individual and group workshops or Task & Finish sessions to focus on specific areas and fully utilise the expertise in the dept giving everyone a voice.
3. The appraisals, annual review, developmental review documents are now tracked by our dept wellbeing lead. Managers are still consistently tracking their own individual 121's within their team, and reminders are sent to managers when there are any team member that requires an appraisal or pay review.

Trust Stories

Behaviour charter helps bring our values to life



September saw the launch of our behaviour charter – another milestone in our journey to embedding our values and building a kinder and more inclusive culture at our Trust. The charter is a shared commitment to how we work together, treat each other and deliver outstanding care to our patients and service users every day. It starts our shared understanding of what good looks like for everyone who works here, and brings our values to life through our everyday behaviours.

New Tobacco Dependence Treatment Service supports smokers to stay smoke free

The Trust launched a New Tobacco Dependence Treatment Service aimed at helping smokers across the region quit successfully and maintain long term abstinence. The service supports individuals through personalised cessation plans, behavioural guidance, and access to evidence based treatments designed to reduce harm and improve overall health outcomes. The initiative forms part of our wider commitment to preventive healthcare and aligns with national ambitions to reduce smoking related illness.



Occupational Health

Following its successful SEQOHS (Safe, Effective, Quality Occupational Health Service) accreditation in 2023, the Occupational Health (OH) service has continued to demonstrate its commitment to delivering safe, effective and high-quality care to ESHT colleagues. The 2025 annual renewal assessment confirmed continued compliance with SEQOHS standards, highlighting strong clinical governance, effective use of feedback, audit activity and clear evidence of ongoing quality improvement.

During 2025, the OH service strengthened internal pathways to improve access to timely and appropriate support for managers and staff. Key developments included improvements to the referral triage process, streamlining OH clearance for newly appointed doctors, enhanced access to musculoskeletal services through closer partnership working, and a refreshed approach to seasonal vaccination delivery, contributing to increased frontline uptake.

Collaborative working across the Trust was further strengthened, with closer partnership between Occupational Health, Infection Prevention and Control, Human Resources, Wellbeing and Equality, Diversity and Inclusion teams. This included the development of the Winter Wellness Handbook, improvements to post-exposure infectious disease guidance, strengthened pathways for workplace adjustments through Access to Work, and contribution to the development of Mental Health Awareness training, to be rolled out in 2026.



These initiatives have improved access to clear, timely information and supported a more coordinated organisational approach to workforce health and wellbeing, enhancing staff experience and confidence in Occupational Health support.

Service-user feedback continues to inform improvement across the service's core functions. In 2025, average satisfaction ratings remained high, including 4.7 stars for case management, 4.92 stars for vaccination clinics and 4.44 stars for manager support. In response to feedback seeking greater clarity and timeliness, referral documentation has been reviewed and a manager guide to the Occupational Health referral process introduced.

Looking ahead to 2026, Occupational Health will continue its programme of quality improvement, informed by feedback and audit activity. Further integration with Wellbeing services, including closer alignment with Trauma Risk Management (TRiM) and restorative supervision, will strengthen preventative support and enhance the Trust's capacity to provide timely, impartial and high-quality Occupational Health advice, supporting workforce wellbeing and safe patient care.



Freedom to Speak Up Guardians

Freedom to Speak Up Guardians and the National Guardian for the NHS were established in 2016 following the Francis Freedom to Speak Up Inquiry, to ensure that colleagues who raise concerns are listened to, supported and provided with feedback, and to help organisations remove barriers to speaking up. Guardians uphold the values of courage, impartiality, empathy and learning and provide an additional route for speaking up when other channels feel inaccessible.

The Trust's Freedom to Speak Up Guardians, Dominique Holliman and Ruth Agg, are trained by the National Guardian's Office and undertake both proactive and reactive work to support all colleagues, including students, temporary workers and volunteers. They work closely with staff, managers and representatives to promote restorative approaches, de-escalate concerns and support constructive resolution, helping to strengthen working relationships and organisational learning.

As outlined in the NHS 10-Year Health Plan and following the Dash Review, the National Guardian's Office will close in June 2026, with its functions incorporated into NHS England. While the formal Office will no longer exist, the Trust's commitment to Freedom to Speak Up remains strong, and Guardians will continue to play a critical role in promoting a psychologically safe speak up culture.



During 2025/26, 173 speak up concerns were raised with the Trust Guardians, with registered nursing and midwifery staff accounting for the highest number of cases. Themes and trends were consistent with national data, and rates of anonymous reporting remained very low and well below the national average, indicating strong levels of psychological safety within the Trust.

Progress has been made in improving visibility, awareness and confidence in speaking up through targeted training, bespoke engagement sessions, listening events and support for managers. Speaking up is now embedded within leadership development, with all staff encouraged to complete Speak Up training and line managers required to undertake Listen Up training. Guardians also engage regularly with staff networks and contribute to task and finish groups and workforce equality initiatives. Learning and anonymised themes are reported to the People and Organisational Development Committee, with Guardians providing a six-monthly report to the Trust Board.

Staff survey results show continued improvement in perceptions of speaking up, with 58.2% of respondents feeling safe to raise concerns and 69.6% feeling confident to speak up about unsafe clinical practice, both higher than the previous year.

Feedback from individuals using the Speak Up service remains very positive. In 2025/26, 100% of respondents reported receiving a timely response, felt listened to and supported, and confirmed they would recommend the service to colleagues.





Psychological wellbeing and safety

Over the past year, demand across these services has shifted. There has been a reduction in the number of colleagues requiring individual trauma therapy for work-related issues, alongside increased engagement with Trauma Risk Management (TRiM) and the expanded Restorative Supervision offer. While a direct causal link cannot be confirmed, this shift may indicate a positive impact on overall colleague wellbeing through earlier and more preventative support.

TRiM is now well embedded within ESHT and continues to be widely utilised. Increased activity from the Trust's network of TRiM Practitioners has enabled greater local delivery of interventions, reducing reliance on the central People Engagement team, although the model is not yet fully devolved to divisional level.

Since April 2025, the TRiM team has responded to 281 referrals, with all individuals offered a TRiM intervention. This resulted in 91 colleagues receiving an initial TRiM assessment, 52 receiving a one-month follow-up and two receiving a three-month follow-up. In addition, 14 supportive conversations were provided.

Feedback from colleagues accessing TRiM continues to be extremely positive, with 97% reporting that they valued and benefited from the intervention. Comments from colleagues include:

- "It was very helpful knowing that there is a support like this to help me overcome the flashback of the incident"
- "It helped me fully process the incident, and allowed for some clinical supervision and acknowledgement that I could not have done anything more"
- "Helped me talk through how I was feeling. Then I was able to action changes about the feelings for a positive outcome"



- “TRiM was very helpful thank you for the support”
- “The process has been very helpful to staff following a traumatic incident on the ward. The staff felt comfortable and were able to open up about their feelings”
- “Helpful to speak to someone who was not a manager/colleague shortly after the incident and then to have the follow up”
- “It is great to feel supported”
- “This is a service that I believe is vital to help staff. Thank you for all your help”
- “It was really helpful to gain back my confidence at work after experiencing an unfortunate event”
- “TRiM helped me to process my thoughts and feelings fully it felt non-judgemental ,empathic and genuinely kind”
- “The support that myself and the team has received has been invaluable, and vital for maintaining our wellbeing”
- “Enjoying my job again it has changed my life”
- “Felt really well supported and directed to many helpful resources”
- “I felt listened to, validated”
- “It was the sole thing that preserved my sustaining in work and minimised the amount of sick leave I took”
- “Vital to have this practical emotional support available when difficult things happen in the workplace”



Evidence shows that a structured and robust approach to supporting colleagues who experience trauma at work significantly reduces the risk of Post-Traumatic Stress Disorder, while also enabling early identification of those who may require specialist support. The Trust’s TRiM approach plays a key role in this early intervention.



Clear and effective pathways are in place for colleagues requiring individual trauma therapy. Referrals are received from a range of sources, including TRiM, Occupational Health, Restorative Supervision and pastoral support. To date, 35 referrals for individual trauma therapy have been received, compared with 60 at the same point in 2024/25, which may reflect the positive impact of strengthening the Trust's wider psychological wellbeing offer.

The Trust has completed phase two of its Restorative Supervision programme, with over 60 colleagues now trained as supervisors across a range of roles and disciplines. Supervisors are assessed for suitability before training and are supported through Supervision Peer Groups, ensuring sustainability of the model. Governance and strategic oversight is provided through a dedicated steering group led by the People Engagement Team and supported by senior nursing and professional leads.

Following a successful application for a grant from NHS Charities Together, phases three and four of the Restorative Supervision programme will be delivered alongside two additional wellbeing initiatives. These next phases will align closely with the Trust's leadership and culture ambitions, expanding the supervisor cohort while embedding the principles of Restorative Supervision more widely across leadership practice. Virtual training resources are also being developed to support this approach.

Access to Restorative Supervision has improved significantly, with an online request form now available to all staff and weekly triage and allocation processes in place. This ensures timely access to support while maintaining supervisor competence and confidence. Early feedback indicates that Restorative Supervision has helped colleagues manage stress during periods of high operational pressure, supporting clearer thinking and decision-making.

During the final quarter of the year, the Psychological Wellbeing and Safety Policy was reviewed and updated, strengthening support for colleagues experiencing mental health issues or work-related stress. The team stress process was also refined to improve reporting, action tracking and feedback, and will now be undertaken annually by all teams. This renewed approach reflects the Trust's recognition that mental health and stress-related conditions remain the leading cause of staff absence.

In line with national direction, psychological wellbeing services transferred from the People Engagement Team to Occupational Health during the latter part of the year. This transition is being carefully managed to ensure continuity of service and support. In addition, following a procurement exercise, a third-party provider has been appointed to deliver trauma therapy services, with assurances in place to maintain quality and continuity of care for colleagues.



Retention

During the year, the Trust's focus on retention reduced as all NHS organisations faced significant pressure to reduce headcount in pursuit of financial sustainability. Despite this, key retention-related workstreams were embedded within existing services where possible to ensure improvements remained sustainable.

Targeted recruitment and retention support was provided to maternity services by the People Engagement and Recruitment teams. Progress was limited during the year due to competing operational priorities, however this work has resumed under interim leadership while substantive senior posts are being recruited.

The People Engagement Team continues to invite all voluntary leavers to join the ESHT Alumni network. Alumni members receive quarterly updates about Trust developments and opportunities to return in substantive, temporary or voluntary roles. Membership currently stands at 120 colleagues.

Improvements to the exit process were finalised in March 2026 through updates to the Ending Employment policy and associated HR processes and templates. A key focus of this work was to ensure a positive leaving experience and to encourage open, honest feedback. This included the introduction of anonymous Exit and Staying with the Trust surveys, supported by revised exit interview guidance. Feedback collected is used to celebrate good practice, identify areas for improvement and enhance the Trust's reputation as an employer of choice, with the aim that all colleagues leave feeling respected, heard and valued.



Peer coaching and Action Learning Sets were piloted across several clinical leadership groups and were well received. Similarly, a legacy mentoring pilot involving current staff and ESHT Alumni was successfully delivered. Learning from both initiatives will be incorporated into the Trust's wider coaching and mentoring network to ensure sustainability and consistency.

Work to support the implementation of flexible working employment rights continued in collaboration with HR colleagues. Managers were encouraged to consider alternative workforce models, including team-based rostering. While conflicting priorities relating to headcount reduction limited further progress, flexible working remains an area of focus, reinforced by staff survey feedback.

Retirement seminars continued to be delivered face-to-face twice yearly at both acute sites and remain highly valued. In 2025, 115 colleagues attended seminar sessions, with 52 accessing one-to-one pension advice. Demand remains high, with a waiting list currently in place for individual appointments.



People Policies and Equality, Diversity and Inclusion

Recruitment and Disability Confident Scheme

The Trust was proud to have been reaccredited as a Disability Confident Leader (Level 3) in 2025/26, demonstrating its continued commitment to inclusive employment practices and supporting disabled colleagues to thrive at work.

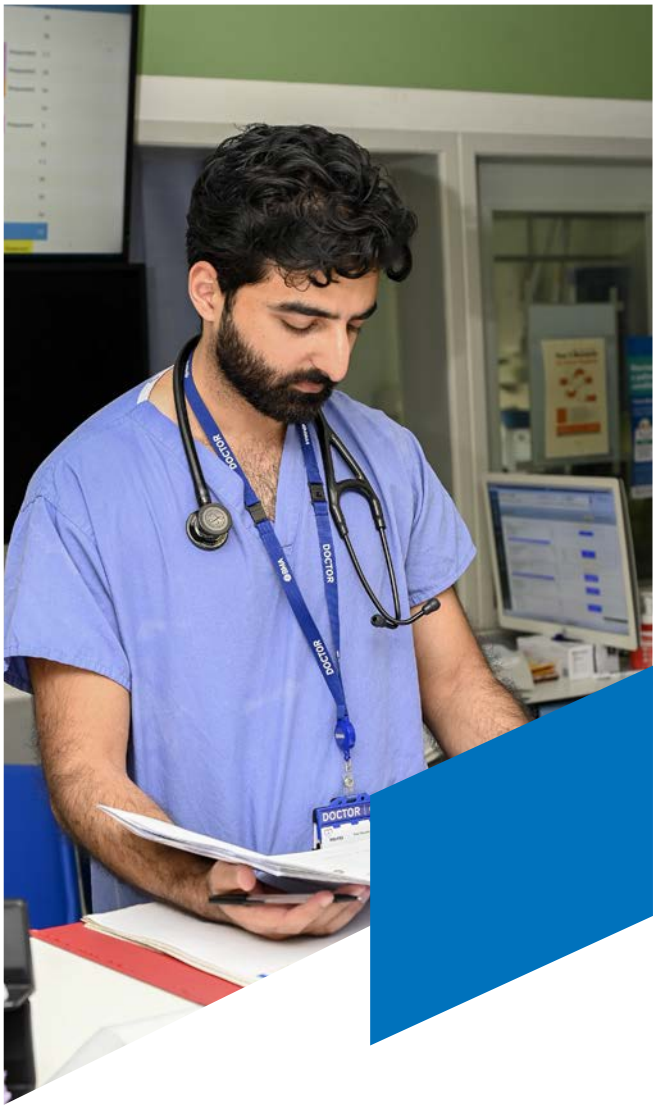
The Trust actively encouraged applications from disabled candidates through the Disability Confident scheme for both internally and externally advertised posts. Applicants who met the essential criteria in the person specification were guaranteed an interview, reinforcing the Trust's commitment to fair and inclusive recruitment.

To further enhance recruitment equity, the Trust:



- Included information on staff networks within recruitment materials to increase awareness and accessibility.
- Expanded protected characteristic data to better understand applications from Armed Forces communities, supporting wider Veteran Aware commitments.
- Strengthened inclusive recruitment practices in line with NHS England's Inclusivity Through Change programme, including reducing bias and improving transparency.
- As part of its commitment to inclusion for neurodivergent colleagues, the Trust established a Neurodiversity Staff Network and developed dedicated internal resources to support neurodivergent individuals and their managers.
- The centralised Reasonable Adjustments process continued to mature, streamlining support for colleagues requiring workplace modifications. This included strengthened partnership working with Occupational Health, Procurement and Digital teams, alongside improved financial sustainability, with a significant proportion of costs reimbursed through the Government's Access to Work scheme.

Embedding EDI into everyday practice



Personal Development Reviews (PDRs), team briefings and Trust-wide communications continued to reinforce inclusive behaviours at all levels. The Trust also introduced an Allyship Programme, including a Trust-wide pledge, toolkit and learning offer, supporting colleagues to actively contribute to an inclusive culture.

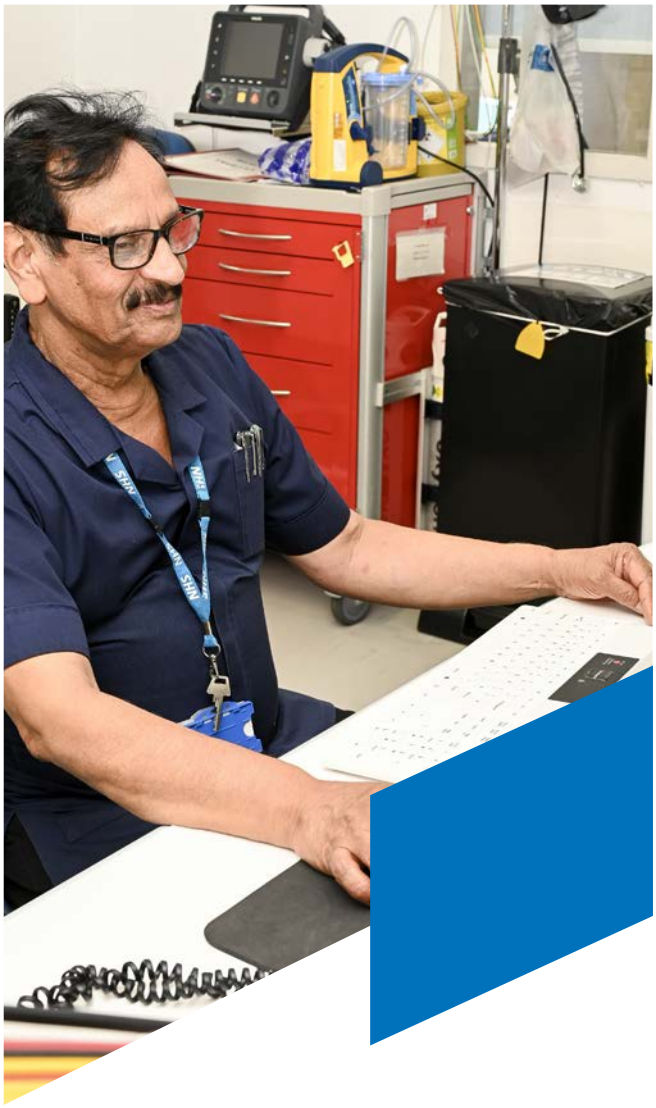
Staff Networks remained central to the Trust's approach and were actively consulted on policies, strategy and service improvements, ensuring lived experience informed decision-making. Network Chairs were supported through dedicated time, executive sponsorship and development opportunities.

Listening events and engagement forums continued to provide safe spaces for colleagues to share their experiences. Insight from these sessions was translated into action through structured programmes of work, including improvements to policies, reporting processes and psychological safety.

During 2025/26, the Trust also strengthened its focus on:

- Embedding sexual safety through policy development, training and culture change.
- Enhancing workforce equality assurance through improved data, reporting and governance.
- Aligning EDI priorities to the workforce lifecycle, ensuring inclusion was considered from recruitment through to career development and retention.

Health Inequalities



The trust's Health Inequalities Steering Group meets bi-monthly, to review key initiatives to support staff and service models that have focused on our more vulnerable and/or marginalised communities.

We remain proud of the ongoing work across several areas, including our expanding alcohol care team that now provides a service around Eastbourne in addition to our Hastings model, and where we have seen length of stay reductions of c.15%. Our maternal health smoking service and support for BAME parents-to-be continues to thrive.

This year we established our in-house Tobacco Dependence Treatment Service (TDTS), mindful that smoking prevention is still the most effective public health intervention for reducing health inequalities. Smoking disproportionately affects deprived and vulnerable populations and is a major contributor to cardiovascular disease, respiratory disease, cancer, and diabetes. It accounts for approximately half of the life expectancy gap between the most and least deprived groups.

Activity levels rose to over 6,000 patients in Q4, of whom 12% identified as smokers and 9 out of ten of these patients were referred to appropriate cessation services. Early outcome data indicates improving quit rates and reduced loss to follow-up. The service is contributing to reductions in health inequalities by reaching more deprived populations and strengthening links with community stop smoking services to support continuity of care. Further development is underway to expand coverage, improve data quality, and embed delivery across additional pathways.

We routinely share ethnicity data for our ED, Outpatients and Community services with clincal teams and have reported improvement in terms of ethnicity data capture - a priority area for us from the previous year.

We remain partially compliant with NHSE's requirements to publish information on health inequalities. For elective activity we provide more than simply deprivation and ethnicity information. For emergency admissions for under 18s, adult inpatient smoking cessation and oral health further development is required and continues to form part of Business Intelligence/analytics work programme for 2025/26.

Workforce Equality and Diversity

The Trust is committed to fostering a diverse, inclusive and equitable workplace where all colleagues feel safe, valued and able to thrive, supporting improved patient care and experience.

Guided by the NHS Constitution and the Public Sector Equality Duty, our approach to equality, diversity and inclusion (EDI) continues to move beyond compliance towards an embedded, culture-driven model. EDI is increasingly aligned with organisational development, workforce wellbeing and leadership accountability.



Strengthening EDI infrastructure and assurance

During 2025/26, the Trust strengthened its EDI infrastructure, embedding inclusion into core organisational processes and improving assurance. This included clear Board-level oversight through the People and Organisational Development Committee, closer alignment with workforce priorities such as recruitment and leadership development, and stronger partnership working across the Sussex system.

This progress was externally recognised through a Green rating in the NHS Sussex Inclusivity Through Change assurance framework, reflecting a mature and comprehensive approach to EDI.

Trust Stories

First Hastings Complex Devices Support Group

Our cardiac team hosted the first Complex Devices Support Group in Hastings, welcoming over 70 patients, their families and carers for an afternoon of learning, connection, and support.



The event began with an update on the Cardiology Transformation programme and what the changes mean for local patients, followed by an overview of complex cardiac devices (ICD/CRT) and an open question and answer session. The remainder of the day focused on sharing experiences and building community, with time for patients to connect with each other and the cardiac team.

Jacqueline Hunt, Heart Failure and Devices Specialist Nurse, said: “These meetings are a great opportunity for patients and clinicians to meet in an informal setting to explore and understand the needs of ICD/CRT patients. Clinicians joined in the group discussions which ranged from questions regarding medications, to more specific in-depth questions about the actual ICD/CRT devices.



“The greatest benefit from the support group meetings is creating an environment where patients feel they can discuss issues at ease, with not only the clinicians who attend but also other patients, as their shared experience is invaluable. we know from experience with our Eastbourne Complex devices support group this has led patients to go on and create their own regular support meetings.”

The session marked an important step in creating a supportive network for those living with complex cardiac devices in the Hastings area. A cardiac support group has been in place in Eastbourne for the last 12 years.”













Staff networks and lived experience

The Trust's six staff networks remain central to shaping culture, influencing policy and amplifying lived experience:

- (dis)Ability Network
- Faith and Belief Network
- LGBTQIA+ Network
- Multicultural Network
- Neurodiversity Network
- Women's Network

Network membership increased by 65% during the year to 1,161 colleagues, demonstrating strong engagement in inclusion and co-production. Networks increasingly contribute to policy development, Equality and Health Inequalities Impact Assessments and engagement activity. Highlights included the first anniversary of the Neurodiversity Network, International Women's Day events, strengthened LGBTQIA+ governance and partnerships, and Multicultural Network-led learning to support equitable patient care.

System leadership and inclusive engagement

In 2025, the Trust strengthened its role as a system leader for inclusive engagement, including hosting the NHS Sussex Black History Month System Conference. This event achieved high levels of first-time system participation, strengthened ICS partnerships and reinforced the Trust's leadership role in inclusive engagement at scale.



Allyship and inclusive culture

The Trust-wide Allyship Programme, launched in October 2025, supports colleagues to challenge inappropriate behaviour, build confidence to speak up and embed inclusive behaviours aligned to Trust values. This work contributes to improvements in psychological safety and staff experience.



Accessibility and inclusive environments

Significant progress was made in improving accessibility through the introduction of AccessAble guides across selected sites. As the first Trust in the South East to implement AccessAble, this initiative—co-produced with the Disability Network and funded through charitable funds—reduces environmental barriers and improves inclusive access for patients, visitors and staff.

Armed Forces and veteran support

The Trust continues to demonstrate national leadership in supporting the Armed Forces community, achieving the Gold Defence Employer Recognition Scheme Award, maintaining Veteran Aware accreditation, and winning the HSJ Award for Military and Civilian Health Partnership. The Trust also extended its impact by delivering Armed Forces training across the wider NHS.





Learning, development and workforce experience

The Trust continues to expand its EDI learning and development offer, including targeted training and behaviour-focused learning through allyship and leadership programmes. Workforce data, including WRES, WDES and staff survey findings, is routinely used to identify inequalities and target improvement activity.

Trust Stories

Rehabilitation equipment generously funded by local MS Society



The Eastbourne and South Wealden Branch of the Multiple Sclerosis Society provided a new NuStep Recumbent Cross Trainer for the Physiotherapy Department at Eastbourne DGH, continuing more than 20 years of close collaboration between the Branch and the Neuro-physiotherapy Outpatient Team. Over the years, the Branch has supported the community by helping to establish the Friday evening MS gym sessions, funding specialist equipment such as the Theratrainer (an active/passive cycle for people with higher levels of disability), contributing to staff training, and promoting the importance of exercise in managing MS symptoms.

The arrival of a second cross trainer has made a noticeable difference during the Friday gym sessions, enabling more people to take part. The new model even includes video features, recent virtual “trips” have taken users through Bruges, Australia and Singapore.

Natasha Tuck, Team Lead for Neuro-physiotherapy Outpatients, said: “We are delighted to have a second Cross Trainer available for our Neuro-Rehab sessions and would like to say a huge thank you to the Branch for their generosity. Exercise is incredibly important for maintaining strength and fitness in MS, but it can become harder to achieve when mobility or fatigue worsen. For those with higher levels of disability, more specialist equipment and support are essential, and the Recumbent Cross Trainer and Theratrainer bikes make this possible. I look forward to continuing our partnership with the Branch to further improve local services for people with Multiple Sclerosis.”

Violence and Aggression



Our trust has remained unwavering in its commitment to fostering a safer environment for patients, visitors, and colleagues. The Violence and Aggression reduction (VARG) group has been a cornerstone of this effort, meeting monthly, focusing on both proactive and reactive measures aimed at reducing incidents of V&A across our Acute and Community settings. We have continued to partner across the system with the Integrated Care System (ICS) in East Sussex to share best practice and work more closely in implementing the Sussex Violence Prevention and Reduction Strategy which was developed in 2025

The VARG has played a central role in driving this work forward. The VARG programme continues to be structured around seven core workstreams:

1. **Improving the Incident Reporting Culture:** Promoting transparency, consistency, and learning through improved reporting practices.
2. **Comprehensive Risk Assessments:** Strengthening operational responses by identifying and addressing risks at both local and organisational levels.
3. **Tailored Training Programme:** Equipping staff with the skills and confidence to manage incidents effectively through bespoke, role-specific training.
4. **Improved Communication and Wellbeing Support:** Fostering staff engagement and wellbeing, including access to TRiM (Trauma Risk Management) post-incident support.
5. **Policy and Best Practice Alignment:** Ongoing review and refinement of Trust policies to ensure alignment with evolving best practice and national standards.
6. **Integration of Sexual Safety:** Embedding sexual safety and safeguarding measures, including responses to domestic abuse, within the broader V&A workstream.
7. **Ongoing Implementation of the VPR Standards:** Embedding and continuously reviewing compliance across divisions to drive consistent improvement.

This work is underpinned by a trauma-informed approach, ensuring that both preventative and responsive measures are in place to support staff safety and wellbeing.

Key milestones for 2025/26



- Completion of the Body Worn Camera (BWC) pilot in Emergency Departments (EDGH and Conquest) and confirmed permanent roll out with further pilots in other departments.
- Ongoing delivery of the in-house Personal Safety Training Programme, with over 580 staff trained and receiving excellent feedback.
- Procurement and deployment of a new Lone Worker System to improve safety for community-based and domiciliary staff.
- Continued delivery of actions following self-assessment and revised standards (Dec 2025) against the revised NHS Sexual Safety Action Plan.
- Peer review exercises conducted within the ICS on compliance with the national VPR Standards.

Incident Reporting and Post-Incident Support

Our incident reporting processes have been significantly strengthened through the move to Datix Cloud, enabling more effective incident capture, tracking, and management. In addition, the inclusion of Speak Up Guardians and the Occupational Health Team within VARG has enhanced our post incident support offer, ensuring colleagues receive timely, comprehensive care alongside Trauma Risk Management (TRiM) support.



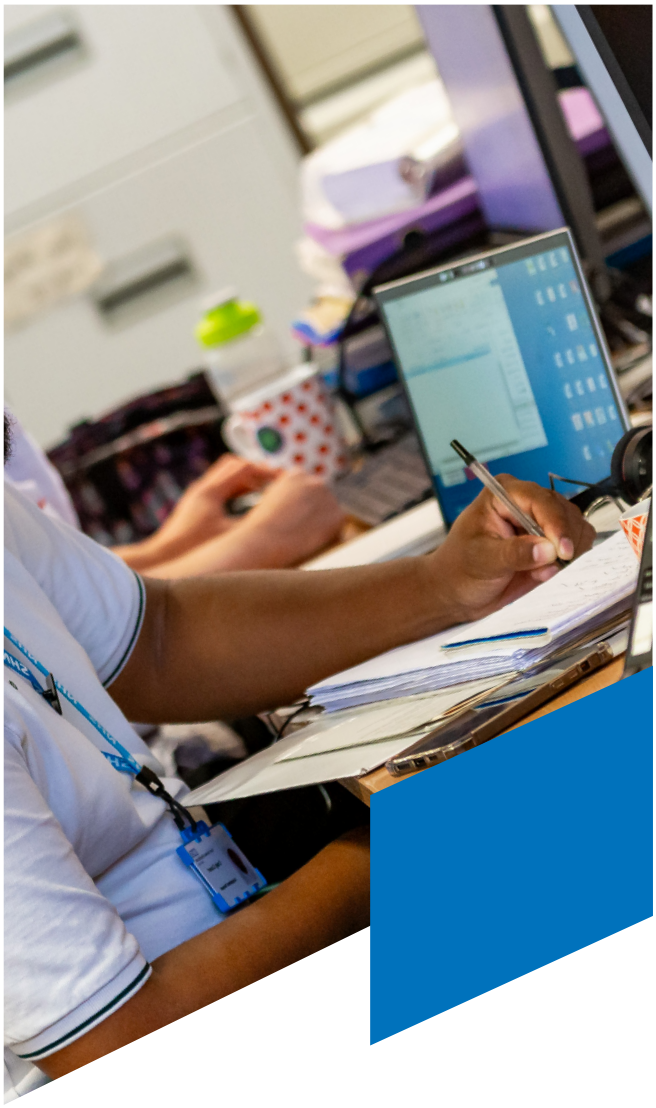
Training Programme

The training programme has continued which includes the Simulation-based de-escalation programme delivered via a Train the Trainer model by South London and Maudsley NHS Foundation Trust. This programme is pending approval from the Trust Local Oversight Board to become mandated training.

Current compliance with Conflict Resolution training is at 98%, and uptake of additional training, including Fundamentals in Personal Safety and the Simulation programme, is steadily improving. Personal safety training has been delivered to over 580 staff members with bespoke training delivered to community teams.

As part of our commitment to staff wellbeing, Trauma Risk Management (TRiM) support continues to be offered following incidents of violence and aggression.

Proactive Communications and Support



The NHS Staff Survey 2025 results reflect positive progress, including a reduction in staff experiencing unwanted sexual behaviour and strong indicators of a culture that supports and encourages incident reporting.

Our People Engagement and Communications teams continue to work collaboratively to reinforce this progress through targeted communications, including focused articles and real life stories that underline our commitment to staff safety. Throughout 2025, we have regularly highlighted the range of support available to colleagues who have experienced violence and aggression (V&A) from patients or staff, ensuring awareness and accessibility of support remains high.

Ongoing divisional analysis has enabled the identification of V&A hotspot areas, including ED, AAU, AMU, CHIC, and Paediatrics. In response, enhanced security measures have been implemented within these areas to help reduce incidents. The introduction of body worn cameras has further strengthened this approach, contributing to successful convictions where appropriate.

During 2025, Operation Cavell officers visited both acute sites, engaging directly with staff in emergency departments. In addition, community police officers attended Trust sites to speak with staff and visitors about hate crime, the importance of reporting incidents, and the support available.

Mental Health



- The post of Mental Health Head of Nursing was created in early 2024 and the new appointee began work in January 2025. In addition to managing the mental health outreach team, the HoN for mental health services continues to provide expert guidance and training to colleagues, facilitates early and continual review of complex MH patients in liaison with the local MH Trust partners.
- Review of Mental Health Act policy and Mental health Act rolling training on MYLearn
- There is mental health enhanced care training for all staff on MYLearn, which supports with education around mental health risk assessments and management care plans for behaviours that challenge. The uptake for this training remains low. Currently exploring mandatory options.
- Improved access to the mental health liaison service through a dedicated teams channel where escalations are raised and attended in real time to support with management of challenging behaviours and delays in assessment.
- Development of a Mental Health Outreach Team (MHOT) for the provision of enhanced and therapeutic care of patients who present with mental health crises in an acute hospital. This has supported with significantly improving the quality of care provided, improving patient outcomes, and contributing to the safe management of patients who would otherwise exhibit behaviours that challenge. The team is made up of x1 registered specialist mental health nurse, x5 mental health CSWs. There are vacancies out for recruitment.
- Mental Health associated Violence Stigma Reduction: The integration of mental health provision within acute hospitals has helped to reduce the stigma of violence associated with mental health disorders. The MHOT work with Patients, especially in the gateway areas in EDGH to provide activities and soft therapies with patients to reduce the incidents that may rise from prolonged inactivities while awaiting MH placement. Where the interventions have been effective, there has been reduced security placement with psychiatric patients. The MHOT supports with the provision of NRT to reduce the agitation and challenging behaviours that may arise from the implementation of the Trust No Smoking policy.
- MY Voice! Patient experience feedback has been developed to hear from the patient's who have had experienced care from the MHOT. The feedback has been positive regarding the service, but patients have highlighted the environment of care as an agitating factor.

Policy and Best Practice Alignment



In December 2025, we conducted a peer review against additional updates of the National Violence Prevention and Reduction (VPR) standards. Our continued commitment and effort to meet the standards have now taken us to 83% complaint with 17% on Amber. Each of those amber elements has a clear plan of action. We have continued to have quarterly peer reviews against the standards and our actions with partners within the ICS and learn from best practice across the system

Our Trauma-Informed Lead continues to guide the implementation of trauma-sensitive policies and practices.

Our Safety and Security Escalation Procedure, providing clear guidelines for managing potentially violent situations in community settings continues to be accessed and implemented.

Environmental and Risk Management Improvements

Environmental factors that may trigger violent or aggressive behaviour continue to be addressed through collaborations with the Estates and Facilities team. Improvements and continued plans for our emergency departments are aligned with a trauma informed approach.

As we look ahead to 2026/2027, we reaffirm our unwavering commitment to creating a Trust where safety, respect, and compassion are embedded in everything we do. The Violence and Aggression Reduction Programme (VARG) will continue to be a cornerstone of this commitment, championing the safety and wellbeing of our staff, patients, and visitors. Building on strong foundations, our focus will remain on delivering high quality, targeted training; strengthening open, proactive communication; and continually evolving our policies in line with best practice and our trauma informed values. Alongside this, we will deepen and expand strategic partnerships that enable shared learning, innovation, and collective action. Together, these efforts reflect our ambition to not only reduce incidents of violence and aggression, but to foster a culture where everyone feels supported, empowered, and safe to thrive.



Counter Fraud

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

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

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

Trust Stories

Sustainable anaesthetics technology



In August we became only the ninth Trust in the country to implement cutting edge anaesthetic gas capture technology, taking a significant step towards meeting the Trust's carbon net zero targets. Dr Nicky Deacy, Consultant Anaesthetist and Anaesthetic Sustainability Lead, led on the installation of the SageTech machine which captures exhaled volatile anaesthetic agents, which can then be recycled for future use. This initiative is part of a wider commitment to reduce the environmental impact of volatile agents, which are known potent greenhouse gases. Anaesthetic gases contribute up to 5% of the NHS total carbon footprint. We have already removed the use of Desflurane and decommissioned our central Nitrous Oxide system, and were one of the first Trusts in the UK to do this. We have also converted anaesthetic carts to take cylinders to eliminate leakage and wastage of the gas. It is schemes like this that are crucial to our success as we work towards reaching our Net Zero targets.

New aquablation procedure brings benefits for patients with enlarged prostate



Our urology team introduced a new aquablation procedure designed to treat patients with enlarged prostates using a precise, robot guided waterjet technique. The achievement made us one of the first NHS Trusts in the region to provide this advanced technology and marks a significant advancement in the treatment of benign prostatic hyperplasia (BPH), more commonly known as an enlarged prostate. This innovative treatment offers improved accuracy, reduced risk of side effects, and shorter recovery times compared to traditional surgical methods. Its introduction reflects our commitment to adopting advanced, evidence based technologies that enhance patient outcomes and expand minimally invasive options within urology services.

Sustainability

Care Without Carbon – Delivering Sustainable Healthcare at ESHT



Care Without Carbon (CWC) represents the Trust's commitment to delivering high-quality sustainable healthcare, ensuring the care we provide today can be sustained for future generations. This reflects our strategic aim of 'ensuring innovative and sustainable care' and recognises the growing impact of climate change on the health of our patients and communities, particularly the most vulnerable.

The national context continues to evolve, with the emerging NHS 10-Year Plan emphasising a shift towards more care delivered in the community, greater use of digital technologies, and a stronger focus on prevention. These priorities are central to our approach, supporting models of care that improve patient outcomes while reducing environmental impact. As highlighted in Lord Darzi's 2024 review of the NHS, environmental sustainability and improved health outcomes are mutually reinforcing.

Since our first Green Plan in 2021, the Trust has made significant progress in reducing emissions and embedding sustainability across services. This includes removing desflurane from practice, decommissioning nitrous oxide manifold systems, introducing anaesthetic gas capture technology, and investing in low-carbon infrastructure such as upgrades at Eastbourne District General Hospital.

Our newly Board-approved Green Plan for 2026–2030 builds on this progress, setting out a roadmap to deliver Net Zero commitments, strengthen climate resilience, and embed sustainability into clinical practice, infrastructure and decision-making. Developed through extensive engagement across the Trust and with system partners, the Plan aligns with national policy and supports delivery of our wider strategic objectives.

Through the Green Plan, we are committed to three key areas, in line with the Health and Social Care Act 2022:

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

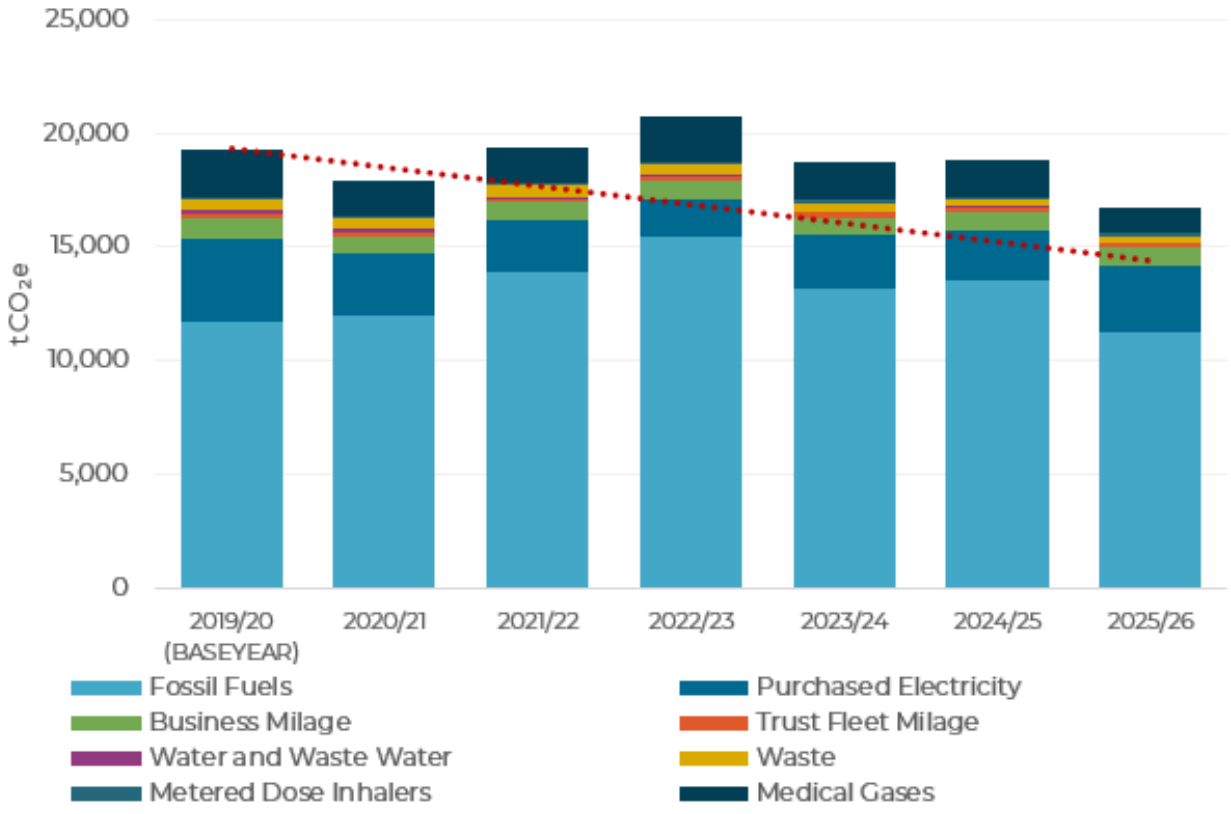


As part of this approach, we are aligning with the recommendations of the Task Force on Climate-related Financial Disclosures (TCFD), strengthening how we identify, manage and report climate-related risks. Sustainability is embedded within our Trust strategy and annual planning processes, ensuring it supports innovation in care, improves health outcomes, reduces costs, and protects the environment on which our health depends.

Our environmental impact

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

ESHT's annual carbon emissions against 2025/26 targets (tonnes CO_2e)



Trust Carbon Footprint, including Green Plan and Greener NHS defined base years, as well as the current and previous year emissions.			
Emissions Source	**2019/20**	**2023/24**	**2024/25**
Fossil Fuels	11,670	13,553	11,212
Purchased Electricity	3,685	2,196	2,986
Business Milage	947	804	779
Trust Fleet Milage	183	178	178
Water and Waste Water	165	48	54
Waste	439	294	267
Metered Dose Inhalers	88	104	103
Medical Gases	2,135	1,654	1,171
TOTAL	19,312	18,832	16,748

In 2025/26 our carbon footprint was 16,748 tCO_2e – an 11% decrease from last year, and an overall reduction of 13% (2,563 tCO_2e) since 2019/20.

Key infrastructure upgrades at Eastbourne District General Hospital (EDGH) completed during the previous financial year have contributed significant emissions savings relating to energy usage. Warmer weather compared to the previous year has meant less requirement for gas heating reducing emissions. Additionally, the grid has decarbonised by 11% compared to the previous Financial Year.

The Trust has also made strong progress in reducing emissions associated with medical gases. Desflurane has now been fully withdrawn from use across all sites, contributing to a 965 tCO_2e (45%) reduction in emissions from the 2019/20 baseline. Further improvements are expected following the decommissioning of Nitrous Oxide manifolds in favour of more efficient piped bottle supply systems.

Emissions from travel, which include all business-related journeys and staff use of personal vehicles for work, have reduced by 18% since the 2019/20 base year.



Key Highlights 2025/26

During 2025/26, we have continued to reduce our environmental impact by improving efficiency and embedding sustainability across clinical services. This year has seen significant delivery across estates decarbonisation, sustainable care, travel and resource management, alongside continued investment and innovation.

A major milestone has been the development of the new Board approved Green Plan for 2026–2030. This sets out a clear roadmap to deliver net zero emissions and climate resilience, while improving patient care, staff wellbeing, and operational efficiency. Developed through engagement with clinical, operational and corporate teams, the Plan establishes priority actions, measurable targets, and strengthened governance across seven workstreams. It provides a clear framework to embed sustainability into decision-making across the organisation that is in line with Health and Social Care Act requirements and our ICS Green Plan.

The following sections highlight key achievements and progress during 2025–26, demonstrating how sustainability is supporting high-quality, resilient and efficient healthcare delivery.

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



This year has strengthened the foundations for embedding sustainable healthcare into clinical transformation and supports longer-term delivery of Green Plan ambitions to reduce emissions associated with models of care. Significant progress has been made in reducing high-carbon clinical emissions, with Nitrous Oxide (N_2O) manifold systems fully decommissioned across Trust sites and anaesthetic capture technology installed within theatres at EDGH's Sussex Surgical Centre. The Trust is one of only nine hospitals nationally deploying this technology. These works have contributed to an overall 45% reduction in medical gas emissions since the 2019/20 baseline.

Virtual Ward capacity increased from 78 to 90 beds and continued expansion of virtual pathways, remote consultations and Point-of-Care Testing is improving access while reducing unnecessary travel and resource use. Elastomeric infusion pumps and redesigned clinical pathways are reducing repeat visits and improving efficiency. A partnership with Essity is introducing lower-waste wound care solutions.

A new therapy garden at Eastbourne DGH provides therapeutic outdoor space to support patient rehabilitation, recovery and mental wellbeing, integrating nature-based recovery into care.

A new Clinical Lead for Sustainability has also been appointed to support the next phase of integrating sustainability into clinical decision making and transformation programmes.

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

Major infrastructure projects completed this year position the Trust to realise substantial future carbon reductions and support progress toward Green Plan estate decarbonisation ambitions. Building emissions (energy and water) reduced to 14,251 tCO_2e – an 8% reduction from the 2019/20 baseline, but a 10% reduction since the previous year with reductions from recent decarbonisation projects expected to accelerate further from 2026 onwards.

Water source heat pumps at EDGH are now fully commissioned, delivering a major shift away from fossil fuel heating. The new Sussex Surgical Centre incorporates BREEAM 'Excellent' design principles including solar PV, heat pumps, efficient ventilation and water-saving measures, with digital twin monitoring to optimise performance. Borehole infrastructure at EDGH is now operational with capacity to supply up to 70% of site demand, improving resilience and reducing costs. Estates rationalisation work has also commenced to improve space efficiency and support future sustainable estate planning.

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



Travel emissions remain an area requiring continued focus under the next Green Plan, although targeted enabling measures have progressed this year. Business mileage emissions remain 18% below baseline levels, supported by expanded virtual care models and improved operational planning.

Staff EV charging infrastructure is now operational with 68 registered users and proposals developed for solar-integrated expansion at EDGH to support the electrification of our operation fleet. Detailed fleet analysis has been completed to support phased electrification and future replacement planning. Staff wellbeing travel maps have been introduced across sites, promoting walking, cycling, public transport, green spaces and local amenities to support healthier and lower-carbon travel choices. Enhanced parking management, annual travel survey insight and development of a Trust-managed lift share scheme will support future reductions.

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

Progress this year has supported delivery of Green Plan ambitions to reduce total waste and improve waste segregation, with overall waste emissions now 9% lower than the previous year and 39% lower than the 2019/20 baseline.

The Waste and Recycling Group was relaunched to strengthen operational ownership and implementation of the updated Waste Plan and Simpler Recycling requirements. Food waste measurement is now in place across all sites, improving identification of reduction opportunities. Non-healthcare recycling averaged 49% across the year, surpassing the Trust's 40% target. The reuse programme diverted 299 items from disposal during 2025-26, delivering £64,468 cost savings. Procurement processes have also been strengthened to align with NHS Net Zero requirements and improve sustainability oversight across contracts.

Procurement policies have been strengthened to align with NHS Net Zero requirements, including carbon reduction plans, social value weighting and sustainability evaluation criteria. Work is progressing to improve consistency in applying these standards and strengthen oversight throughout contract lifecycles.

Building on successful surgical instrument reprocessing pilots, further opportunities are being explored to expand reusable clinical products and reduce reliance on single-use materials.

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



The final year of the Green Plan has focused on embedding sustainability into organisational culture and workforce processes to support long-term delivery. A regional staff sustainability survey achieved the highest participation across Sussex Trusts (201 responses; 29% of total respondents), with 97% agreeing sustainable healthcare matters and 90% willing to act within their role. Awareness of the Trust Green Plan reached 57%, identifying opportunities to strengthen engagement further.

A new Values and Behaviour Charter was developed and launched, embedding sustainability principles and responsible resource use into expected staff behaviours and supported through implementation toolkits and manager engagement. Sustainability has been incorporated into corporate welcome sessions and induction activity, with training modules progressing through the Managers Essential Toolkit and work underway to explore integration into leadership development, appraisals and recruitment processes.

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

This year has continued to strengthen links between sustainability, wellbeing and patient experience through investment in restorative spaces and supportive ways of working.

At Eastbourne DGH, a therapy garden funded by Friends of the Hospital was created to support rehabilitation, recovery and patient wellbeing, with work underway to better integrate use of green spaces into clinical pathways. Courtyard 5 was refurbished through volunteer support, with further staff and patient courtyard improvement projects progressing across Eastbourne DGH and Conquest Hospital . Partnership working with Plumpton College and participation in No Mow May supported biodiversity and site enhancement. Flexible and agile working also became business as usual, supported by a new automated process with 88% of requests approved, helping support staff wellbeing while reducing unnecessary travel.

Climate Adaptation – Building resilience to our changing climate in Sussex



This year focused on strengthening governance and improving understanding of climate-related risks to support long-term resilience. Building on completion of the regional climate change impact assessment, the Trust formally recognised climate change as a strategic 'Issue' affecting infrastructure, operations and service delivery, enabling oversight and monitoring through established governance arrangements.

Delivery of adaptation actions has included operational borehole water infrastructure at EDGH to strengthen water resilience and reduce reliance on mains supply, alongside climate-resilient design measures incorporated into new capital developments , including the new Sussex Surgical Centre, incorporate climate-resilient design features such as efficient ventilation, cooling systems and energy-efficient infrastructure.

Partnerships and Collaboration – Enhancing our impact by working with others

Partnership working has increasingly shifted toward embedding sustainability into core improvement and transformation processes to support delivery beyond the current Green Plan period.

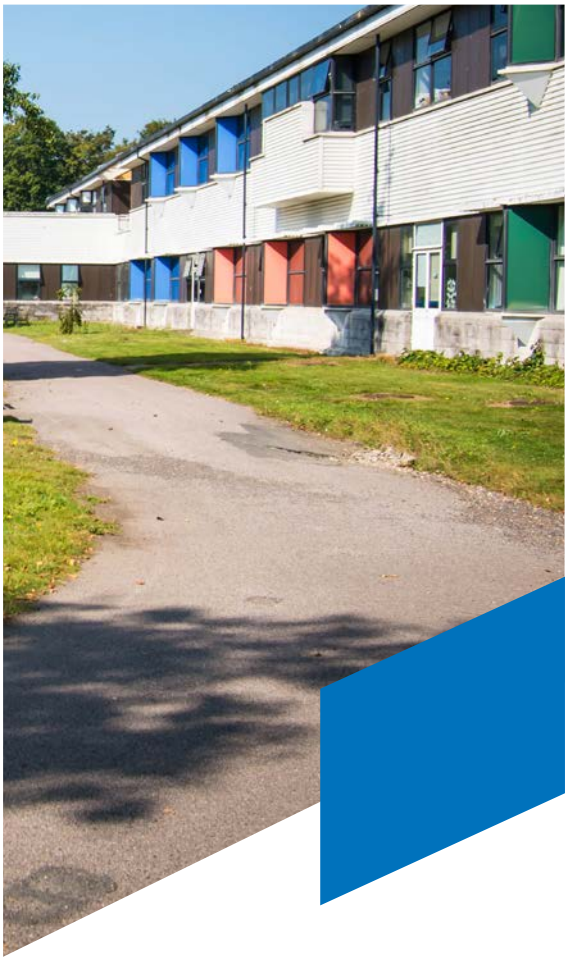
Sustainability has been integrated into development of the Trust's Quality Improvement approach, including piloting the Sustainable Healthcare Impact Assessment (SHIA) tool to support more consistent consideration of environmental impacts within projects and decision making from 2026/27 onwards. The Trust has continued collaboration across Sussex through development of a shared ICS Green Plan, joint procurement opportunities including waste services, and shared development of practical sustainability tools and approaches.

Looking ahead – 2026/27 Green Plan delivery

With 80% of our carbon footprint impacted by clinical decision making, we are continuing to evolve our Green Plan delivery to focus more explicitly on clinical transformation. Key priorities for the new Green Plan include:

- Delivering clinical services that are more sustainable
- Enhancing the efficient and responsible use of our NHS estate
- Implementing practices that minimise waste, optimise reuse, and reduce our indirect emissions

- Adapting to the impacts of climate change, enhancing resilience and well-being
- Embedding sustainability principles into our day-to-day practices culture
- Maintaining focus on partnership working to support integration and maximise trust benefit



Task force on Climate-Related Financial Disclosures

The Trust has reported on climate-related financial disclosures consistent with HM Treasury's TCFD-aligned disclosure application guidance, which interprets and adapts the framework for the UK public sector. This reporting period (2025-26) marks the final year of phased implementation, requiring qualitative disclosures across all four TCFD pillars: Governance, Strategy, Risk Management, and Metrics and Targets.

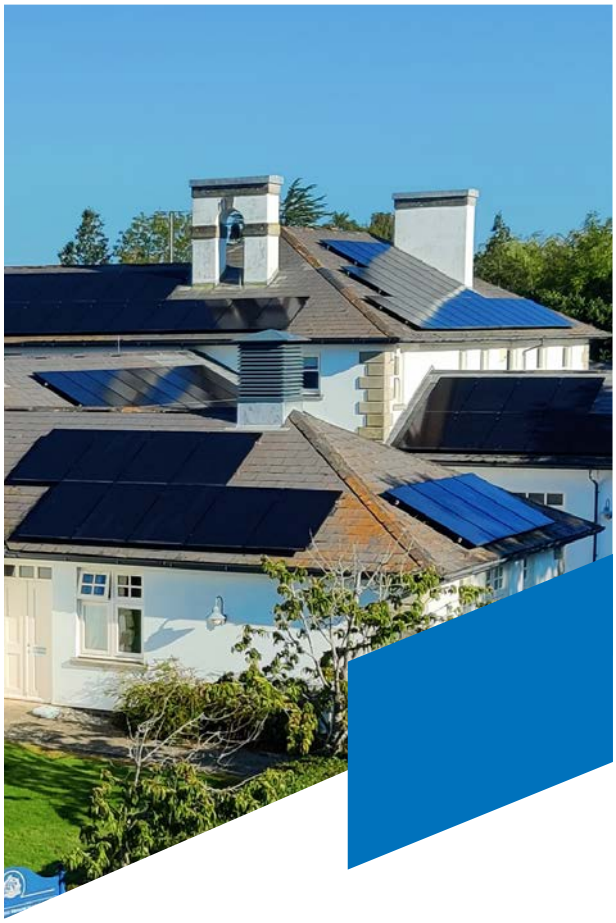
The Trust considers climate change to be a formal risk to our strategic goals, infrastructure, and the health of over half a million people we serve across East Sussex. This section provides an overview of our approach to climate-related risk management; further detail is available in Our Green Plan 2026, which can be accessed on our website.

1. Governance: Board Oversight and Management Role

Board Oversight: Senior Responsible Officer for our Green Plan and the Trust's Board Lead for Sustainability and Net Zero is Simon Dowse, Director of Transformation, Strategy & Improvement. Strategic clinical leadership is provided by Justin Harris, our Deputy Chief Medical Officer.
The Board is kept informed of climate-related issues and Green Plan progress via quarterly meetings of the Green Plan Steering Committee (GPSC), which reports into the Executive Leadership Team and the Finance & Performance Committee at least twice per year. Membership includes key stakeholders from across the Trust, including clinical and non-clinical representation. Green Plan Progress Reports, featuring carbon footprint data and target tracking, is presented to the Board to provide assurance on our core Green Plan aims covering statutory commitments to Net Zero and requirements of the Environment Act and Climate Change Act.

Sustainability is one of the core strategic aims set out in the Trust's five year strategic plan "Better Care Together" and is reflected in the Trust's strategic plan each year. This helps ensure that climate-related issues are considered when developing and reviewing wider Trust strategies, policies, plans and projects, including capital allocation.

Sustainability oversight isn't currently a standard agenda item or requirement with Terms of Reference of Board Committees. We are working towards integration of sustainability considerations into business cases and programmes, including through the implementation of our Sustainable Healthcare Impact Assessment (SHIA) into key strategic improvement projects and change management processes in 2026/27.



Management Role: Day-to-day delivery of the Green Plan is led by the specialist Care Without Carbon (CWC) team, working with nominated leads across the Green Plan workstreams. In line with NHS requirements, the Trust's Board approved Green Plan outlines our commitment to the net zero NHS trajectory and sets out our action plan to deliver against it. This was updated in 2026, providing a clear strategic direction through seven dedicated workstreams, including 'Climate Resilience'. These workstreams ensure that sustainability is embedded into operational decision-making, capital allocation, and service redesign [Our Green Plan 2026 – Governance Section, page 42].

Our Green Plan outlines the projects required to decarbonise in alignment with the NHS net zero trajectory (Net Zero Delivery Plan), along with associated targets and metrics to monitor progress. It also highlights the challenges related to delivery in relation to capital spend and transition risk. We continue to apply for external funding where available and await NHSE guidance on further decarbonisation initiatives (e.g. solar panels, EV infrastructure) aiming to maximise the co-benefits they bring (e.g. reduced bills, energy efficiency and resilience and reduced air pollution).

2. Strategy: Risks, Opportunities, and Scenario Analysis

The Trust considers climate-related risks and opportunities across short, medium and long-term time horizons, reflecting immediate operational risks, medium-term strategic planning, and longer-term estate and net zero commitments.

Climate risks relevant to the Trust include extreme heat, flooding, severe weather events and supply chain disruption, which may affect service delivery, infrastructure resilience and demand for healthcare services. Opportunities include improving estate efficiency, reducing operational costs through energy management and renewable energy, and supporting sustainable models of care such as digital services and sustainable travel.

The Trust's Green Plan provides a strategic framework for addressing climate-related risks and opportunities. Whilst Emergency Preparedness Resilience and Response (EPRR) teams are linked into the Green Plan and the GPSC, we plan to establish more robust governance links between the Green Plan programme and the EPRR, ensuring that climate risks are considered within wider organisational risk management, emergency preparedness, resilience planning and business continuity processes, and to facilitate delivery of the Climate Resilience workstream.



A detailed Trust-level climate scenario analysis aligned to a 2°C or lower pathway has not yet been completed. To address this, the Trust will continue to develop its understanding of climate risks and will build this into future planning, including the completion of a Climate Risk and Vulnerability Assessment (CVRA) in 2026/27 to inform priority site/service-level Climate Change Risk Assessments and a Trust Climate Resilience Plan during our Green Plan commencing 2026.

Link for further detail: Our Green Plan 2026 – Climate Resilience section, pages 41].

3. Risk Management: Identification and Integration

The Trust has integrated climate-related risks within its established central issues log, recognising the potential impacts of climate change on service delivery, infrastructure, workforce and population health.

A climate change adaptation risk has not yet been included within the Trust's Board Assurance Framework (BAF), to reflect the potential for climate hazards to affect the Trust's strategic objectives and operational resilience. The Trust will further strengthen oversight by introducing a BAF risk and dedicated climate change risk onto the corporate risk register, ensuring that climate-related risks are monitored and managed through the Trust's standard risk management processes.

Risk identification is informed by a combination of the system-level climate change impact assessment, estate-level analysis of overheating and flood risks, and ongoing work to better understand the interaction between estate climate risks and patient or service vulnerability. This work will support the prioritisation of locations for more detailed Climate Risk and Vulnerability Assessments (CVRAs).
Over the next Green Plan period, the Trust intends to strengthen its approach to identifying,

assessing and managing climate-related risks across services, estates, digital and supply chains through extensive stakeholder engagement, ensuring these risks are increasingly reflected within organisational risk registers, investment planning and service continuity considerations.

Link for further detail: [Our Green Plan 2026 – Governance Section, page 42].



4. Metrics and Targets

The Trust monitors a range of metrics to track climate-related risks and opportunities, primarily through delivery of its Green Plan and national Greener NHS reporting processes. Key metrics include greenhouse gas emissions (Scopes 1, 2 and relevant Scope 3 categories), energy consumption, renewable energy generation, fleet and travel emissions, and waste and recycling performance.

These metrics support the Trust in meeting relevant legislative, regulatory and assurance requirements, including those associated with NHSE reporting, CQC expectations, and wider environmental compliance.

The Trust is aligned with the NHS net zero targets of achieving net zero emissions for the NHS Carbon Footprint by 2040 and the NHS Carbon Footprint Plus by 2045. Progress toward these targets is delivered through the Trust's Green Plan. Over the next Green Plan period, the Trust will further develop metrics relating to climate risk and resilience, including monitoring progress in the identification and assessment of climate-related risks across the estate.

This accountability report was approved by the Board on 22nd June 2026 and signed on its behalf by:

Signed

Jayne Black, Chief Executive

Trust Stories

Patient centred care from the heart failure virtual ward team



Our Heart Failure Virtual Ward was recognised as making a real difference to patient care. The service supports patients, helping many to avoid unnecessary hospital admissions or to return home sooner.

By managing patients in their own homes, where appropriate, the Virtual Ward helps reduce potential risks of staying in hospital and supports patients to stay mobile and independent.

Patients are reviewed daily and can receive IV diuretics at home, and have their observations, weight, fluid levels, and kidney function closely monitored for any changes to ensure timely escalation if needed.

Feedback from patients has been overwhelmingly positive, with many expressing how reassured and well-cared for they've felt while being able to stay in the comfort of their own home.

The Heart Failure Virtual Ward is a strong example of how integrated, patient-centred care can lead to improved outcomes and experiences.

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



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

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

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

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

Signed

Jayne Black,Chief Executive
Date 22nd June 2026

Annual Governance Statement



1. Scope of responsibility

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

2. The purpose of the system of internal control

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

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

The system of internal control has been in place in East Sussex Healthcare NHS Trust for the year ended 31 March 2026 and up to the date of approval of the annual report and accounts.

3. Capacity to handle risk

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

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



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

Risk and Control Framework

The Trust has in place ongoing processes to:

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

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

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

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



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

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

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

It clearly defines the:

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



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

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

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

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

The Trust continues to align its workforce governance arrangements with NHS England's Improving Working Lives (IWL) 10 Point Plan, which sets clear standards for improving resident doctors' working conditions across all NHS organisations. In accordance with national requirements, ESHT has appointed two Resident Doctor Board Level Leads and a designated Non Executive Director representative, providing appropriate senior oversight and assurance for this programme of work. These roles support strengthened accountability for rota practice, rest facilities, pay accuracy and escalation processes, and ensure progress is monitored through established Board reporting structures. Together, these arrangements demonstrate the Trust's ongoing commitment to meeting national workforce standards and supporting a fair and safe working environment for resident doctors.

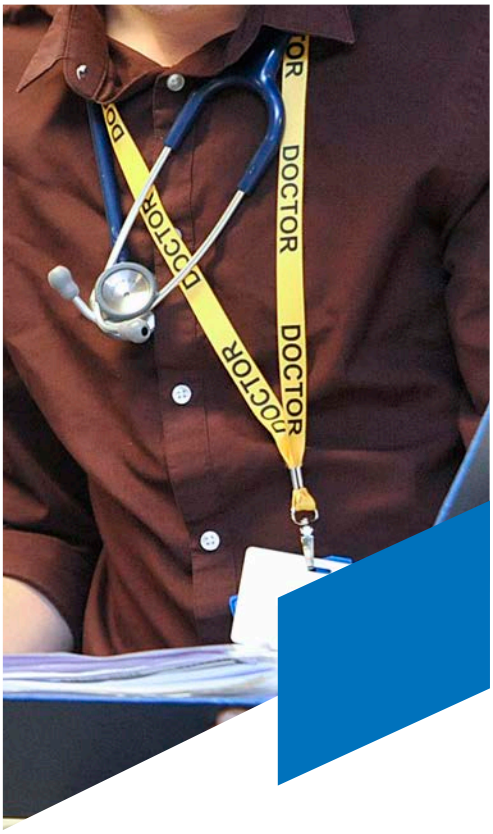
In addition, we have developed and are deploying a Mental Health Strategy which recognises the changing needs of our people and supports the delivery of safe and effective physical and mental health care. This plan supports the NHS People Plan, Long Term Workforce plan and the ICB Workforce Strategic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



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

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

Staff deployment continues to be monitored through e-rostering. During the year, the Trust's Job Planning Policy was comprehensively revised to provide a strengthened governance framework for medical job planning, supported by a targeted approach to assisting divisions in implementation. E job planning for Consultants and SAS doctors remained a key area of focus, with activity directed towards improving productivity and maximising clinical capacity. Further development of non-medical job planning is a priority for the coming year.



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

For ward nursing, the Safecare Lead has successfully focused on compliance assurance and acts as a 'critical friend' for the teams over and above the support service already provided.

Nursing teams also access the Trust Excellence in Care dashboard to review and monitor agreed quality, safety, and workforce key metrics. There are also twice daily staffing reviews by the Head of Nursing using Safe Care to ensure that staff are safely deployed, and any risks are mitigated. Assurance is also provided via a quarterly safer staffing meeting and Roster Assurance Meetings chaired by the Deputy Chief Nurse for Workforce and Professional Standards and the Chief Nurse. Care Hours Per Patient Day (CHPPD) is in place for ward nursing staff; however there continues to be an absence of any national metrics for many other professional staff groups.

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

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



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

Our Emergency Departments at Eastbourne District General Hospital and Conquest Hospital were inspected in January and February 2026 respectively. The outcomes of these inspections are awaited.

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

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

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

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



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

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

The Trust's risk management and internal control systems are subject to regular review. Internal audit undertook an audit of the BAF and Risk Management during 2025/26 and we will implement improvements in the two areas identified by the audit. An external governance review was undertaken by the Good Governance Institute (GGI) in 2025 and an action plan has been developed to address key areas. GGI had no connection to the Trust or to any of the Trust's Directors at the time that the review was undertaken. Other internal audit reviews of the Trust's internal control systems included reviews of financial, operational and compliance controls; outcomes of the audits were reported to the Audit Committee.

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

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

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

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

In 2025/26, a total of 147 patient safety incidents (PSIs) were reviewed, or remain under review, for learning purposes using the Patient Safety Incident Response Framework (PSIRF) tools as appropriate. The 147 PSIs include four patient safety incidents that met the Never Events definition.

One Patient Safety Incident Investigation (PSII) and one Thematic Review were commissioned to support wider organisational learning and identify opportunities for system-wide improvement.

In addition, seven patient safety incidents were investigated through the Maternity and Newborn Safety Investigations (MNSI) programme, which forms part of the national strategy to improve maternity safety across the NHS in England.



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

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



5. Governance Framework

Agreed Standing Orders, a Scheme of Matters Reserved to the Board, a Scheme of Delegation to officers and others and Standing Financial Instructions are in place. These documents, in conjunction with policies set by the Board provide the regulatory framework for the business conduct of the Trust and define its ways of working. The Standing Orders, Scheme of Delegation and Standing Financial Instructions were updated and approved by the Trust Board in August 2025.

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

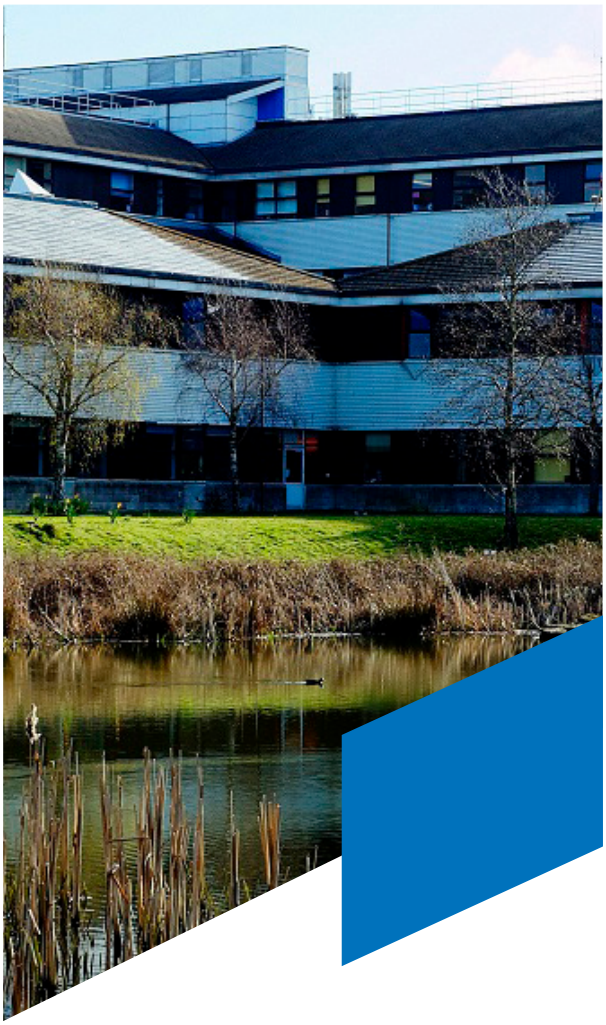
There were a number of changes to the Board during 2025/26. Nicola Webber retired from her role as a Non-Executive Director and Spencer Prosser joined as a Non-Executive Director.

Jayne Black joined the Trust as Chief Executive Officer on 7 April 2025. Steve Aumayer resumed his role as Deputy Chief Executive and Chief People Officer on 6 April 2025. Jenny Darwood ended her role as Acting Chief People Officer and became Director of People on 6 April 2025.

Damian Reid left the Trust on 1 April 2025 and was replaced by Ian O'Connor, Interim Chief Financial Officer from 1 April 2025 to 18 May 2025. Andrew Strevens became Interim Chief Financial Officer on 19 May 2025 and joined the Trust permanently as Chief Financial Officer from 20 June 2025.

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

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



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

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

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

The Board commissioned Deloitte to undertake a Well Led Assessment Review, the results of which were published in Q1 2024/5 and shared with the Board. A further review of governance was undertaken by the Good Governance Institute in 2025/26. Action plans were put in place to address development areas identified in the reports, with progress shared with the Board.

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

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

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



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

Information Governance (IG): In 2025/26, staff reported 275 IG incidents in the Trust's risk management system (Datix); this represented an increase of 10.4% on 2024/25 (n=249). Of the 275 IG incidents, 244 (88.7%) were graded as "No Harm/Near Miss", 26 (9.5%) were graded "Low Harm" and 5 (1.8%) were graded "Moderate Harm"; this demonstrates that the majority of IG incidents had no impact on information security. All IG incidents are investigated, with any actions/ learning identified being implemented to prevent, wherever possible, any recurrence. In terms of data breaches that needed to be assessed by the Data Security and Protection Toolkit (DSPT), there 13 incidents in 2025/26; seven did not meet the threshold for escalation to the Information Commissioners Office (ICO) and whilst a further six incidents were escalated to the ICO, all six were closed by the ICO with no action required of the Trust.

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

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

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

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

The Trust ended the 2025/26 financial year with a £4.9m surplus.

7. Annual Quality Account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. The Annual Quality Account for 2025/26 reported progress to the Quality & Safety Committee. Priorities for 2026/27 are being developed in line with relevant national guidance and have already been developed following feedback from patients, staff and external stakeholders.

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





8. Review of effectiveness

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

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

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

The trust received reasonable assurance on six of the nine individual audit assignments undertaken by the balance sheet date and partial assurance on a further three. A nationally mandated result of high risk/medium confidence was presented for the Data Security and Protection (Cyber Assessment Framework) toolkit report. There were additionally two advisory assignments undertaken. The three audit assignments where partial assurance was provided related to Financial Reporting, Theatre Stock Management and Medicine Management Follow Up. Action plans are agreed and in place to close the gaps in the controls identified.

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

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



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

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

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

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



Workforce and Wellbeing

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

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

We continue to review our capabilities around mental health first aid training for all managers, provide trauma management, and continue to review and provide accessible health and wellbeing support for all our workforce. The success of the wellbeing offer has been recognised with the Gold Wellbeing at Work Award through the East Sussex County Council accreditation programme. Our focus remains on preventing burnout amongst our workforce and conclusion of successful pilots on preventative, support to managers and their teams within divisions. External funding has been approved to launch these programmes. We continue to review how we provide support through our People Engagement Team and use survey data and evaluations to ensure the efficacy of this support.

The Trust's partnership with East Sussex College Group, delivered through the NHS Career Pathway Academy, continues to strengthen our workforce development offer by providing bespoke, accredited, and flexible training programmes that align with current and future NHS skills requirements. This collaboration supports both the upskilling of existing staff and the creation of defined entry routes for future talent, contributing to a more resilient and sustainable workforce. External commentary from the College has highlighted this joint initiative as a strong example of how education and healthcare organisations can work together to address workforce challenges and improve capability across the system

The 2025 GMC National Training Survey provides external assurance that ESHT continues to deliver a supportive and safe training environment, with our overall position aligning with national findings. Nationally, 61% of trainees and 47% of trainers are assessed to be at moderate or high risk of burnout, with half describing high levels of emotional exhaustion; ESHT reflects this wider pattern. Despite these pressures, core strengths evident nationally—and similarly reflected within ESHT—include high ratings for clinical supervision (87%), strong trainer engagement (90% enjoying their role) and confidence among most trainees (79%) to escalate concerns. These indicators provide assurance that the Trust maintains robust supervision structures, a safe escalation culture and effective governance processes that continue to support the quality and safety of postgraduate medical education.



The Trust's Pastoral Fellows have continued to provide a stable and effective source of wellbeing support for doctors in training over the past five years. Their role offers accessible one to one pastoral guidance, early signposting and individualised support for all resident and Trust Grade doctors, SAS and Consultant colleagues who are experiencing work related pressures, complementing formal educational and supervisory structures across both hospital sites. In addition, the Fellows lead a programme of wellbeing and integration activities, including structured events such as Freshers' Week, designed to enhance induction, promote peer connection, and support the transition into clinical practice. The breadth of expertise within the Pastoral Fellow team—ranging from mental health first aid to holistic wellbeing approaches—has strengthened the Trust's capacity to promote psychological safety and provide responsive support to trainees. Their sustained presence has contributed positively to the overall trainee experience and continues to form an important component of the Trust's education and workforce wellbeing governance

The Trust continues to strengthen its workforce through a well established apprenticeship programme that supports skills development, career progression, and talent retention across a wide range of roles, reflecting sustained uptake and embedding of apprenticeships as a core workforce development mechanism. The strength of the Trust's partnership with East Sussex College Group has been formally recognised through a national nomination for Best Employer (Large) at the 2026 Apprenticeship Guide Awards, submitted by the College in acknowledgement of the quality of ESHT's support for apprentices and its commitment to collaborative workforce development. This external recognition provides additional assurance of the Trust's ongoing investment in developing a skilled and resilient workforce aligned to future service needs.

We have introduced a refreshed approach to mental health awareness training, embedding key elements within our leadership programmes and aligning them with the Trust's new Behaviour Framework, which underpins our organisational values. In addition, we have enhanced our Civility and Conflict Resolution Training and strengthened the Fundamentals of Safety programme in partnership with our internal Security Team. Work is also ongoing to implement revised standards aimed at reducing violence and aggression across the Trust.

The Trust also appointed a Head of Nursing for Mental Health Awareness (cross site) in 2024, to support how we manage patients experiencing acute mental ill health, which in turn has an impact on supporting our staff.

We continue to engage with our workforce in a range of ways to provide ongoing assurance and support. These include the national staff survey, quarterly pulse surveys, through our Partnership Forum, listening and engagement events, and our colleagues' networks.

Finance and scale of efficiency programme

2025/26 has been another challenging year from a financial perspective but through careful stewardship the Trust has been able to report a surplus of £4.9m; the original plan was for a break-even position which has subsequently been bolstered by an additional allocation of £4.9m for Deficit Support Funding. The Trust delivered overall savings of £51.8m, a remarkable achievement.

The submitted plan for 2026/27 is extremely challenging, with a further savings target of £74m, representing 9.1% cost improvement. To achieve this requires a significant transformation of our services, guided by evidence provided within the Model Health System benchmarking tool. This includes a further shift of services from the hospital into the community and the delivery of significant change within both corporate and operational divisions.

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



Waiting lists and requirement to increase activity levels



We made good progress in 2025/26 in reducing our total waiting list size and the length of time patients are waiting to access treatment. To ensure we are compliant with the requirements of 2026/27 NHS Planning Guidance, we are reviewing delivery of elective activity across all clinical pathways. This includes appropriate validation and management of our waiting lists. The Operational Plan outlines the levels of activity we plan to deliver to meet 2026/27 national requirements and to continue to reduce the size of the Trusts total waiting list and length time our patients wait to be treated.

Estate

£48.7m was invested in capital programmes during the year, with £27.4m related to estates. During the financial year, the Sussex Surgical Centre was opened, providing a fit for purpose day case centre for the Sussex population.

The majority of the estate is aging and as evidenced in the power failure at the Eastbourne site in January 2026, now liable to failing. The available capital allowances do not currently allow for this to be refreshed to any great degree and significant bids have been made to the Estates Safety Fund for the four years commencing 1 April 2026. The risk is reflected in the Trust's dedicated BAF risk covering this topic, which has the highest risk score for the organisation.

Estate risks will continue to be raised and mitigated with as much direct investment in critical engineering and building infrastructure as is possible within the available resource.

Conclusion

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



Jayne Black
Chief Executive

Trust Stories

Celebrating the Trust's first cohort of Clinical Management Trainees



The Trust celebrated the graduation of its first cohort of Clinical Management Trainees, who completed their NCFE Team Leading qualification in partnership with East Sussex College. The event recognised the trainees' achievements and highlighted the our commitment to developing future leaders within clinical services.

Steve Aumayer, Deputy CEO and Chief People Officer, presented their certificates and said: "It's a real pleasure to take part in the celebration and significant milestone in this cohort's professional journey. Completing this qualification was no small feat. We know that they have balanced this course alongside busy work schedules and the everyday demands of life. That takes resilience, discipline, and determination."

Trust Stories

Doing things differently: the pharmacy programme helping teams improve efficiency

The medicines value programme (MVP), led by pharmacy, was established to ensure the efficient and effective use of high-cost drugs, benefiting both patients and the local health economy by supporting our aim to ensure services are clinically, operationally and financially sustainable. The programme's focus has been on enhancing medicines management, medicines optimisation and improving population health outcomes. The team have achieved [update figure/s] of financial improvement since the programme started.

The initiative is driven by a dedicated transformation team led by MVP Pharmacist, Janki Patel. "To date the MVP has had a profound impact, driven by strategic investments in clinical pharmacy roles and pathway optimisation," said Janki. "By aligning clinical objectives with financial objectives, the programme has not only delivered sustainable cost savings to the system, it has also enhanced patient care."

Some of the key projects that the MVP team have initiated include biosimilar switching (the transition from originator biologic medicines to 'biosimilars', which are more cost-effective alternatives, in a safe and effective manner) and dose banding (using standardised ranges or bands of doses based on weight, body surface area, or other relevant patient factors).



Annual Accounts



Social Media

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Statement of Directors' Responsibilities in Respect of the Accounts

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

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

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

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



Date: 22nd June 2026 **Jayne Black, Chief Executive**



Date: 22nd June 2026 **Andrew Strevens, Chief Finance Officer**

Certificate on summarisation schedules

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

Summarisation schedules numbers TAC01 to TAC34 and accompanying WGA sheets for 2025/26 have been completed and this certificate accompanies them.

Finance Director Certificate

1. I certify that the attached TAC schedules have been compiled and are in accordance with:
   - the financial records maintained by the NHS Trust
   - accounting standards and policies which comply with the Department of Health and Social Care's Group Accounting Manual and

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



Andrew Strevens, Chief Finance Officer, 22nd June 2026

Chief Executive Certificate

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



Jayne Black, Chief Executive, 22nd June 2026

Accounts Introduction

The delivery of the Trust's financial plan for 2025/26 presented a significant challenge. Notwithstanding these pressures, the Trust successfully achieved its planned break even position and, as a result, received additional funding of £4.9 million as well as retaining £10.7m of Deficit Support Funding (which had been agreed as part of the 2025/26 plan).

In achieving this position, the Trust absorbed a number of material financial pressures during the year, including, but not limited to:

- excess costs arising from industrial action;
- higher than expected expenditure on drugs and medical devices; and
- increased costs associated with higher levels of emergency care activity, including winter pressures and increased demand for mental health services.

The Trust continued to experience challenges consistent with those faced across the acute sector nationally. In particular, system wide constraints on patient flow persisted, with ongoing difficulties in discharging patients from the health system and an increasing number of patients awaiting discharge.
During 2025/26, block contracts remained the principal contracting model for core services. The other key element of funding was the Elective Recovery Fund (ERF), which provided access to more flexible funding arrangements (ie variable based on agreed activity); the Trust performed in excess of these targets through strong operational control.

Alongside these challenges, the Trust was required to deliver a financial improvement programme totalling £49.6 million. The reported outturn for the year demonstrates delivery of £51.8 million, exceeding the planned target by £2.2 million.

Efficiency Delivery

The financial improvement programme was delivered through a number of defined workstreams. Of the total £51.8 million delivered, £40.6 million related to recurrent efficiencies, with the remaining £11.2 million delivered on a non recurrent basis.

Significant efficiencies were achieved across a range of programmes, including:

- Length of Stay (£7.3 million);
- Workforce (£9.1 million);
- Income (£16.7 million);
- Business Cases (£6.0 million); and
- Other improvement initiatives (£12.7 million).

In developing and delivering these programmes, the Trust made extensive use of national benchmarking tools, including Model Hospital and the Getting It Right First Time (GIRFT) programme, to identify opportunities for improvement. These data led insights were supplemented by the expertise and engagement of clinical and operational teams, who were instrumental in identifying opportunities to improve both financial performance and service delivery across patient pathways.

Delivery of the programme was underpinned by strong clinical leadership and organisational engagement. The Trust acknowledges that achievement of these outcomes would not have been possible without the commitment and contribution of operational teams across the organisation.

Looking ahead to 2026/27, the Trust continues to operate in a highly challenging financial environment. An ambitious financial improvement target of £74.0 million has been established, supported by clearly defined workstreams, each led by an Executive Senior Responsible Owner to maximise delivery of identified opportunities.

Capital

Investment in the estate continued throughout 2025/26, with expenditure of £48.7 million delivered across several key development schemes, including:

- Digital investment and development of £15.0 million, including the introduction of a new electronic patient record £5.1 million
- Mitigation of critical infrastructure and estate safety risks £10.3 million
- Development of the Sussex Surgical Centre and Endoscopy Suite £7.2 million
- Medical Equipment replacements £6.0 million

Accounts Headlines

Accounts Highlights	2025/26 £000	2024/25 £000
Surplus/(Deficit) for the year	4,936	(8,941)
Public Dividend Capital Payable	(10,652)	(10,486)
Value of Property, Plant and Equipment	405,430	415,067
Value of Borrowings (including loans)	(7,254)	(8,629)
Cash at 31 March	2,101	27,371
Creditors - trade and other	(63,034)	(73,306)
Debtors - trade and other	30,408	17,756
Revenue from Patient Care Activities	723,937	668,346
Clinical Negligence Costs	16,385	16,241
Gross Employee Benefits	508,220	483,655

Financial Position	2025/26 £000	2024/25 £000
Operating Income from Patient Care	723,937	668,346
Other operating income	46,265	52,526
Annual Income	**770,202**	**720,872**
Total Spend for the Year	(764,792)	(745,544)
Operating Surplus/(Deficit) from continuing operations	**5,410**	**(24,672)**
Finance Expenses	(9,009)	(8,710)
Other Gains/(Losses)	83	37
Surplus/(Deficit) for the year	**(3,516)**	**(33,345)**
Remove Impairments	9,222	24,376
Remove impact of capital grants	(770)	(280)
Remove net impact of inventories received from DHSC group bodies for COVID response	0	308
Adjusted financial performance Surplus/(Deficit)	**4,936**	**(8,941)**

Financial Headline	2025/26 £000	2024/25 £000
Capital Spend (Gross)	51,458	72,563
Total Income for the Charity	102	225
Total Income from NHS Charities Together	0	0
Consultancy Costs	73	12

Better Payment Practice Code

	2025/26		2024/25		2023/24	
	Number	£000	Number	£000	Number	£000
Non-NHS Payables						
Total non-NHS trade invoices paid in the year	96,670	266,621	91,156	247,378	106,465	254,285
Total non-NHS trade invoices paid within target	83,129	238,187	81,129	235,365	94,865	241,558
Percentage of non-NHS trade invoices paid within target	86.0%	89.3%	89.0%	95.1%	89.1%	95.0%
NHS Payables						
Total NHS trade invoices paid in the year	2,323	38,189	2,163	37,837	2,259	38,919
Total NHS trade invoices paid within target	2,179	36,289	2,079	37,312	2,157	37,475
Percentage of NHS trade invoices paid within target	93.8%	95.0%	96.1%	98.6%	95.5%	96.3%

East Sussex Healthcare NHS Trust Annual accounts for the year ended 31 March 2026



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Independent auditor's report to the directors of East Sussex Healthcare NHS Trust Report on the audit of the financial statements

Opinion on financial statements

We have audited the financial statements of East Sussex Healthcare NHS Trust (the 'Trust') for the year ended 31 March 2026, which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows and notes to the financial statements, including material accounting policy information. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 15 of the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2025-26.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2026 and its expenditure and income for the year then ended;
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2025-26; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law, as required by the Code of Audit Practice (2024) ("the Code of Audit Practice") approved by the Comptroller and Auditor General. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report. We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

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

In our evaluation of the directors' conclusions, and in accordance with the expectation set out within the Department of Health and Social Care Group Accounting Manual 2025-26 that the Trust's financial statements shall be prepared on a going concern basis, we considered the inherent risks associated with the continuation of services provided by the Trust. In doing so we had regard to the guidance provided in Practice Note 10: Audit of financial statements and regularity of public sector bodies in the United Kingdom (Revised 2024) on the application of ISA (UK) 570 Going Concern to public sector entities. We assessed the reasonableness of the basis of preparation used by the Trust and the Trust's disclosures over the going concern period.

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

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

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

Other information

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

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

We have nothing to report in this regard.

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

Under the Code of Audit Practice published by the National Audit Office in November 2024 on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Annual Governance Statement does not comply with the requirements of the Department of Health and Social Care Group Accounting Manual 2025-26 or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

Opinion on other matters required by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration and Staff Report to be audited have been properly prepared in accordance with the requirements of the Department of Health and Social Care Group Accounting Manual 2025-26; and
- based on the work undertaken in the course of the audit of the financial statements, the other information published together with the financial statements in the annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

- Under the Code of Audit Practice, we are required to report to you if:
- we issue a report in the public interest under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit; or
- we refer a matter to the Secretary of State under Section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
- we make a written recommendation to the Trust under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit.

We have nothing to report in respect of the above matters except on 9 June 2026 we referred a matter to the Secretary of State under sections 30(b) and 30(a) of the Local Audit and Accountability Act 2014 in relation to Maidstone and Tunbridge Wells NHS Trust's breach of its three-year break-even duty for the three year period ending 31 March 2026 and its planned ongoing breach in 2026/27.

Responsibilities of directors

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

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

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements. Irregularities, including fraud, are instances of non-compliance with laws and regulations. The extent to which our procedures are capable of detecting irregularities, including fraud, is detailed below.

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the Trust and determined that the most significant which are directly relevant to specific assertions in the financial statements are those related to the reporting frameworks (international accounting standards and the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2025-26).
- In addition, we concluded that there are certain significant laws and regulations that may have an effect on the determination of the amounts and disclosures in the financial statements and those laws and regulations relating to the Trust.
- We enquired of management and the audit committee, concerning the Trust's policies and procedures relating to:
    - the identification, evaluation and compliance with laws and regulations;
    - the detection and response to the risks of fraud; and
    - the establishment of internal controls to mitigate risks related to fraud or non-compliance with laws and regulations.

- We enquired of management, internal audit and the audit committee, whether they were aware of any instances of non-compliance with laws and regulations or whether they had any knowledge of actual, suspected or alleged fraud.
- We assessed the susceptibility of the Trust's financial statements to material misstatement, including how fraud might occur, evaluating management's incentives and opportunities for manipulation of the financial statements. This included the evaluation of the risk of management override of controls and fraudulent revenue recognition. We determined that the principal risks were in relation to:

    - journal entries which met a range of criteria defined as part of our risk assessment; and
    - revenue recognition for variable income under Aligned Payment and Incentives (API) contracts.

Our audit procedures involved:

- evaluation of the design effectiveness of controls that management has in place to prevent and detect fraud;
- journal entry testing, with a focus on journals meeting a range of criteria defined as part of our risk assessment to select high risk, unusual, journals;
- challenging the Trust's estimates and the judgments in order to arrive at the total income from contract variations recorded in the financial statements and other manual accruals/ deferrals of variable income under API contracts; and
- assessing the extent of compliance with the relevant laws and regulations as part of our procedures on the related financial statement item.

- These audit procedures were designed to provide reasonable assurance that the financial statements were free from fraud or error. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error and detecting irregularities that result from fraud is inherently more difficult than detecting those that result from error, as fraud may involve collusion, deliberate concealment, forgery or intentional misrepresentations. Also, the further removed non-compliance with laws and regulations is from events and transactions reflected in the financial statements, the less likely we would become aware of it.
- We communicated relevant laws and regulations and potential fraud risks to all engagement team members, including the risk of management override of controls through journal entries, the potential for fraud in revenue and expenditure recognition, the potential for fraudulent capitalisation of expenditure and the potential for fraud through significant accounting estimates. We remained alert to any indications of non-compliance with laws and regulations, including fraud, throughout the audit.

- The engagement partner's assessment of the appropriateness of the collective competence and capabilities of the engagement team included consideration of the engagement team's:
- understanding of, and practical experience with audit engagements of a similar nature and complexity through appropriate training and participation

    - knowledge of the health sector and economy in which the Trust operates
    - understanding of the legal and regulatory requirements specific to the Trust including:
        - the provisions of the applicable legislation
        - NHS England's rules and related guidance
        - the applicable statutory provisions.

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

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

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

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

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

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2026.

We have nothing to report in respect of the above matter, except on 19 June 2026 we identified a significant weakness in how the Trust plans and manages its resources to ensure it can continue to deliver its services. The Trust has acknowledged it faces a challenging savings requirement in order to reach breakeven in 2026/27. The £74m target (9.1%) is significantly higher than the amount delivered in 2025/26, which already represented the highest amount of savings the Trust has ever achieved in a single year. A substantial portion of schemes remain in development, which presents risk around the Trust's ability to deliver its financial position in 2026/27.

We recommended the Trust focus on supporting CIP delivery at the scale required in 2026/27 and progressing the full development of schemes at pace. Achieving the £74.0m CIP target required for breakeven in 2026/27 will require a focus on the following:

- Acceleration of the full development of CIP by 30 June 2026, in line with NHSE expectations
- Embedding and maturing governance and oversight arrangements implemented in 2026/27
- A strengthened Programme Management Office to ensure sufficient corporate capacity, oversight and authority.

Responsibilities of the Accountable Officer

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

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

We are required under Section 21(2A)(c) of the Local Audit and Accountability Act 2014 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in March 2026. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- Financial sustainability: how the Trust plans and manages its resources to ensure it can continue to deliver its services;
- Governance: how the Trust ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness: how the Trust uses information about its costs and performance to improve the way it manages and delivers its services.

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

Report on other legal and regulatory requirements – Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate for East Sussex Healthcare NHS Trust for the year ended 31 March 2026 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice until we have completed the work necessary in relation to the Trust's consolidation schedules and we have received confirmation from the National Audit Office that the audit of the NHS group consolidation is complete for the year ended 31 March 2026. We are satisfied that this work does not have a material effect on the financial statements for the year ended 31 March 2026.

Use of our report

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

John Paul Cuttle

John Paul Cuttle, Key Audit Partner
for and on behalf of Grant Thornton UK LLP, Local Auditor

London
22 June 2026

Statement of Comprehensive Income

	Note	2025/26 £000	2024/25 £000
Operating income from patient care activities	3	723,937	668,346
Other operating income	4	46,265	52,526
Operating expenses	7	(764,792)	(745,544)
Operating surplus/(deficit) from continuing operations		**5,410**	**(24,672)**
Finance income	11	1,732	1,875
Finance expenses	12	(89)	(99)
PDC dividends payable		(10,652)	(10,486)
Net finance costs		**(9,009)**	**(8,710)**
Other gains	13	83	37
Deficit for the year from continuing operations		**(3,516)**	**(33,345)**
Deficit for the year		**(3,516)**	**(33,345)**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	8	(39,913)	(2,934)
Revaluations	17	14,248	15,829
Total other comprehensive income for the period		**(25,665)**	**12,895**
Total comprehensive expense for the period		**(29,181)**	**(20,450)**

Statement of Financial Position

	Note	31 March 2026 £000	31 March 2025 £000
Non-current assets			
Intangible assets	14	1,426	1,989
Property, plant and equipment	15	398,338	406,331
Right of use assets	18	7,092	8,736
Receivables	20	1,667	1,501
Total non-current assets		**408,523**	**418,557**
Current assets			
Inventories	19	9,423	9,299
Receivables	20	28,741	16,255
Cash and cash equivalents	21	2,101	27,371
Total current assets		**40,265**	**52,925**
Current liabilities			
Trade and other payables	22	(63,034)	(72,306)
Borrowings	24	(1,484)	(1,556)
Provisions	25	(221)	(1,746)
Other liabilities	23	(493)	(3,623)
Total current liabilities		**(65,232)**	**(79,231)**
Total assets less current liabilities		**383,556**	**392,251**
Non-current liabilities			
Trade and other payables	22	-	(1,000)
Borrowings	24	(5,770)	(7,073)
Provisions	25	(1,155)	(1,385)
Total non-current liabilities		**(6,925)**	**(9,458)**
Total assets employed		**376,631**	**382,793**
Financed by			
Public dividend capital		541,958	518,939
Revaluation reserve		80,494	106,159
Income and expenditure reserve		(245,821)	(242,305)
Total taxpayers' equity		**376,631**	**382,793**

The financial statements pages 2 to 5, and notes 1 to 37 (pages 6 to 45) form part of these accounts.

Name Jayne Black
Position Chief Executive
Date 22 June 2026



Statement of Changes in Taxpayers' Equity for the year ended 31 March 2026

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' equity at 1 April 2025 - brought forward	**518,939**	**106,159**	**(242,305)**	**382,793**
Deficit for the year	-	-	(3,516)	**(3,516)**
Impairments	-	(39,913)	-	**(39,913)**
Revaluations	-	14,248	-	**14,248**
Public dividend capital received	23,180	-	-	**23,180**
Public dividend capital repaid	(161)	-	-	**(161)**
Taxpayers' equity at 31 March 2026	**541,958**	**80,494**	**(245,821)**	**376,631**

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

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

Information on reserves

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

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

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

Statement of Cash Flows

	Note	2025/26 £000	2024/25 £000
Cash flows from operating activities			
Operating surplus / (deficit)		5,410	(24,672)
Non-cash income and expense:			
Depreciation and amortisation	7	26,561	25,214
Net impairments	8	9,222	24,376
Income recognised in respect of capital donations	4	(2,508)	(1,960)
(Increase) / decrease in receivables and other assets		(12,460)	12,184
Increase in inventories		(124)	(1,446)
(Decrease) / Increase in payables and other liabilities		(10,628)	20,082
(Decrease) / Increase in provisions		(1,749)	993
Net cash flows from operating activities		**13,724**	**54,771**
Cash flows from investing activities			
Interest received	11	1,732	1,875
Purchase of intangible assets	14	(45)	(182)
Purchase of PPE		(53,617)	(71,034)
Sales of PPE		38	49
Receipt of cash donations to purchase assets		1,935	4,370
Net cash flows used in investing activities		**(49,957)**	**(64,922)**
Cash flows from financing activities			
Public dividend capital received		23,180	31,368
Public dividend capital repaid		(161)	-
Capital element of lease rental payments		(1,250)	(1,362)
Other interest		(1)	(8)
Interest paid on lease liability repayments		(1)	(1)
PDC dividend paid		(10,804)	(10,111)
Net cash flows from financing activities		**10,963**	**19,886**
(Decrease) / Increase in cash and cash equivalents		**(25,270)**	**9,735**
Cash and cash equivalents at 1 April - brought forward		**27,371**	**17,636**
Cash and cash equivalents at 31 March	21	**2,101**	**27,371**

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2025/26 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

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

Note 1.2 Going concern

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

Note 1.3 Revenue from contracts with customers

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

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

Under the NHS standard contract, the Trust is paid according to a prescribed timetable based on estimated activity and performance levels with an agreed monthly payment plan, and then an activity reconciliation is performed between the paid and final agreed amounts, and adjustments are applied where appropriate. For 2025/26 this has only applied for three elements, High-cost drugs, Community Diagnostic Centre, and Virtual Wards.

Revenue from NHS contracts

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

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

High costs drugs and devices excluded from the calculation of national prices are reimbursed by NHS England based on actual usage or at a fixed baseline in addition to the price of the related service.

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

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

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

At 31 March 2026, the Trust has recognised accrued income in respect of elective activity delivered during the year where the patient care spell remained incomplete at the reporting date. This relates to activity where the Trust had provided care prior to year-end but had not yet completed the full episode of treatment. The balance is recognised as a contract receivable, reflecting the Trust's entitlement to payment for work performed to date, with settlement dependent primarily on the passage of time rather than the delivery of further services. The value of elective work in progress recognised at year-end is £3,049k.

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

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

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

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

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

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

Note 1.4 Other forms of income

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

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

Note 1.5 Expenditure on employee benefits

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

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

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

Note 1.6 Expenditure on other goods and services
Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.7 Property, plant and equipment

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

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

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

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

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

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current value in existing use is defined as market value except where a building is so specialised in nature no active market exists from which to draw satisfactory transactional evidence. In this case a valuer will adopt a depreciated replacement cost (DRC) model on a modern equivalent asset (MEA) basis.

A DRC model estimates current value in existing use as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements.
Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

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

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

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

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

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

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

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

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

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

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

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

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

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

Useful lives of property, plant and equipment
Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Buildings, excluding dwellings	3	89
Dwellings	3	69
Plant & machinery	3	80
Transport equipment	5	7
Information technology	3	15
Furniture & fittings	3	70

Note 1.8 Intangible assets

Recognition

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

Internally generated intangible assets

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

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

Software

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

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management. From 1 April 2025, subsequent measurement of intangible assets is at cost less amortisation.

Prior to 1 April 2025, intangible assets were held under a revaluation approach reflecting current value in existing use. Revaluation gains and losses and impairments were treated in the same manner as for property, plant and equipment. On 1 April 2025, the carrying value of these assets was carried forward as 'deemed cost' and any related revaluation surpluses in the revaluation reserve were transferred to the I&E reserve.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Impairments

Where indicators of impairment exist, the recoverable amount is assessed as the higher of its fair value and the cost to replace the service capacity. Where this is lower than the carrying value an impairment is recognised in expenditure. The recoverable amount of intangible assets under construction is assessed annually, irrespective of indicators of impairment.

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Development expenditure	5	10

Note 1.9 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) methodology. However, the Pharmacy system, uses weighted average cost formula, therefore, drugs are valued in this way. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

Note 1.10 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.11 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through leasing arrangements are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets are classified as subsequently measured at amortised cost.

Financial liabilities are classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense.

Impairment of financial assets
For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

The Trust does not normally recognise expected credit losses in relation to other NHS bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Derecognition
Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.12 Leases
A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The Trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

The Trust as a lessee
Recognition and initial measurement
At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 4.81% applied to new leases commencing in 2025 and 5.32% to new leases commencing in 2026.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement
As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

The Trust as a lessor
The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

Finance Leases
Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Operating Leases
Income from operating leases is recognised on a straight-line basis or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Note 1.13 Provisions
The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2026.

Early retirement provisions and injury benefit provisions both use the HM Treasury's post-employment benefits discount rate of 2.95% in real terms (prior year: 2.40%).

Clinical negligence costs
NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at Note 25.1 but is not recognised in the Trust's accounts.

Non-clinical risk pooling
The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.14 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in Note 26 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in Note 26.

Contingent liabilities are defined as:

• possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or

• present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.15 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.16 Value added tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.17 Climate change levy

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

Note 1.18 Third party assets

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's *FReM*.

Note 1.19 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.20 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2025/26.

Note 1.21 Standards, amendments and interpretations in issue but not yet effective or adopted

The DHSC GAM does not require the following IFRS Standards to be applied in 2025/26:

IFRS 18 Presentation and Disclosure in Financial Statements - The Standard has been adopted by the UK Endorsement Board to be effective for accounting periods beginning on or after 1 January 2027. The Standard has not yet been adopted by the FReM and early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been assessed.

IFRS 19 Subsidiaries without Public Accountability: Disclosures - The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been assessed.

IFRS 9 Financial Instruments - amendments to IFRS 9 were issued in May 2024, for adoption from 2026/27. These amendments have not yet been adopted by the FreM so the impact on the public sector is not yet known.

The key amendment that may impact NHS bodies relates to a clarification of the date of recognition and derecognition of some financial assets and liabilities, with a new exception for some financial liabilities settled through an electronic cash transfer system. This could impact the timing of when payables and cash are derecognised on making a payment, and may require a change to current practices relating to bank reconciliations.

The amendments are likely to have the most significant impact on entities which tend to have large reconciling items within their year-end bank reconciliations (for example uncleared BACS payments).

The following future changes to adaptations and interpretations of IAS 16 for the public sector are also not yet adopted:

Changes to valuation of property, plant and equipment (PPE) assets – The DHSC GAM for 2026/27 and associated consultation response document confirms future changes which will impact on the financial statements.

Note 1.22 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the Trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

Valuation of Land and Buildings

The Trust has applied the concept of Modern Equivalent Asset (MEA) to estimate the valuation of its property assets as applicable with the DHSC GAM and independent professional valuers. This may result in impairment costs or reversals that are recognised in reserves or the income and expenditure statement.

Note 1.23 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

Valuation of Land and Buildings

The estimation of the valuation of Property and Land is based on professional valuer methodologies for applying modern equivalent asset (MEA) concepts to the estimation of depreciated replacement cost (DRC). The Department of Health and Social Care (DHSC) guidance specifies that the Trusts land and buildings should be valued based on depreciated replacement cost (DRC), applying the Modern Equivalent Asset (MEA) concept. This concept is defined as "the cost of a modern replacement asset that has the same productive capacity as the property being valued." Therefore, the MEA is not a valuation of the existing land and buildings held by the Trust, but a theoretical valuation for accounting purposes of what the Trust could need to spend to replace the existing assets. In determining the MEA, the Trust must make assumptions that are practically achievable, however the Trust is not required to have any plans to make these changes.

The main estimation uncertainty associated with the modern equivalent asset (MEA) valuation methodology relates to the assessment of the cost of constructing a replacement building on a new site and the floor area required to deliver the Trust's healthcare services within that new build.

A professional valuation was undertaken as at 1 April 2025 to establish the MEA baseline for the Trust's estate, using assumptions relating to modern design standards, service delivery requirements and Gross Internal Area (GIA). These assumptions were subsequently updated as at 31 March 2026 to reflect changes during the year.

The current carrying value of buildings including dwellings, at 31 March 2026 is £283,497k. A 5% reduction or increase in floor area or building costs would result in a corresponding decrease or increase in valuation of approximately £14,175k.

The Trust is satisfied that the assumptions underpinning the MEA valuation, which were established as at 1 April 2025 and updated to 31 March 2026, are practically achievable, would not change the services provided by the Trust, and would not adversely impact service delivery or the level and volume of services provided to patients.

The land and buildings valuation recognised at 31 March 2026 was completed on a modern equivalent asset (MEA) basis. The Trust's estate was classified as specialised operational properties and therefore valued on an existing use value alternative basis. The MEA approach assumes that the assets would be replaced with modern equivalents which, although not necessarily identical in layout or specification, would provide the same service potential as the existing assets. The valuation methodology and core assumptions were established by reference to a valuation as at 1 April 2025, with these assumptions updated to reflect changes in costs and condition at 31 March 2026.

The alternative modern equivalent asset may be smaller under the Trusts alternative modern equivalent asset valuation with modern hospitals giving rise to the same service potential but on a smaller footprint, Gross Internal Area (GIA), to serve the catchment area of the local population.

The MEA valuations used by the Trust have been provided by the external valuers, Newmark Gerald Eve LLP.

Note 2 Operating Segments

The Trust has considered IFRS 8 Operating Segments and has taken the view that its activities should be reported as a single entity rather than in a segmental manner. Although financial performance is reported to the Executive Board Members at a divisional level, the key financial information for decision making purposes is based on the single entity as a whole. Furthermore, the Trust's business is the delivery of acute and community healthcare across a single economic environment. No separate reportable segments have therefore been identified.

Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.3

Note 3.1 Income from patient care activities (by nature)	2025/26 £000	2024/25 £000
Acute services		
Income from commissioners under API contracts - variable element*	148,014	135,626
Income from commissioners under API contracts - fixed element*	440,731	365,131
High cost drugs income from commissioners	33,783	51,287
Other NHS clinical income	3,657	94
Community services		
Income from commissioners under API contracts*	50,581	54,345
Income from other sources (e.g. local authorities)	9,643	10,724
All services		
Private patient income	6,632	6,591
National pay award central funding***		1,138
Additional pension contribution central funding**	29,062	27,280
Other clinical income	1,834	16,130
Total income from activities	**723,937**	**668,346**

*Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2025/26 NHS Payment Scheme documentation.

**Increases to the employer contribution rate for NHS pensions since 1 April 2019 have been funded by NHS England. NHS providers continue to pay at the former rate of 14.38% with the additional amount being paid over by NHS England on providers' behalf. The full cost of employer contributions (23.7%) and related NHS England funding (9.4%) have been recognised in these accounts.

***Additional funding was made available directly to providers by NHS England in 2024/25 for implementing the backdated element of pay awards where government offers were finalised after the end of the 2023/24 financial year. NHS Payment Scheme prices and API contracts are updated for the weighted uplift in in-year pay costs when awards are finalised.

Note 3.2 Income from patient care activities (by source)

	2025/26	2024/25
Income from patient care activities received from:	**£000**	**£000**
NHS England	77,320	89,164
Integrated care boards	628,387	548,915
Department of Health and Social Care	44	30
Local authorities	9,643	10,761
Non-NHS: private patients	6,632	6,591
Non-NHS: overseas patients (chargeable to patient)	763	390
Injury cost recovery scheme	860	546
Non NHS: other	288	11,949
Total income from activities	**723,937**	**668,346**
Of which:		
Related to continuing operations	723,937	668,346

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)

	2025/26	2024/25
	£000	**£000**
Income recognised this year	763	390
Cash payments received in-year	211	264
Amounts added to provision for impairment of receivables	675	422
Amounts written off in-year	163	83

Note 4 Other operating income

	2025/26			2024/25		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	862	-	**862**	596	-	**596**
Education and training	17,487	1,000	**18,487**	16,391	907	**17,298**
Non-patient care services to other bodies	12,690		**12,690**	21,657		**21,657**
Income in respect of employee benefits accounted on a gross basis	1,112		**1,112**	1,056		**1,056**
Receipt of capital grants and donations and peppercorn leases		2,508	**2,508**		1,960	**1,960**
Charitable and other contributions to expenditure		1,098	**1,098**		874	**874**
Revenue from operating leases		1,161	**1,161**		1,119	**1,119**
Other income	8,347	-	**8,347**	7,966	-	**7,966**
Total other operating income	**40,498**	**5,767**	**46,265**	**47,666**	**4,860**	**52,526**
Of which:						
Related to continuing operations			46,265			52,526

Note 4.1Analysis of 'Other Income'

	2025/26	2024/25
	£000	£000
Car parking income	1,517	1,333
Catering	1,638	1,481
Staff accommodation rental	1,740	1,920
Staff contribution to employee benefit schemes	68	70
Crèche services	381	538
Clinical excellence awards	179	168
Other income generation schemes (recognised under IFRS 15)	2,821	2,456
Other income not already covered (recognised under IFRS 15)	3	-
	8,347	**7,966**

Note 5 Additional information on contract revenue (IFRS 15) recognised in the period

	2025/26	2024/25
	£000	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	3,623	2,523

Note 5.1 Fees and charges

The following disclosure is of income from charges to service users where the full cost of providing that service exceeds £1 million and is presented as the aggregate of such income. The cost associated with the service that generated the income is also disclosed.

	2025/26	2024/25
	£000	£000
Income	1,646	1,829
Full cost	(1,108)	(1,006)
Surplus / (deficit)	**538**	**823**

The income and expenditure relate to accommodation.

Note 6 Operating leases - East Sussex Healthcare NHS Trust as lessor

This note discloses income generated in operating lease agreements where East Sussex Healthcare NHS Trust is the lessor.

The Trust leases office space, and space to third parties to provide food and beverages, and laundry services. The Trust also leases space recognised as specialised assets to Sussex Partnership NHS Foundation Trust to provide mental health services, and to University Hospitals Sussex NHS Foundation Trust to provide radiotherapy services. The terms of these leases vary between one and twenty-five years.

Note 6.1 Operating lease income

	2025/26	2024/25
	£000	£000
Lease receipts recognised as income in year:		
Minimum lease receipts	812	812
Variable lease receipts / contingent rents	349	307
Total in-year operating lease income	**1,161**	**1,119**

Note 6.2 Future lease receipts

	31 March 2026	31 March 2025
	£000	£000
Future minimum lease receipts due in:		
- not later than one year	813	801
- later than one year and not later than two years	129	801
- later than two years and not later than three years	129	117
- later than three years and not later than four years	129	117
- later than four years and not later than five years	89	117
- later than five years	1,063	946
Total	**2,352**	**2,899**

Note 7 Operating expenses

	2025/26	2024/25
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	5,225	5,129
Purchase of healthcare from non-NHS and non-DHSC bodies	21,067	14,412
Staff and executive directors costs	507,889	483,461
Remuneration of non-executive directors	180	163
Supplies and services - clinical (excluding drugs costs)	56,359	54,169
Supplies and services - general	8,483	8,463
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	61,578	61,493
Consultancy costs	73	12
Establishment	4,417	5,170
Premises	31,573	30,984
Transport (including patient travel)	3,126	3,142
Depreciation on property, plant and equipment	25,953	24,566
Amortisation on intangible assets	608	648
Net impairments	9,222	24,376
Movement in credit loss allowance: contract receivables / contract assets	457	120
Increase/(decrease) in other provisions	23	138
Change in provisions discount rate(s)	(18)	11
Fees payable to the external auditor		
audit services- statutory audit*	276	200
Internal audit costs	184	171
Clinical negligence	16,385	16,241
Legal fees	366	199
Insurance (as a policy holder)	382	380
Education and training	2,864	3,188
Expenditure on short term leases	62	104
Expenditure on low value leases	314	531
Early retirements	11	12
Redundancy	275	-
Car parking & security	11	-
Hospitality	4	3
Other services, eg external payroll	530	537
Other**	6,913	7,521
Total	**764,792**	**745,544**
Of which:		
Related to continuing operations	764,792	745,544

*The statutory audit fee includes irrecoverable VAT of £46k (2024/25: £33k)

** Other expenditure includes Professional Fees of £4m (2024/25: £4m)

Note 7.1 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £2,000k (2024/25: £2,000k).

Note 8 Impairment of assets

	2025/26	2024/25
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Abandonment of assets in course of construction	-	11,941
Changes in market price	9,222	12,435
Total net impairments charged to operating surplus / deficit	**9,222**	**24,376**
Impairments charged to the revaluation reserve	39,913	2,934
Total net impairments	**49,135**	**27,310**

The net impairments relate to a change in value of the Trusts estate following the annual review carried out by the external valuer, Newmark Gerald Eve LLP (£9,222k, 2024/25 £12,435k). In prior year, this included the impairment of the National Hospital Programme because of the Governments postponement of the scheme (2024/25: £11,941k).

Note 9 Employee benefits

	2025/26	2024/25
	Total	Total
	£000	£000
Salaries and wages	377,791	365,860
Social security costs	49,605	38,628
Apprenticeship levy	1,936	1,882
Employer's contributions to NHS pensions	73,542	68,986
Pension cost - other	46	56
Termination benefits	346	4
Temporary staff (including agency)	4,954	8,239
Total gross staff costs	**508,220**	**483,655**
Total staff costs	**508,220**	**483,655**
Of which		
Costs capitalised as part of assets	45	182

Note 9.1 Retirements due to ill-health

During 2025/26 there were 10 early retirements from the Trust agreed on the grounds of ill-health (5 in the year ended 31 March 2025). The estimated additional pension liabilities of these ill-health retirements is £696k (£959k in 2024/25).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 10 Pension costs

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2026, is based on valuation data as at 31 March 2024, updated to 31 March 2026 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (considering recent demographic experience), and to recommend the contribution rate payable by employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 at 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

The 2024 actuarial valuation is currently being prepared and will be published before new contribution rates are implemented from April 2027.

c) National Employees Savings Trust (NEST)

The Trust participates in the National Employees Savings Trust (NEST) scheme as an alternative for those employees who do not wish to join the NHS Pension Scheme. NEST is a defined contribution scheme with a phased employer contribution rate, set at 3% for 2025/26 (3% for 2024/25). Trust contributions under the NEST scheme for 2025/26 financial year totalled £46k (£56k for 2024/25).

Note 11 Finance income

Finance income represents interest received on assets and investments in the period.

	2025/26	2024/25
	£000	£000
Interest on bank accounts	1,732	1,875
Total finance income	**1,732**	**1,875**

Note 12 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2025/26	2024/25
	£000	£000
Interest expense:		
Interest on lease obligations	94	98
Interest on late payment of commercial debt	1	9
Finance costs on PFI, LIFT and other service concession arrangements:		
Total interest expense	**95**	**107**
Unwinding of discount on provisions	(6)	(8)
Total finance costs	**89**	**99**

Note 12.1 The late payment of commercial debts (interest) Act 1998

	2025/26	2024/25
	£000	£000
Amounts included within interest payable arising from claims made under this legislation	1	9

Note 13 Other gains / (losses)

	2025/26	2024/25
	£000	£000
Gains on disposal of assets	89	37
Losses on disposal of assets	(6)	-
Total gains / (losses) on disposal of assets	**83**	**37**
Total other gains / (losses)	**83**	**37**

Note 14 Intangible assets - 2025/26

	Development expenditure	Total
	£000	£000
Cost at 1 April 2025 - brought forward *	7,466	7,466
Additions	45	45
Cost at 31 March 2026	7,511	7,511
Amortisation at 1 April 2025 - brought forward	5,477	5,477
Provided during the year	608	608
Amortisation at 31 March 2026	6,085	6,085
Net book value at 31 March 2026	1,426	1,426
Net book value at 1 April 2025	1,989	1,989

* From 1 April 2025, the option to apply the revaluation model in IAS 38 to intangible assets has been withdrawn prospectively. Where assets were previously revalued, the carrying value at the transition date was carried forward as 'deemed cost'.

Note 14.1 Intangible assets - 2024/25

	Development expenditure	Total
	£000	£000
Valuation / gross cost at 1 April 2024 - as previously stated	7,284	7,284
Additions	182	182
Valuation / gross cost at 31 March 2025	7,466	7,466
Amortisation at 1 April 2024 - as previously stated	4,829	4,829
Provided during the year	648	648
Amortisation at 31 March 2025	5,477	5,477
Net book value at 31 March 2025	1,989	1,989
Net book value at 1 April 2024	2,455	2,455

Note 15 Property, plant and equipment - 2025/26

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2025 - brought forward	**14,092**	**282,819**	**13,378**	**13,542**	**68,581**	**262**	**78,654**	**4,181**	**475,509**
Additions	-	21,440	1,106	5,540	8,277	58	14,362	593	**51,376**
Impairments	(2,720)	(49,221)	(1,993)	-	-	-	-	-	**(53,934)**
Reversals of impairments	-	3,354	-	-	-	-	-	-	**3,354**
Revaluations	-	7,580	321	-	-	-	-	-	**7,901**
Reclassifications	-	4,713	-	(4,713)	-	-	-	-	**-**
Disposals / derecognition	-	-	-	-	(4,452)	(6)	(4,117)	(526)	**(9,101)**
Valuation/gross cost at 31 March 2026	**11,372**	**270,685**	**12,812**	**14,369**	**72,406**	**314**	**88,899**	**4,248**	**475,105**
Accumulated depreciation at 1 April 2025 - brought forward	**-**	**-**	**-**	**-**	**35,589**	**94**	**31,188**	**2,307**	**69,178**
Provided during the year	-	7,298	494	-	5,871	34	10,529	256	**24,482**
Reversals of impairments	-	(1,175)	(270)	-	-	-	-	-	**(1,445)**
Revaluations	-	(6,123)	(224)	-	-	-	-	-	**(6,347)**
Disposals / derecognition	-	-	-	-	(4,452)	(6)	(4,117)	(526)	**(9,101)**
Accumulated depreciation at 31 March 2026	**-**	**-**	**-**	**-**	**37,008**	**122**	**37,600**	**2,037**	**76,767**
Net book value at 31 March 2026	**11,372**	**270,685**	**12,812**	**14,369**	**35,398**	**192**	**51,299**	**2,211**	**398,338**
Net book value at 1 April 2025	**14,092**	**282,819**	**13,378**	**13,542**	**32,992**	**168**	**47,466**	**1,874**	**406,331**

Furniture and fittings additions include £0.5m of donated artwork recognised at fair value.

Note 15.1 Property, plant and equipment - 2024/25

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2024 - as previously stated	**14,082**	**237,686**	**14,754**	**29,828**	**106,270**	**457**	**79,112**	**6,485**	**488,674**
Additions	-	14,245	106	32,387	8,505	2	16,430	337	**72,012**
Impairments	(261)	(15,453)	(1,482)	(11,941)	-	-	-	-	**(29,137)**
Reversals of impairments	-	695	-	-	-	-	-	-	**695**
Revaluations	271	8,914	-	-	-	-	-	-	**9,185**
Reclassifications	-	36,732	-	(36,732)	-	-	-	-	**-**
Disposals / derecognition	-	-	-	-	(46,194)	(197)	(16,888)	(2,641)	**(65,920)**
Valuation/gross cost at 31 March 2025	**14,092**	**282,819**	**13,378**	**13,542**	**68,581**	**262**	**78,654**	**4,181**	**475,509**
Accumulated depreciation at 1 April 2024 - as previously stated	**-**	**1**	**-**	**-**	**75,774**	**258**	**39,099**	**4,659**	**119,791**
Provided during the year	-	7,078	697	-	5,998	33	8,977	283	**23,066**
Reversals of impairments	-	(1,011)	(121)	-	-	-	-	-	**(1,132)**
Revaluations	-	(6,068)	(576)	-	-	-	-	-	**(6,644)**
Disposals / derecognition	-	-	-	-	(46,183)	(197)	(16,888)	(2,635)	**(65,903)**
Accumulated depreciation at 31 March 2025	**-**	**-**	**-**	**-**	**35,589**	**94**	**31,188**	**2,307**	**69,178**
Net book value at 31 March 2025	**14,092**	**282,819**	**13,378**	**13,542**	**32,992**	**168**	**47,466**	**1,874**	**406,331**
Net book value at 1 April 2024	**14,082**	**237,685**	**14,754**	**29,828**	**30,496**	**199**	**40,013**	**1,826**	**368,883**

Note 15.2 Property, plant and equipment financing - 31 March 2026

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	11,372	240,394	12,812	14,369	31,039	192	51,274	1,504	**362,956**
Owned - donated/granted	-	30,291	-	-	4,359	-	25	707	**35,382**
Total net book value at 31 March 2026	**11,372**	**270,685**	**12,812**	**14,369**	**35,398**	**192**	**51,299**	**2,211**	**398,338**

Note 15.3 Property, plant and equipment financing - 31 March 2025

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	14,092	254,216	13,378	13,542	28,692	168	47,433	1,669	**373,190**
Owned - donated/granted	-	28,603	-	-	4,300	-	33	205	**33,141**
Total net book value at 31 March 2025	**14,092**	**282,819**	**13,378**	**13,542**	**32,992**	**168**	**47,466**	**1,874**	**406,331**

Note 15.4 Property plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2026

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Subject to an operating lease		2,266							**2,266**
Not subject to an operating lease	11,372	268,419	12,812	14,369	35,398	192	51,299	2,211	**396,072**
Total net book value at 31 March 2026	**11,372**	**270,685**	**12,812**	**14,369**	**35,398**	**192**	**51,299**	**2,211**	**398,338**

Note 15.5 Property plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2025

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Subject to an operating lease		8,943							**8,943**
Not subject to an operating lease	14,092	273,876	13,378	13,542	32,992	168	47,466	1,874	**397,388**
Total net book value at 31 March 2025	**14,092**	**282,819**	**13,378**	**13,542**	**32,992**	**168**	**47,466**	**1,874**	**406,331**

Note 16 Donations of property, plant and equipment

The following organisations donated assets to the Trust during 2025/26:
Friends of Eastbourne Hospital £680,694 (2024/25 £1,381,439)
The League of Friends of the Bexhill Hospital CIO £170,173 (2024/25 £117,747)
Friends of Conquest Hospital CIO £5,323 (2024/25 £122,692)
East Sussex Healthcare NHS Charitable Fund £64,342 (2024/25 £6,059)
Rye, Winchelsea and District Memorial Hospital Limited £9,000 (2024/25 £0)

Note 17 Revaluations of property, plant and equipment

The Trust's freehold land and buildings were valued as at 31 March 2026 by an external valuer, Newmark Gerald Eve LLP, a regulated firm of Chartered Surveyors. The valuation was prepared in accordance with the requirements of the RICS Valuation – Global Standards (2022), including the UK National Supplement, the International Valuation Standards, and IFRS as adapted and interpreted by the Financial Reporting Manual (FReM).

The Trust's estate is primarily comprised of specialised operational properties and has therefore been valued on a modern equivalent asset (MEA) basis using an existing use value, alternative site approach. This assumes that the assets would be replaced with modern equivalents which, although not necessarily identical in design or layout, would provide the same service potential as the existing estate.

The MEA valuation methodology and key assumptions were established by reference to a professional valuation as at 1 April 2025, with these assumptions subsequently updated to reflect asset condition and cost changes as at 31 March 2026.
Other non-specialised operational properties have been valued at existing use value.

As a result of the revaluation recognised on 31 March 2026, the Trusts assets were valued downwards by £34,886k (2024/25; upwards £460k). The revaluation resulted in gains of £14,248k (2024/25 £15,829k) which were applied to the Revaluation Reserve, and impairments of £49,134k (2024/25 £15,369k: £2,934k to Revaluation Reserve, £12,435k to I&E), of which £9,222k was taken to I&E, and the remainder was applied to the Revaluation Reserve.

The annual review of asset lives resulted in an in-year decrease in depreciation of £19,771 (2024/25 £481,807 increase). Reducing asset lives increases in-year depreciation costs but decreases the number of years in which depreciation is charged for individual assets.

Note 18 Leases - East Sussex Healthcare NHS Trust as a lessee

This note details information about leases for which the Trust is a lessee.
The Trust has leasing arrangements including building leases, equipment leases and vehicle leases.

The Trust is a lessee of space and property with NHS Property Services, and the following properties:
Amberstone Hospital, Hailsham
Beeching Road, Bexhill-on-Sea
Brampton Road, Eastbourne
Family Learning Centre Egerton Park, Bexhill-on-Sea
Ivy House, Eastbourne
Rye Memorial Care Centre, Rye
St. Nicholas Centre, St. Leonards-on-Sea
Wheel Farm Business Park, Hastings
Firwood House, Eastbourne
Leaf Hospital, Eastbourne

Note 18.1 Right of use assets - 2025/26

	Property (land and buildings)	Plant & machinery	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2025 - brought forward	**12,553**	**618**	**13,171**	**9,462**
Remeasurements of the lease liability	37	-	**37**	-
Disposals / derecognition	(589)	(82)	**(671)**	(235)
Valuation/gross cost at 31 March 2026	**12,001**	**536**	**12,537**	**9,227**
Accumulated depreciation at 1 April 2025 - brought forward	**3,997**	**438**	**4,435**	**2,806**
Provided during the year	1,357	114	**1,471**	929
Disposals / derecognition	(393)	(68)	**(461)**	(64)
Accumulated depreciation at 31 March 2026	**4,961**	**484**	**5,445**	**3,671**
Net book value at 31 March 2026	**7,040**	**52**	**7,092**	**5,556**
Net book value at 1 April 2025	**8,556**	**180**	**8,736**	**6,656**

Net book value of right of use assets leased from other NHS providers	352
Net book value of right of use assets leased from other DHSC group bodies	5,204

Note 18.2 Right of use assets - 2024/25

	Property (land and buildings)	Plant & machinery	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2024 - brought forward	**12,202**	**788**	**12,990**	**9,462**
Additions	326	-	**326**	-
Remeasurements of the lease liability	19	24	**43**	-
Movements in provisions for restoration / removal costs	6	-	**6**	-
Disposals / derecognition	-	(194)	**(194)**	-
Valuation/gross cost at 31 March 2025	**12,553**	**618**	**13,171**	**9,462**
Accumulated depreciation at 1 April 2024 - brought forward	2,661	468	**3,129**	1,859
Provided during the year	1,336	164	**1,500**	947
Disposals / derecognition	-	(194)	**(194)**	-
Accumulated depreciation at 31 March 2025	**3,997**	**438**	**4,435**	**2,806**
Net book value at 31 March 2025	**8,556**	**180**	**8,736**	**6,656**
Net book value at 1 April 2024	**9,541**	**320**	**9,861**	**7,603**

Net book value of right of use assets leased from other NHS providers	411
Net book value of right of use assets leased from other DHSC group bodies	6,245

Note 18.3 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 24.

	2025/26	2024/25
	£000	£000
Carrying value at 1 April	**8,629**	**9,530**
Lease additions	-	326
Lease liability remeasurements	37	43
Interest charge arising in year	94	98
Early terminations	(255)	(5)
Lease payments (cash outflows)	(1,251)	(1,363)
Carrying value at 31 March	**7,254**	**8,629**

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.

These payments are disclosed in Note 7. Cash outflows in respect of leases recognised on SoFP are disclosed in the reconciliation above.

Note 18.4 Maturity analysis of future lease payments

	Total 31 March 2026	Of which leased from DHSC group bodies: 31 March 2026	Total 31 March 2025	Of which leased from DHSC group bodies: 31 March 2025
	£000	£000	£000	£000
Undiscounted future lease payments payable in:				
- not later than one year;	1,543	971	1,634	980
- later than one year and not later than five years;	4,873	3,864	5,261	3,906
- later than five years.	1,144	1,077	2,122	2,000
Total gross future lease payments	**7,560**	**5,912**	**9,017**	**6,886**
Finance charges allocated to future periods	(306)	(209)	(388)	(289)
Net lease liabilities at 31 March 2026	**7,254**	**5,703**	**8,629**	**6,597**
Of which:				
Leased from other DHSC group bodies		5,703		6,597

Note 19 Inventories

	31 March 2026 £000	31 March 2025 £000
Drugs	4,585	4,434
Consumables	4,666	4,707
Energy	172	158
Total inventories	**9,423**	**9,299**

Inventories recognised in expenses for the year were £76,664k (2024/25: £75,195k).

Note 20 Receivables

	31 March 2026 £000	31 March 2025 £000
Current		
Contract receivables	21,034	9,445
Capital receivables	143	103
Allowance for impaired contract receivables / assets	(712)	(466)
Deposits and advances	9	7
Prepayments (non-PFI)	5,400	3,807
PDC dividend receivable	457	305
VAT receivable	489	1,547
Other receivables	1,921	1,507
Total current receivables	**28,741**	**16,255**
Non-current		
Contract receivables	2,426	2,212
Allowance for impaired contract receivables / assets	(1,217)	(1,242)
Other receivables	458	531
Total non-current receivables	**1,667**	**1,501**
Of which receivable from NHS and DHSC group bodies:		
Current	17,273	3,023
Non-current	458	531

Note 20.1 Allowances for credit losses

	2025/26	2024/25
	Contract receivables and contract assets	Contract receivables and contract assets
	£000	£000
Allowances as at 1 April - brought forward	**1,708**	**1,803**
Changes in existing allowances	457	120
Utilisation of allowances (write offs)	(236)	(215)
Allowances as at 31 Mar 2026	**1,929**	**1,708**

Note 20.2 Exposure to credit risk

The expected credit loss is only applied to non-NHS debt. NHS and other DHSC organisations are excluded from the calculation as NHS transactions are considered to be part of the DHSC group accounts, with balances therefore eliminated on consolidation. As the majority of the Trusts revenue comes from contracts with other public sector bodies, the Trust has a low exposure to credit risk.

Note 21 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2025/26	2024/25
	£000	£000
At 1 April	**27,371**	**17,636**
Net change in year	(25,270)	9,735
At 31 March	**2,101**	**27,371**
Broken down into:		
Cash at commercial banks and in hand	76	82
Cash with the Government Banking Service	2,025	27,289
Total cash and cash equivalents as in SoFP	**2,101**	**27,371**
Total cash and cash equivalents as in SoCF	**2,101**	**27,371**

Note 21.1 Third party assets held by the Trust

East Sussex Healthcare NHS Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties and in which the Trust has no beneficial interest. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	2026	2025
	£000	£000
Monies on deposit	1	23
Total third party assets	**1**	**23**

Note 22 Trade and other payables

	31 March 2026 £000	31 March 2025 £000
Current		
Trade payables	9,673	7,401
Capital payables	9,074	10,848
Accruals	26,414	38,032
Receipts in advance and payments on account	1	23
Social security costs	5,676	4,625
Other taxes payable	5,658	5,183
Pension contributions payable	6,240	5,841
Other payables	298	353
Total current trade and other payables	**63,034**	**72,306**
Non-current		
Capital payables	-	1,000
Total non-current trade and other payables	**-**	**1,000**
Of which payables from NHS and DHSC group bodies:		
Current	6,115	7,336

Note 23 Other liabilities

	31 March 2026 £000	31 March 2025 £000
Current		
Deferred income: contract liabilities	493	3,623
Total other current liabilities	**493**	**3,623**

Note 24 Borrowings

	31 March 2026 £000	31 March 2025 £000
Current		
Lease liabilities	1,484	1,556
Total current borrowings	**1,484**	**1,556**
Non-current		
Lease liabilities	5,770	7,073
Total non-current borrowings	**5,770**	**7,073**

Note 24.1 Reconciliation of liabilities arising from financing activities

	Lease Liabilities £000	Total £000
Carrying value at 1 April 2025	**8,629**	**8,629**
Cash movements:		
Financing cash flows - payments and receipts of principal	(1,250)	**(1,250)**
Financing cash flows - payments of interest	(1)	**(1)**
Non-cash movements:		
Lease liability remeasurements	37	**37**
Application of effective interest rate	94	**94**
Early terminations	(255)	**(255)**
Carrying value at 31 March 2026	**7,254**	**7,254**

	Lease Liabilities £000	Total £000
Carrying value at 1 April 2024	**9,530**	**9,530**
Cash movements:		
Financing cash flows - payments and receipts of principal	(1,362)	**(1,362)**
Financing cash flows - payments of interest	(1)	**(1)**
Non-cash movements:		
Additions	326	**326**
Lease liability remeasurements	43	**43**
Application of effective interest rate	98	**98**
Early terminations	(5)	**(5)**
Carrying value at 31 March 2025	**8,629**	**8,629**

Note 25 Provisions for liabilities and charges analysis

	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Other	Total
	£000	£000	£000	£000	£000
At 1 April 2025	**4**	**1,049**	**91**	**1,987**	**3,131**
Change in the discount rate	-	(18)	-	(36)	**(54)**
Arising during the year	-	59	58	-	**117**
Utilised during the year	(4)	(169)	(74)	(1,407)	**(1,654)**
Reversed unused	-	(92)	(2)	(94)	**(188)**
Unwinding of discount	-	(6)	-	30	**24**
At 31 March 2026	**-**	**823**	**73**	**480**	**1,376**
Expected timing of cash flows:					
- not later than one year;	-	150	58	13	**221**
- later than one year and not later than five years;	-	375	15	81	**471**
- later than five years.	-	298	-	386	**684**
Total	**-**	**823**	**73**	**480**	**1,376**

The provision for pensions early departure costs, and pensions injury benefits costs, are calculated by current payments to the NHS Pensions Agency and adjusted for average life expectancy and discounted using the HM Treasury published discount rates.

The provision for legal claims provides for the Liability to Third Party Schemes (LTPS) and Public & Employers Liability Scheme (PES). The provision covers the excess amount payable by the Trust and not the full liability of the claims which is borne by NHS Resolution under the non-clinical risk pooling scheme. The timings of cash flows are based on estimated dates for the finalisation of the claims. All are expected to be settled within one year.

The Clinicians' Pension Scheme relates to clinicians who are members of the NHS Pension Scheme and who as a result of work undertaken in the previous tax year (2019/20) face a tax charge in respect of the growth of their NHS pensions benefits above their pension savings annual allowance threshold and will be able to have this charge paid by the NHS Pension Scheme. NHS England have used the information provided by Government Actuary's Department (GAD) and Business Services Authority (BSA) and calculated a national 'average discounted value per nomination'. A provision broadly equal to the tax charge owed by clinicians who want to take advantage of the 2019/20 commitment. This will be offset by the commitment from NHS England and the Government to fund the payments to clinicians as and when they arise. Clinicians' Pension provision has been disclosed within other provisions and totals £471k (2024/25 £544k).

Note 25.1 Clinical negligence liabilities

At 31 March 2026, £227,024k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of East Sussex Healthcare NHS Trust (31 March 2025: £210,553k).

Note 26 Contingent assets and liabilities

	31 March 2026 £000	31 March 2025 £000
Value of contingent liabilities		
NHS Resolution legal claims	(37)	(15)
Employment tribunal and other employee related litigation	(5,814)	(445)
Gross value of contingent liabilities	**(5,851)**	**(460)**
Net value of contingent liabilities	**(5,851)**	**(460)**
Net value of contingent assets	0	0

The contingent liability for legal claims represents the Liability to Third Party Schemes (LTPS) and Public & Employers Liability Scheme (PES) notified to the Trust by NHS Resolution.

Note 27 Contractual capital commitments

	31 March 2026 £000	31 March 2025 £000
Property, plant and equipment	22,642	13,427
Total	**22,642**	**13,427**

Note 28 Financial instruments

Note 28.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the NHS Trust has with NHS healthcare commissioners and the way the latter bodies are financed, the NHS Trust is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The NHS Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the NHS Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the Board of Directors. Trust treasury activity is subject to review by the Trust's internal auditors.

Currency Risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest Rate Risk

The Trust may also borrow from government for revenue financing subject to approval by NHS England. Interest rates are confirmed by the Department of Health and Social Care (the lender) at the point borrowing is undertaken. The Trust therefore has low exposure to interest rate fluctuations.

Credit Risk

Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2026 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity Risk

The Trust's operating costs are incurred under contracts with Integrated Care Boards (ICBs), which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from within its capital resourcing limit as approved by Sussex ICB and DHSC. The Trust is not, therefore, exposed to significant liquidity risks.

Note 28.2 Carrying values of financial assets

Carrying values of financial assets as at 31 March 2026	Held at amortised cost	Total book value
	£000	£000
Trade and other receivables excluding non financial assets	24,053	24,053
Cash and cash equivalents	2,101	2,101
Total at 31 March 2026	**26,154**	**26,154**

Carrying values of financial assets as at 31 March 2025	Held at amortised cost	Total book value
	£000	£000
Trade and other receivables excluding non financial assets	12,089	12,089
Cash and cash equivalents	27,371	27,371
Total at 31 March 2025	**39,460**	**39,460**

Note 28.3 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2026	Held at amortised cost	Total book value
	£000	£000
Obligations under leases	7,254	7,254
Trade and other payables excluding non financial liabilities	44,324	44,324
Total at 31 March 2026	**51,578**	**51,578**

Carrying values of financial liabilities as at 31 March 2025	Held at amortised cost	Total book value
	£000	£000
Obligations under leases	8,629	8,629
Trade and other payables excluding non financial liabilities	55,519	55,519
Total at 31 March 2025	**64,148**	**64,148**

Note 28.4 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	31 March 2026	31 March 2025
	£000	£000
In one year or less	45,867	56,153
In more than one year but not more than five years	4,873	6,261
In more than five years	1,144	2,122
Total	**51,884**	**64,536**

Note 28.5 Fair values of financial assets and liabilities

The fair value of receivables and cash is consistent with the carrying value in the Statement of Financial Position. Receivables consist of amounts to be collected within 1 year and the non-current receivables for Injury Cost Recovery income. Non current receivables are not discounted as the difference to carrying values is not considered material.

Payables arising under statutory obligations such as payroll taxes are not classified as financial liabilities. The fair value of payables is consistent with the carrying value in the Statement of Financial Position.

Note 29 Losses and special payments

	2025/26		2024/25	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Cash losses	33	20	19	12
Bad debts and claims abandoned	140	217	141	202
Stores losses and damage to property	21	176	20	225
Total losses	**194**	**413**	**180**	**439**
Special payments				
Ex-gratia payments	32	27	45	33
Total special payments	**32**	**27**	**45**	**33**
Total losses and special payments	**226**	**440**	**225**	**472**
Compensation payments received				

Note 30 Related parties

The Department of Health and Social Care (DHSC) is regarded as a related party and parent department. During 2025/26 East Sussex Healthcare NHS Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department.

The bodies listed below have entered into income or expenditure transactions with the Trust over £500,000:
NHS Kent and Medway ICB
NHS England - Central Specialised Commissioning Hub
NHS England - Core
NHS England South East Regional Office
NHS South East London ICB
Royal Surrey NHS Foundation Trust
Sussex Community NHS Foundation Trust
Sussex ICB
Sussex Partnership NHS Foundation Trust
University Hospitals Sussex NHS Foundation Trust

In addition, the Trust has had transactions over £500,000 with the following government body:
East Sussex County Council

The Trust has had a number of transactions over £500,000 with central government bodies:
NHS Blood and Transplant
NHS Pension Scheme
NHS Property Services
NHS Resolution
HM Revenue and Customs
Supply Chain Coordination Limited

The Trust has received revenue and capital payments of £273,263 (2024/25: £275,855) from East Sussex Healthcare NHS Trust Charitable Fund. East Sussex Healthcare NHS Trust (ESHT) is the sole Trustee of the East Sussex Healthcare NHS Charity. The Chair of the Charity is a non-Executive Director of the Trust Board. On 31 March 2026, £19,992 was owed to the Trust by the Charitable Fund (2024/25: £24,218).

The East Sussex Healthcare NHS Charitable Fund is not consolidated with the Trust accounts on the grounds of materiality.

Note 31 Prior period adjustments

The Trust has not made any prior period adjustments.

Note 32 Events after the reporting date

Events after the reporting period are events, both favourable and unfavourable, that occur between the end of the reporting period and the date when the financial statements are authorised. These events can be adjusting or non-adjusting.

There are no adjusting or non-adjusting events after the reporting period.

Note 33 Better Payment Practice code

	2025/26	2025/26	2024/25	2024/25
Non-NHS Payables	**Number**	**£000**	**Number**	**£000**
Total non-NHS trade invoices paid in the year	96,670	266,621	91,156	247,378
Total non-NHS trade invoices paid within target	83,129	238,187	81,129	235,365
Percentage of non-NHS trade invoices paid within target	86.0%	89.3%	89.0%	95.1%
NHS Payables				
Total NHS trade invoices paid in the year	2,323	38,189	2,163	37,837
Total NHS trade invoices paid within target	2,179	36,289	2,079	37,312
Percentage of NHS trade invoices paid within target	93.8%	95.0%	96.1%	98.6%

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 calendar days of receipt of goods or a valid invoice (whichever is later) unless other payment terms have been agreed.

Note 34 Capital Resource Limit

	2025/26	2024/25
	£000	**£000**
Gross capital expenditure	51,458	72,563
Less: Disposals	(210)	(17)
Less: Donated and granted capital additions	(2,508)	(1,960)
Charge against Capital Resource Limit	**48,740**	**70,586**
Capital Resource Limit	49,177	71,249
Under / (over) spend against CRL	**437**	**663**

Note 35 Adjusted financial performance

	2025/26	2024/25
	£000	**£000**
Surplus / (deficit) for the period per SOCI	(3,516)	(33,345)
Remove net impairments not scoring to the departmental expenditure limit	9,222	24,376
Remove I&E impact of capital grants and donations	(770)	(280)
Remove net impact of DHSC centrally procured inventories	-	308
Adjusted financial performance surplus / (deficit)	**4,936**	**(8,941)**

Note 36 Breakeven duty financial performance

	2025/26	2024/25
	£000	**£000**
Adjusted financial performance surplus / (deficit)	4,936	(8,941)
Breakeven duty financial performance surplus / (deficit)	**4,936**	**(8,941)**

Note 37 Breakeven duty rolling assessment

Due to the introduction of International Financial Reporting Standards (IFRS) accounting in 2009/10, NHS Trust's financial performance measurement needs to be aligned with the guidance issued by HM Treasury measuring departmental expenditure. Therefore, the incremental revenue expenditure resulting from the application of IFRS to IFRIC 12 schemes (which would include PFI schemes), which has no cash impact and is not chargeable for overall budgeting purposes, is excluded when measuring breakeven performance. Other adjustments are made in respect of accounting policy changes (impairments and the removal of the donated asset and government grant reserves) to maintain comparability year to year.

Statutory breakeven duty, overall and recurrent financial position: Prior to 2019/20 the Trust has been in technical breach of the statutory breakeven duty (NHS Act 2006), for some time. For the period 2019/20 to 2022/23, the Trust delivered a break-even position through non-recurrent support and COVID funding. Technical breaches returned for the period 2023/24 to 2024/25. For 2025/26 a modest surplus has been boosted by additional Deficit Support Funding (£4.9m).

	1997/98 to 2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance		350	(4,704)	87	522	(23,094)	88	(47,997)	(43,792)
Breakeven duty cumulative position	1,745	2,095	(2,609)	(2,522)	(2,000)	(25,094)	(25,006)	(73,003)	(116,795)
Operating income		282,807	299,623	385,281	387,400	364,240	384,876	356,152	379,307
Cumulative breakeven position as a percentage of operating income		0.7%	(0.9%)	(0.7%)	(0.5%)	(6.9%)	(6.5%)	(20.5%)	(30.8%)

	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance	(53,878)	(44,781)	68	346	68	28	(5,004)	(8,941)	4,936
Breakeven duty cumulative position	(170,673)	(215,454)	(215,386)	(215,040)	(214,972)	(214,944)	(219,948)	(228,889)	(223,953)
Operating income	387,934	408,783	476,581	533,988	568,336	657,259	669,891	720,872	770,202
Cumulative breakeven position as a percentage of operating income	(44.0%)	(52.7%)	(45.2%)	(40.3%)	(37.8%)	(32.7%)	(32.8%)	(31.8%)	(29.1%)



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East Sussex Healthcare
NHS Trust

Quality Account 2025/26

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Content

Part 1 - Statement of Quality from the Chief Executive	4
1.2 - About the Trust	6
1.3 - Purpose of the Quality Account	8
Part 2 - Priorities for Improvement and Statements of Assurance	9
2.1 - Priorities for improvement in 2026-27	9
2.2 - Statement of assurance from the Board	14
2.3 - Care Quality Commission	15
2.4 - Participation in Clinical Audit	17
2.5 - Participation in Clinical Research	23
2.6 - Commissioning for Quality and Innovation (CQUIN)	23
2.7 - Information Governance	24
2.8 - Data Quality	25
2.9 - Learning from Deaths	26

2.10 - Workforce	28
Part 3.1 - Review of our Quality Priorities in 2025-26	36
Part 3.2 - Reporting against Core Quality Indicators	48
Summary Hospital-level Mortality Indicator (SHMI)	48
Condition-specific outcomes	49
MEASURE: Percentage of children and young people over 5 years who had documented evidence of enquiry or screening for their mental health	50
Rate of Patient Safety Incidents	53
Pressure Ulcers	54
Venous Thromboembolism (VTE) Risk Assessment	55
Mandatory surveillance of healthcare associated infection	55
Patient Experience of hospital care	56
Summary of Performance	60
Appendix 1 - National Clinical Audit and National Confidential Enquiries Programme	64
Appendix 2: Participation in Mandatory Clinical Audits	66
Glossary	67
Part 4 - Stakeholder Statements	71
Statement from East Sussex Community Voice on behalf of Healthwatch in Sussex	71
Statement from East Sussex Health Overview and Scrutiny Committee (HOSC)	72
Statement from Commissioners	74
Statement of Directors' responsibilities for the Quality Account	76



Part 1 - Statement of Quality from the Chief Executive

I am pleased to present our Quality Account for 2025–26, which sets out how we have improved the quality of care over the past year and what we will focus on in 2026–27.

It has been another demanding year for the NHS, with more people needing care and many patients arriving with increasingly complex health needs. Despite these pressures, I am incredibly proud of our staff, who continue to provide safe, compassionate care and support to patients, families and communities every day.

At East Sussex Healthcare NHS Trust, everything we do starts with our patients and those who care for them. Behind every figure in this report is a person with their own story, and it is these experiences that drive our commitment to keep improving. We have seen the positive impact of more joined-up, person-centred care, and we have responded to feedback from patients—an example of this , is patients receiving mental health care—by expanding our Mental Health Outreach Team so that people receive more timely specialist and compassionate support.

Despite ongoing challenges, we have made important progress in quality and safety. We are working hard to build an open, learning culture where staff feel confident to raise concerns and act on them early. Most patient safety incidents result in little or no harm, reflecting this proactive approach. We have strengthened how we learn from serious incidents and deaths, ensuring we act where needed to improve care and reduce future risks. We have also improved how patients move through our services, with our “Home First” approach helping more people return home safely and recover in familiar surroundings.

Clinical outcomes remain strong in areas such as maternity care and urgent treatment, and we continue to learn through national benchmarking. Encouragingly, patient feedback shows more people feel they are treated with kindness, respect and compassion, something we are very proud of.



We also recognise that high-quality care depends on supported staff. Over the past year we have invested in staff wellbeing, expanding support and achieving a Gold 'Wellbeing at Work' Award.

We remain open about where we need to do better and continue to listen carefully to feedback from patients and communities. This feedback shapes our priorities for the year ahead.

This year, 2026-27, we will focus on improving communication, so patients receive clearer, more timely information about their care, supported by digital tools to make access easier and reduce missed appointments. We will improve how we recognise and respond when patients' conditions worsen, ensuring earlier intervention, better communication with families, and compassionate care, particularly for those nearing the end of life. We will also reduce harm from falls by identifying those most at risk, tailoring care plans, and learning from every incident.

Your insight and feedback are vital to this work. I would like to thank our staff for their dedication and our patients, carers and partners for their continued support. Together, we will continue to improve care and outcomes for the people of East Sussex.

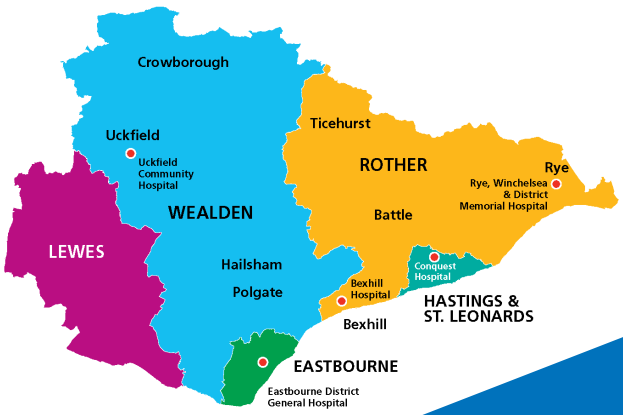


Jayne Black

Chief Executive
East Sussex Healthcare NHS Trust

1.2 - About the Trust

East Sussex Healthcare NHS Trust is committed to delivering safe, compassionate and high-quality hospital and community services for around half a million people living in East Sussex, as well as those who visit and work in our local area. Everything we do is guided by our values and by our ambition to continuously improve care and experience for patients, communities and our workforce.



As one of the largest employers in the county, with an annual income of £770 million, we are proud to be the only integrated provider of acute and community care in Sussex. More than 8,700 colleagues work across our organisation, united by a shared purpose to provide outstanding care and to support people to live healthier, more independent lives. Our services are delivered from two acute hospitals in Hastings and Eastbourne, community hospitals in Bexhill, Rye and Uckfield, The Trust strategy is to improve population health and reduce inequalities by delivering integrated, patient-centred care through partnership working, empowered staff, and innovative, sustainable service models.

Quality and safety remain central to our strategy. In 2020, the Care Quality Commission rated us as ‘Good’ overall, with ‘Outstanding’ ratings for Caring and Effective. Conquest Hospital and our Community Services were rated ‘Outstanding,’ and Eastbourne District General Hospital was rated ‘Good.’ These ratings reflect the compassion, professionalism and commitment of our teams, and our ongoing focus on learning, improvement and high standards of care.

Our two acute hospitals have Emergency Departments and operate 24 hours a day, providing a comprehensive range of medical, surgical, maternity and outpatient services, supported by diagnostics and therapies. Conquest Hospital is our centre for trauma and obstetric services, while Eastbourne District General Hospital is the centre for stroke and urology care. Together, they play a vital role in supporting urgent and planned care across the county.

Our community hospitals and services are a key part of our integrated model of care, supporting our strategic aim to provide more care closer to home. Bexhill Hospital delivers ophthalmology, outpatient, rehabilitation and intermediate care services. Rye, Winchelsea and District Memorial Hospital provide outpatient, rehabilitation and intermediate care services, and Uckfield Community Hospital currently offers outpatient care. We also deliver rehabilitation services in partnership with East Sussex County Council Adult Social Care, helping people to recover and regain independence.

In the community, our Integrated Locality Teams work closely with District and Community Nursing teams to support people with long term conditions and complex needs. By delivering care in people's homes, clinics, health centres and GP surgeries, we help reduce unnecessary hospital admissions and support people to live well in their own communities.

Partnership working underpins our Trust strategy. We work closely with East Sussex County Council and a wide range of partners across Sussex as part of a locally focused and integrated health and care system. Through collaboration, innovation and a strong focus on our people, we continue to strengthen services, improve outcomes and build a sustainable future for healthcare in East Sussex.

1.3 - Purpose of the Quality Account

All NHS providers in England have a statutory duty to produce a report about the quality of services they deliver and are required to be open and transparent about the quality of its services. This report is called the Quality Account. The Quality Account aims to drive quality improvement within the NHS and increase public accountability. This is done by getting NHS organisations to review their performance over the previous year, identify areas for improvement and publish that information, along with a commitment to you about how improvements will be made over the next year.

The report incorporates mandatory sections covering areas such as our participation in research, clinical audits, a review of our performance against quality indicators and what our regulator says about the services and care we provide.

Alongside the mandatory elements of the Quality Account, we have engaged with staff, patients, the public, our commissioners and wider stakeholders to ensure the account reflects what matters most and provides an insight into our organisation and the improvement priorities that are important to us all.

The public and patients can view the Quality Accounts on the NHS Choices website:/www.nhs.uk

The dual functions of a Quality Account are to:



Scope of the Quality Account

The Quality Account for the East Sussex Healthcare NHS Trust (ESHT) is an annual report that provides a detailed overview of the quality of care delivered by the Trust's acute and community services.

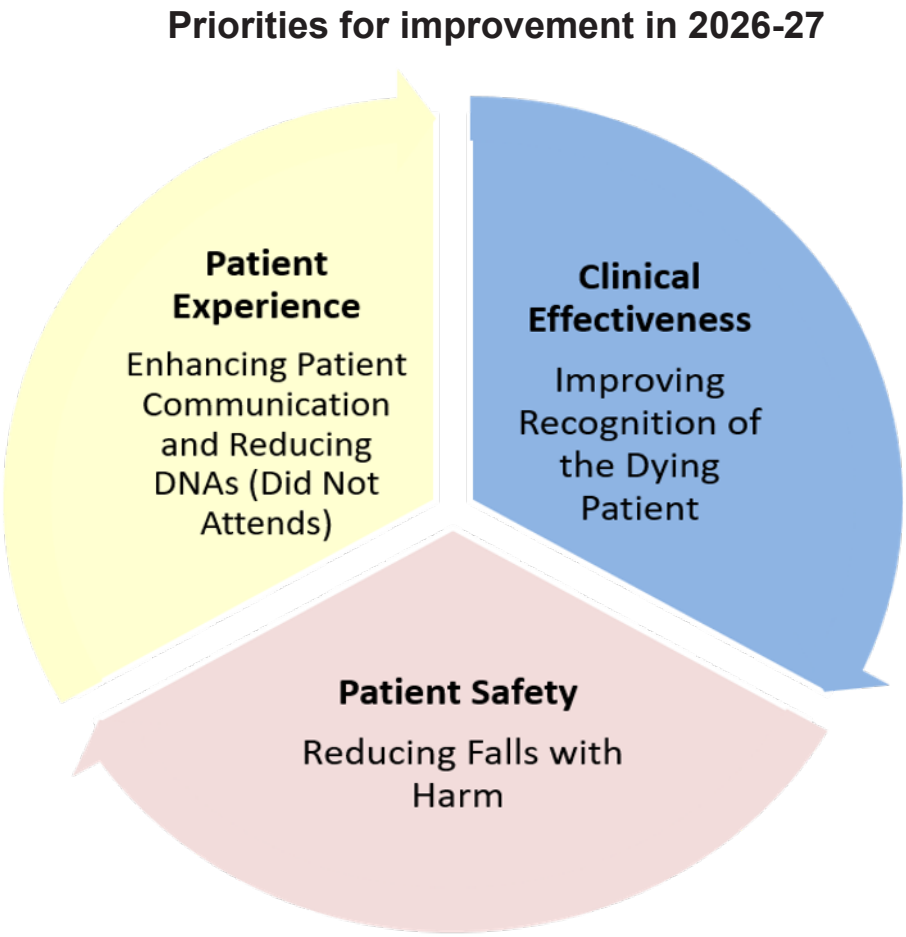
The report highlights performance across key areas such as patient safety, patient experience, and the clinical effectiveness of services provided throughout the year. It also includes information about ESHT's plans for enhancing care in the future.

Please note - Consent has been obtained from the patients or their relatives, where appropriate, whose care and experiences are referenced within this report. All information has been handled in accordance with relevant confidentiality and data protection requirements.

Part 2 - Priorities for Improvement and Statements of Assurance of the Quality

2.1 - Priorities for improvement in 2026-27

All NHS providers in England have a statutory duty to produce a report about the quality of services they deliver and are required to be open and transparent about the quality of its services. This report is called the Quality Account. The Quality Account aims to drive quality improvement within the NHS and increase public accountability. This is done by getting NHS organisations to review services.



Patient Experience Priority - Enhancing Patient Communication and Reducing DNAs (Did Not Attends) Using the Netcall Platform

Why this is a priority



Better, more consistent communication with patients will reduce missed appointments, improve patient experience, and make best use of available clinic capacity.

Currently, communication with patients about appointments is often inconsistent and relies heavily on manual processes. We know that high volumes of calls and unclear messaging contribute to missed appointments (DNAs) and inefficient use of clinic time, and there is variation across services in how appointments are managed, with limited use of digital tools.

Improving communication will help patients receive the right information at the right time, reducing missed appointments and waiting times. This supports national NHS priorities to improve patient communication, expand digital access, and recover planned care services.

This priority aligns with NHS England expectations for improved patient communication, digital inclusion, and Planned care recovery.

What we plan to do

We will use digital tools to make communication clearer, faster, and more convenient, helping reduce missed appointments and improve patient experience. We will:

- Use automation and AI to respond to routine queries more quickly.
- Improve call handling so patients can get through quicker and to the right team first time.
- Keep patients informed while they wait, with updates, advice, and when to seek help.
- Standardise processes across services to ensure consistent, reliable communication.
- Use patient feedback to continuously improve how we communicate and manage appointments.

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- Standardise processes across services to ensure consistent, reliable communication.
- Use patient feedback to continuously improve how we communicate and manage appointments.

What success will look like

More patients attending appointments, better use of capacity, and a smoother, more convenient experience for both patients and staff. There will be:

- Streamlined booking processes, reducing workload for staff.
- Better use of clinic time, with fewer unused and missed (DNA) appointments.
- More efficient scheduling, reducing the need for extra clinics.
- Improved patient experience, with fewer complaints and better feedback.
- Increased use of digital communication, making access easier and more convenient.

What success will look like

More patients attending appointments, better use of capacity, and a smoother, more convenient experience for both patients and staff. There will be:

- Monthly monitoring of DNA rates and trends.
- Clinic utilisation metrics, including reporting on unused slots.
- Patient experience feedback.
- Netcall reporting dashboards.
- Monitoring call volumes and call handling times.
- Review of waiting list validation activity and outcomes.

Clinical Effectiveness Priority - Improving Recognition of the Dying Patient

Why this is a priority

Earlier recognition of patients approaching the end of life will help ensure better care, clearer communication, and more time for patients and their families to prepare and be supported.

- National reviews show that, locally, patients nearing the end of life are often recognised later than they should be. This means there is less time to plan care, support patients, and involve families.
- Although there has been some improvement in ESHT, the Trust has not yet reached its target for recognising when death is expected. Records show missed opportunities to identify when patients are deteriorating and specialist palliative care teams are not always able to see patients in time, often because changes happen quickly or referrals are delayed.



What we plan to do



We aim to recognise earlier when a patient may be dying, communicate clearly, and ensure timely, compassionate, and well-coordinated care. We will;

- Improve training for all clinical staff on recognising and managing end-of-life care.
- Add simple prompts to care plans to help staff recognise when a patient may be nearing the end of life and act early.
- Strengthen recording, communication, and teamwork so care is timely and well-coordinated.
- Encourage earlier, honest conversations with patients and families about care preferences and what matters most.
- Make sure all patients identified as nearing the end of life are quickly referred to specialist palliative care teams.
- Work closely with escalation teams to identify when treatment may no longer help and focus on comfort and support.

What success will look like

Patients and families will experience earlier, clearer communication and more personalised, supportive care at the end of life.

- Faster and clearer recognition of when patients may be nearing the end of life, reflected in improved national audit results.
- More senior doctors trained in end-of-life care, building confidence and consistency in decision-making.
- Earlier, more open and compassionate conversations with patients and families about care and what matters most.
- Care plans that are flexible and guided by patient wishes, even when there is uncertainty.
- More patients receiving timely support from specialist palliative care teams.

How we will monitor progress

We will use national data, staff training records, and patient and family feedback to track progress and ensure care continues to improve. We will:

- Continue to take part in the national end-of-life care audit to measure how we are improving over time and compare our performance regularly with national results and nearby NHS Trusts.
- Track how many patients are referred to and seen by specialist palliative care teams.
- Monitor how many staff, including consultants, complete end-of-life care training.
- Listen to feedback from bereaved families to understand their experience and identify areas for improvement.

Patient Safety Priority - Reducing Falls with Harm

Why this is a priority

Slips, trips, and falls are one of the most common safety incidents for patients in our care. Although our overall falls rate is better than the national average, some patients are still experiencing harm from falling while in hospital.

Most reported falls cause little or no harm, but it is not always clear how many could have been prevented. In 2025, a small number of falls led to severe or moderate harm, highlighting the need for improvement.

Reducing falls, especially those that cause harm and better understanding which falls can be prevented will help keep patients safer during their care.

What we plan to do

Quality improvement projects and in conjunction with the Breakthrough Trust Priority will be undertaken within divisions. We will;

We will take forward a range of improvements to reduce patient falls and improve safety:

- Update our approach in line with the latest national guidance (NICE).
- Improve how we identify patients at risk of falls, including innovative approaches in Emergency Departments.
- Make sure all patients receive a falls risk assessment within 24 hours of admission.
- Ensure patients and families receive clear information and a personalised care plan to prevent falls.
- Regularly review staffing levels in areas with higher rates of falls.
- Strengthen specialist roles, including Falls Champions and introduce a Falls Lead role.
- Improve staff training on falls prevention and reporting processes.
- Explore and introduce new initiatives, such as reducing caffeine-related falls risks.
- Strengthen oversight by introducing regular divisional reporting to identify trends and take action.

What success will look like

- Every patient is checked for their risk of falling, every time.
- Every fall is reviewed so we can learn and prevent it from happening again.
- Fewer people experience falls that cause serious harm.
- Patients are supported to move safely and confidently during their care while in hospital.



What success will look like

- We will regularly check that all patients are being assessed and all falls are reviewed.
- We will track the number of falls each month, including how many result in harm.
- We will aim to reduce serious harm from falls by at least 20%.
- We will look at each fall to understand if it could have been prevented.
- We will gather feedback from patients and staff to understand what is working and where we can improve.
- Results will be reviewed monthly by clinical teams and senior leaders, and progress shared across wards and departments. Any areas needing improvement will be supported to make changes quickly.

2.2 - Statement of assurance from the Board



During 2025/26, East Sussex Healthcare NHS Trust (ESHT/The Trust) provided or sub-contracted 86 NHS services.

A comprehensive review has been undertaken of all available data relating to the quality of care delivered across each of these 86 services.

The income generated by the NHS services reviewed in 2025/26 represents 100% of the total income generated from the provision of NHS services by the Trust 2025/26.

2.3 - Care Quality Commission

The Trust is registered with the Care Quality Commission (CQC) to carry out eight legally regulated activities from 17 registered locations with no conditions attached to the registration. No new locations were added in 2025/26.

The CQC monitors and review information from all available sources about the Trust and contacts us for further information whenever they identify any matters of concern.

The CQC rating for ESHT published in February 2020 is 'Good' overall and 'Outstanding' for caring and effective services, following an inspection in November and December 2019. In addition, we hold quarterly engagement meetings with the CQC which allows is to discuss any current issues that may be impacting on the delivery and quality of our services.

The CQC Maternity Survey in 2025



The report published in December 2025, provides insight into the quality of maternity services and helps identify potential risks across organisations. 300 women who received maternity care in ESHT were invited to participate. 104 responses were received, giving a 35% response rate which was 10% lower than in 2024, and 4% less than the national average of 39%.

ESHT's overall performance remained stable compared to 2024, with 51 survey questions showing no statistically significant change, two areas improving, and no areas deteriorating. Importantly, no results fell below expected standards, indicating that there are no significant risks requiring regulatory concern. Women reported positive experiences on the ward, during their antenatal care and in the postnatal period at home. ESHT's top five highest scoring areas (compared with the national average) are set out in the table below.

CQC Maternity Survey 2025 - ESHT Five Highest-Scoring Areas			
Theme	**Area of Care**	**ESHT Score (10)**	**National Score (10)**
Care in the Ward	Women felt staff allowed them to stay with their baby/partner as wanted.	8.7	7.4
Care in the Ward	Women felt they could get staff attention when needed.	8.2	7.4
Antenatal Care	During antenatal check-ups, midwives asked women about their mental health.	9.4	8.6
Antenatal Care	Midwives/doctors were aware of medical history.	8.1	7.1
Postnatal Care at Home	Women felt informed about their physical recovery.	7.7	6.9

Findings show a positive overall trajectory for ESHT, particularly in communication, staff engagement, and shared decision-making, and there are no immediate concerns. Nonetheless, the Trust has identified targeted opportunities for improvement to continue enhancing the quality of maternity services.

During 2025-26, the CQC found no breaches that justified regulatory action, no requirement notices were issued, and no enforcement actions were taken.

2.4 - Participation in Clinical Audit Quality Commission

Clinical audit helps us improve the quality of care we provide by reviewing our performance against agreed standards and making changes where needed. Each year, we develop a Clinical Audit Plan based on national priorities and our own local improvement goals.

National Audits

We take part in national audits through the National Clinical Audit and Patient Outcomes Programme (NCAPOP). These allow us to compare our performance with other organisations and identify where we are doing well and where we can improve.

National Audit Activity in 2025-26 The Trust participated in 100% of all relevant national clinical audits in 2025-26 as listed below.	
National Audit and National Confidential Enquiries	The Trust participated in; ➢ 64 national Clinical Audits ➢ 7 National Confidential Enquiries Detailed list in Appendix 1.
Mothers and Babies Reducing Risk through Audits and Confidential Enquiries (MBRRACE)	All maternal deaths, including those up to one year after pregnancy—as well as perinatal and infant deaths are reported to help understand causes and improve care. No maternal deaths were reported in 2025-26.
Mothers and Babies Reducing Risk through Audits and Confidential Enquiries (MBRRACE)	
UKOSS UK Obstetric Surveillance System	The UK Obstetric Surveillance System is a national programme that studies rare and serious complications in pregnancy. The Trust did not have any eligible cases in 2025-26 for this study.

National Audit Activity in 2025-26	
The Trust participated in 100% of all relevant national clinical audits in 2025-26 as listed below.	
National Confidential Enquiries into Patient Outcome and Deaths (NCEPOD) Reports	4 applicable NCEPOD reports were issued in 2025-26: • Emergency surgery in children and young people – 2025 3 national recommendations identified, the Trust is currently working to ensure compliance in these areas, reporting progress via the Clinical Effectiveness Group and at divisional governance meetings. • Acute limb ischaemia – 2025 5 national recommendations identified, the Trust is fully compliant with 3 of these. Work is underway regarding the remaining 2 recommendations, progress is reported via the Clinical Effectiveness Group and at divisional governance meetings. A Quality Improvement project has been initiated to support this. Patients likely to benefit most from an intervention (Rutherford category IIb) are not always directed to a vascular hub, causing a delay in their treatment beyond the accepted target of six hours. Key actions to track and take forward: • Use theatre booking systems and coordinators to access emergency theatres. • Record and audit time from symptoms to procedure (if needed) • Learn from patient safety incidents related to ALI, fasciotomies, amputations and related deaths. • Blood sodium – 2025 5 national recommendations identified, the Trust is currently working to ensure compliance in these areas, reporting progress via the Clinical Effectiveness Group and at divisional governance meetings. • Care bundles for sepsis are currently being updating by the Clinical Lead. • Care bundles for AKI are in development. • IV fluids policy has been reviewed and updated. • Local audit to assess compliance to be completed in 26-27. • Rehabilitation following critical illness – 2025. 5 applicable national recommendations identified, the Trust is fully compliant with 4 of these. Work is underway regarding the remaining recommendation, progress is reported via the Clinical Effectiveness Group and at divisional governance meetings. Staffing capacity and resource is impacting achievement of the final recommendation.

National Audit Activity in 2025-26

The Trust participated in 100% of all relevant national clinical audits in 2025-26 as listed below.

National Clinical Audit Reports	The Trust reviewed 12 national audit reports in 2025-26 to assess care quality, identify good practice and highlight risks, with improvement actions tracked centrally to ensure delivery. Details of two of the reports are provided below;

Sentinel Stroke National Audit Programme (SSNAP)

Measures the quality of stroke care across the NHS and provides data to support continuous improvement.

SSNAP (Stroke) Audit 2025/26 at ESHT

Speech and Language Therapy (SaLT) is key to safe and effective stroke care. Timely swallow assessment is essential to reduce risks such as aspiration and ensure safe, appropriate care. The SSNAP audit measures how quickly patients receive assessment and support and in 2025-26, ESHT performance was below national standards:

- Swallow screening within 24 hours: 29% (vs 84.6% nationally)
- SaLT assessment within 72 hours: 37.5% (vs 85.4% nationally)

Improvement actions taken to strengthen stroke therapy services include;

- ✔ Increased staff numbers, including therapy assistants, to expand capacity.
- ✔ Introduced a six-day service and more group therapy sessions.
- ✔ Improved staffing consistency and reduced unplanned absences.
- ✔ Strengthened clinical oversight to improve quality and consistency.
- ✔ Upskilled staff to deliver more therapy sessions.
- ✔ Improved initial assessments, including better screening for patients' emotional wellbeing

A real time SaLT audit of compliance continues, to ensure SSNAP figures reflect clinical actions and identify any barriers to achieving key targets.

The National Joint Registry (NJR) Programme
Collects information on joint replacement surgery, including hips, knees, and shoulders.
It aims to improve patient safety and outcomes by monitoring performance and providing feedback to clinicians and implant manufacturers. The NJR Quality Data Provider Award recognises hospitals that meet high standards for patient safety by submitting accurate and complete data, with gold, silver and bronze awards reflecting levels of achievement. Conquest Hospital received a silver award in 2025-26.

Conquest Hospital was awarded for being an NJR Quality Data Provider



Local Clinical Audit Activity in 2025/26

Local clinical audits and quality improvement projects are conducted by teams to improve care in specific services or pathways.

In 2025/26, the Trust reviewed 105 local audits and projects to assess quality, identify good practice and highlight any risks. Improvements are tracked through a central action plan to ensure progress. Two examples of these projects, and the actions taken, are highlighted below.

Two examples of completed local audits in 2025-26

1. MASCC Score in Febrile Neutropenia

The MASCC score is a nationally recommended tool used to assess risk and guide treatment for cancer patients with neutropenic sepsis. This audit reviewed whether the score was recorded at initial assessment and whether antibiotics were given promptly, in line with NICE guidance, for adult patients presenting to Eastbourne Emergency Department between March and August 2025.

Results

The audit showed a 20% increase in use of the MASCC score, though some inaccuracies remained. Time to antibiotics improved from 136 to 90 minutes, but this is still above the 60-minute target.

Key issues included poor awareness and documentation of the MASCC score, delays in recognition and triage, and inefficiencies in the antibiotics process. Patients did receive appropriate treatment once antibiotics were prescribed.

Improvement actions

- ✔ All planned actions to improve performance have been completed, including:
- ✔ Delivering teaching sessions for doctors, nurses and healthcare assistants
- ✔ Sharing findings and discussing improvements with Emergency Department and Oncology teams
- ✔ Displaying posters in the Emergency Department to raise awareness
- ✔ Exploring digital options to support MASCC scoring
- ✔ Strengthening staff awareness at triage

A re-audit is planned for April 2026 to assess progress and ensure sustained improvement.

2. Re-audit of compliance with provision and use of safety sharps products.

Sharps injuries remain a significant occupational risk in healthcare. All healthcare organisations must comply with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 to reduce the risk of sharps related injuries.

This re audit was undertaken in response to an increase in sharps related incidents across the Trust, to assess whether safer sharps are available, used consistently, and supported by appropriate training and guidance and to check if any improvements has been made since the last audit on 2014.

Results

Standard 1: Access to Alternatives of Sharps
Sharps alternatives were widely available and used across most areas (88% compliance), however safer alternatives were not used across some areas, with blunt fill needles not used in 13 areas, filter needles in 17 areas, and Posiflush in 7 areas, indicating targeted areas for improvement.

Standard 2: Availability and Regular Use of Safety Engineered Sharps
Availability has improved, but consistent use remains the key safety gap.

Standard 3: Provision of Information and Training on the Use of Safety Sharps
Despite staff awareness of actions to be taken following sharps injury, gaps still exists with only 8% of the area displaying poster on safety sharps and 36% of staff reporting a need for further training.

Comparison with 2014 audit
The compliance has significantly increased across all standards since the 2014 audit, with the 2024 audit expanding its coverage from 38 to 103 areas. The only exception was the reduction in the availability of appropriate instructional posters from 32% in 2014 to 8% in 2024.

Significant improvement has been achieved since the 2014 audit, particularly in availability of safer sharps. However,

- Use remains inconsistent,
- Visibility of guidance is poor, and
- Training needs persist

Actions Taken	**Next Steps**
✔ Develop and display safety sharps awareness posters ✔ Re-audit standard-1 compliance ✔ Improve sharps injury awareness (poster)	• Strengthen training via local programmes • Improve the consistent use of sharps alternatives

This clinical audit has been shortlisted for the 2026 Trust Clinical Audit / QI Awards

2.5 - Participation in Clinical Research

The Trust participates in national and international research studies, offering patients access to new and innovative treatments. All NHS research is approved by the Health Research Authority (HRA).

We currently support around 60 National Institute for Health and Care Research (NIHR) portfolio studies, including both academic and commercial trials. Since April 2023, research has been a key Trust priority, with a focus on expanding opportunities for our patients.

In 2025/26, 4,638 patients receiving Trust services were recruited to take part in HRA-approved clinical trials.

The top recruiting research studies in 2025-26 were:

Study Name	Number Recruited
Obstetric Bleeding Study	2880
Minder – Sleep Attitudes Survey	949
Digital Imagin versus Ophthalmology study: DIvO	417
OSCAR – Omics Approaches to Urological Cancer Diagnosis	76
Preterm Clinical Network Cohort Research Programme	41

2.6 - Commissioning for Quality and Innovation (CQUIN)

No CQUIN indicators were published for 2025/26.

2.7 - Information Governance

The Trust is committed to protecting patient information and strengthening cyber security. Staff receive ongoing training to help them recognise and respond to potential threats.

We follow strict legal requirements, including the UK GDPR and Data Protection Act 2018, to ensure personal information is handled safely and securely.

Thirty-three data security incidents were reported in 2025-26 (including near misses). Each incident is reviewed, with lessons shared where identified, to help prevent future risks.

All incidents were no harm, mostly related to human error, such as sending information to the wrong recipient. We continue to focus on improving awareness and adherence to procedures to reduce these risks.

The Caldicott Guardian

The Caldicott Guardian is a mandatory role for all NHS organisations, which holds responsibility for patient confidentiality. In the Trust, the awareness about the Caldicott Guardian role and the associated Caldicott principles is provided via the mandatory information governance training for all staff. The Chief Medical Officer (CMO) is the Trust's Caldicott Guardian and supports the Information Governance team to ensure the Caldicott principles and patient confidentiality are prioritised and respected.

Data Security and Protection Toolkit

The Data Security and Protection Toolkit (DSPT) is a national tool used to assess how well organisations protect data and respond to cyber security risks. It is aligned to national standards and supports oversight by the Care Quality Commission (CQC).

All NHS organisations must complete a yearly self-assessment against key areas including managing risk, preventing cyber-attacks, detecting incidents, minimising impact, and using information safely.

For 2024/25, the Trust achieved an 'Approaching Standards' rating, with internal auditors providing a moderate level of assurance. The 2025/26 submission is due by the end of June 2026, and work is ongoing to meet the required standards.

Clinical Coding Error Rate

Clinical Coding Accuracy - Clinical coding converts information from patient records into standard codes used across the NHS. This supports patient care, planning, and funding.

In 2025/26, the Trust achieved an overall coding accuracy rate of 96%, indicating a very high standard, with only a 4% error rate. External audit results confirmed performance at the highest advisory level across all key areas.

Some errors were linked to missing information, time pressures, and limited clinical documentation.

Actions to further improve accuracy and maintain high data quality standards are;

- Strengthen training and feedback for coding staff, working with teams to ensure all relevant information is captured
- Improve access to scanned patient records and documentation in time for coding
- Increase awareness among clinicians about accurate recording of clinical diagnosis

2.8 - Data Quality

For the reporting periods April 2025 to February 2026 (for admitted patient and outpatient care) and April 2025 to March 2026 (for Accident and Emergency);

The percentage of records in the published data which included the patient's valid NHS number was:

- 99.9% for admitted patient care
- 100% for outpatient care
- 99.5% for Accident and Emergency care

The percentage of records in the published data which included the patient's valid General Medical Practice Code was:

- 100% for admitted patient care
- 99.9% for outpatient care
- 100% for Accident and Emergency care

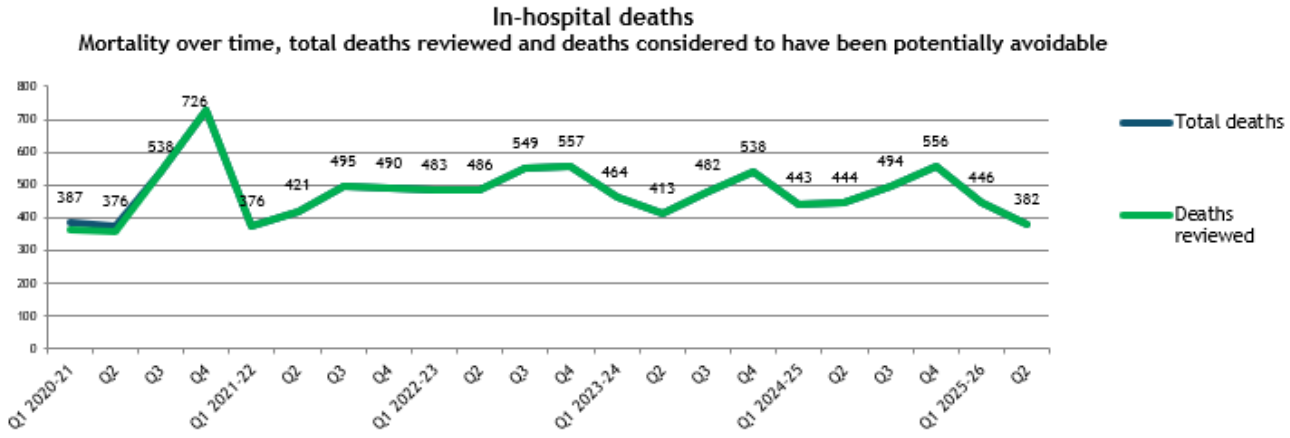
These results demonstrate robust performance in capturing accurate patient information.

2.9 - Learning from Deaths

The Trust remains committed to reporting and reviewing all reported deaths to identify learning in order to improve the quality of care. This is achieved by ensuring effective processes and mechanisms are in place for mortality reviews with appropriate input from relevant staff.

Number of patients who died

Between January and December 2025, a total of 1894 patient deaths occurred at the Trust, and each case was reviewed, and an assessment of the likelihood of the death being attributable to problems in care is made. Quarterly trends of in-hospital deaths remained stable across the year as shown in the chart below.



The Trust reviewed each death using a standard 5-point scale, with those scored 1 – 3 deemed more likely than not to have been due to problems in care (i.e. potentially avoidable). Scores of 4 – 5 are not considered avoidable.

The table to the side sets out the number of deaths in each quarter of the reporting period, along with the one patient death (0.22% of total) assessed as likely avoidable death, which compares well with national average of 3-5%.

Standard 5 point clinical judgement scale

- **1 — Definitely avoidable**
  Clear evidence that problems in care caused the death
- **2 — Strong evidence of avoidability**
  Care issues very likely contributed to death
- **3 — Probably avoidable (>50:50 chance)**
  On balance, death likely linked to care problems
- **4 — Possibly avoidable (<50:50 chance)**
  Some concerns, but unlikely to have caused death
- **5 — Definitely not avoidable**
  Death expected due to underlying illness

Reporting period	Number of deaths	No of deaths assessed as 'likely avoidable'	% of patient deaths assessed as 'likely avoidable'
Q4 2024-25: January 2025 to March 2025	**564**	**0**	0
Q1 2025-26: April 2025 to June 2025	**455**	**1**	0.22%
Q2 2025-26: July 2025 to September 2025	**386**	**0**	0
Q3 2025-26: October 2025 to December 2025	**489**	**0**	0
Total: January 2025 to December 2025	**1894**	**1**	**0.05%**

The chart below sets out the trend of numbers of in-hospital deaths that were assessed to be likely avoidable over time, ranging between 0 and 2 over time.



Review of deaths of patients with identified learning disabilities

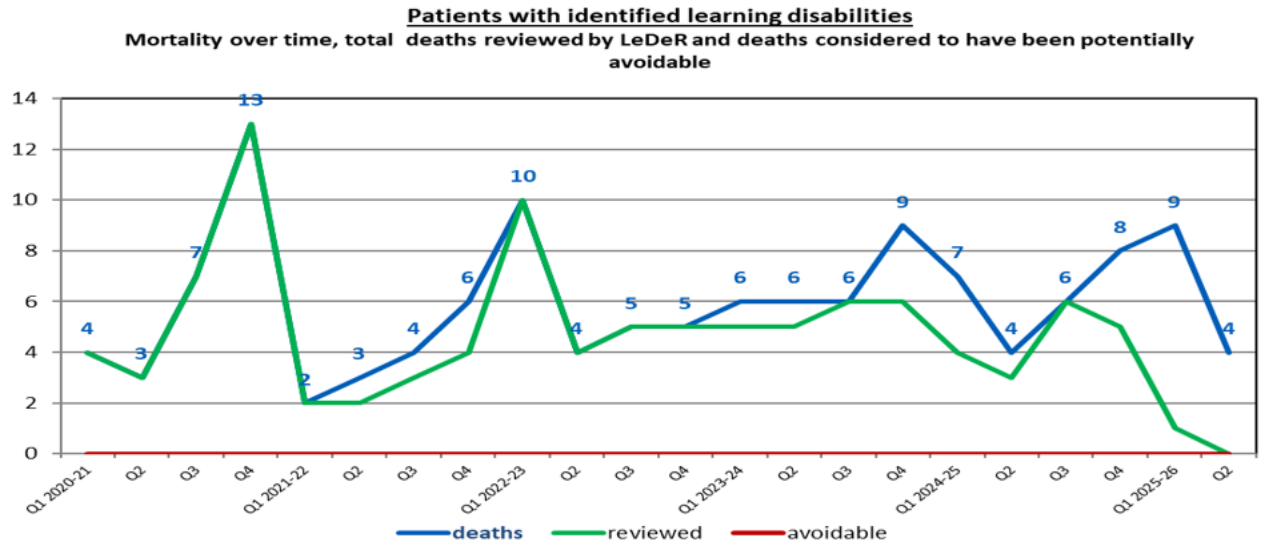
In-hospital deaths of patients with identified learning disabilities remain low but fluctuate over time, generally ranging from around 2 to 10 per quarter, with occasional peaks.

Reviews follow the LEDER programme which is a national NHS-led review process designed to improve care and reduce inequalities for people with learning disabilities and autistic people (LEDER stands for Learning from Lives and Deaths – People with a Learning Disability and Autistic People).

The number of reviews varies across the period, with some quarters showing close alignment between deaths and reviews, while more recent quarters indicate a decline in completed reviews relative to deaths.

Importantly, no deaths were assessed as potentially avoidable across the entire period, indicating no cases where death was judged more likely than not due to problems in care.

Overall, the data suggests low and variable mortality, inconsistent review rates, and no identified patient safety concerns in relation to avoidable deaths within this group.



Prevention of Future Deaths (PFD) Notification

A PFD report is written after an inquest when a coroner believes that action should be taken to prevent similar deaths in the future. The purpose is to ensure that learning from deaths leads to system change and risk reduction, rather than case-specific improvements.

In 2025-26, the Trust received a PFD following and inquest into the in-hospital death of a patient admitted in January 2024 and died in May 2025.

The PFD highlighted concerns identified during the inquest relating to issues in clinical assessment, monitoring, and/or escalation of care, which may have contributed to increased risk for the patient. The Coroner emphasised the need for clearer clinical decision-making, improved communication, and stronger adherence to established care pathways to prevent similar incidents in the future.

In response, ESHT reviewed the case and implemented systemic improvement actions, including strengthening clinical escalation processes, reinforcing staff training, and enhancing governance oversight to mitigate the risk of recurrence.

2.10 - Workforce

Freedom to Speak Up at ESHT

Freedom to Speak Up Guardians (FSUG) were introduced in the NHS in 2016 to support staff to raise concerns safely and ensure these are listened to, acted upon, and used for learning and improvement.

At ESHT, Guardians play a key role in promoting a positive speaking up culture, working both reactively (supporting individual concerns) and proactively (improving awareness, training, and organisational practices). They are part of the South-East regional network and regularly meet

with Guardian colleagues to share best practice and ensure that all reporting requirements to the National Office are being met.

In 2025-26, 171 concerns were raised, with themes consistent with national trends, and low levels of anonymous reporting, indicating good levels of psychological safety.

Themes and learning from cases and anonymised data is shared at the People and Organisational Development Committee, a sub- committee of the Trust Board, and the Guardians report in person to the Trust Board every 6 months.

The Trust has strengthened visibility, training, and leadership support for speaking up, including mandatory learning for managers and active engagement with staff networks. Staff survey results show modest improvements in confidence to speak up, although perceptions of how concerns are acted on remain an area for continued focus.

Feedback on the Guardian service from the staff survey in 2025-26 was positive, and largely comparable with last year's. 58% of responses saying they feel safe to speak up about concerns, 70% saying they feel secure in raising unsafe clinical practice concerns and 100% of users reporting timely responses, feeling listened to and supported, and recommending the service. Overall, Freedom to Speak Up continues to be an important mechanism for learning, improving safety, and supporting staff, with ongoing work to further strengthen culture and responsiveness.

Staff Wellbeing

Psychological Wellbeing and Safety



Over the past year, the psychological wellbeing and support needs of colleagues across our services have changed. There has been a reduction in the number of staff requiring individual trauma therapy related to work-based incidents, alongside increased engagement with Trauma Risk Management (TRiM) and Restorative Supervision services. While it is not possible to directly attribute these changes to one another, this may indicate a positive impact on staff wellbeing and early support interventions.

TRiM (Trauma Risk Management) continues to be an established and valued support service within ESHT. A growing number of trained TRiM Practitioners across the organisation are now providing support to colleagues following traumatic or distressing incidents, helping to strengthen local support within teams and reduce reliance on the central People Engagement team.



Since April 2025, the TRiM service has responded to 281 referrals, with all individuals offered a TRiM intervention. This included 91 initial TRiM assessments, 52 one-month follow-up reviews, and 2 three-month follow-up reviews. In addition, 14 supportive wellbeing conversations were provided to colleagues requiring further emotional support.

We continued to support the physical and emotional wellbeing of colleagues during 2025-26 and further adapted the range of support that we offered to our people to reflect the impact of work pressures. Some of our activities in 2025-26 are as follows;

- Strengthened our mental health training offers to staff to increase confidence in supporting themselves and others. Training includes the Mental Health First Aid qualification, Mental Health Awareness Training and Wellbeing Conversations training.
- Increased our Wellbeing Champions network to 162 staff members in the Trust.
- Embedded Trust wide quarterly wellbeing meetings (supported by the Non-Executive Wellbeing Guardian) and 8 weekly Trust wide Staff Smokefree Focus Group meetings.
- Introduced One You East Sussex (OYES) on site stop smoking clinics and provided 98 health checks in conjunction with OYES for colleagues aged between 40–74 (70.9% attendance).

- Delivered five sessions on men's health, covering topics such as men's wellbeing, physical health, nutrition, cancer awareness risk factors and prostate health to reduce the stigma of talking about men's health.

- Delivered five 'Menopause Demystified/Mind' workshops. Menopause related absence is recorded and reviewed on ESR to support and signpost individuals where appropriate.

- Achieved a menopause café facilitator licence to enable us to deliver on site menopause cafés and have held six cafés over the past year with 70 colleagues in attendance.

- Introduced new ways of working including streamlined focus on Maternity support- updated maternity information support pack, automation of; signposting and self-serve option, table bookings process and OYES health check process, and further exploration of increased accessibility of the Discounts and Benefits brochure.

- Continued promotion of Vivup Employee Assistance Programme. 35.5% of Trust employees (2,840 people) have now registered with Vivup.

- Supporting flexible working, with the Work Life Balance and Special Leave Policy being updated following legislation changes and an electronic process to apply and record flexible working requests. The electronic application is live and to date 1678 requests have been made with 82% of requests being approved or approved with amendments.

- Throughout 2025/26 we have held and supported events to thank and celebrate the achievements of our people, including the Trust Awards and the Festive Refreshments events in December 2025.

Feedback received from staff who have accessed TRiM include;



The Wellbeing at Work Award recognises an employer's commitment to supporting their employees' wellbeing through an accreditation programme. The programme provides a framework for improving health and wellbeing in the workplace and takes a holistic approach covering a wide variety of topics focused on improving the wellbeing of staff.
The Trust received the Gold Wellbeing at Work Award from East Sussex County Council's Public Health Team in December 2025, having successfully met the requirements across 20 pieces of evidence.

Occupational Health

Following successful SEQOHS (Safe, Effective, Quality Occupational Health Service) accreditation in 2023, the Occupational Health service continued to demonstrate high standards of care and quality improvement throughout 2025. Annual renewal feedback recognised the service's strong clinical governance, audit processes, and commitment to continuous improvement.

During the year, the service improved access to Occupational Health support by;

- Reviewing referral and triage processes
- Streamlining clearance for newly appointed doctors
- Strengthening access to musculoskeletal services, and
- Increasing staff engagement with seasonal vaccination programmes.

Collaborative working across the Trust was also strengthened through partnership initiatives with Infection Prevention and Control, Human Resources, the Wellbeing Team, and Equality, Diversity and Inclusion colleagues. This included;

- The development of a Winter Wellness Handbook to holistically support staff in preparing for winter.
- Improvements to infectious disease exposure guidance
- Enhanced workplace adjustment pathways recommended through Access to Work, working in partnership with the Equality, Diversity, Inclusion (EDI) team.
- Contributions to the development of Mental Health Awareness training due to launch in 2026.

Service-user feedback remained positive in 2025, with Occupational Health receiving average ratings of 4.7 stars for case management services, 4.92 stars for vaccination clinics, and 4.44 stars from managers accessing support (out of a maximum of 5 stars). Feedback has informed further improvements, including clearer referral guidance and the development of a manager's guide to the Occupational Health referral process.

Looking ahead, Occupational Health will continue to strengthen integrated wellbeing support through closer alignment with Wellbeing services, TRiM, and restorative supervision, helping to provide timely, high-quality support for staff and contributing to safe patient care across ESHT.
Safer Medical Staffing

Staffing Rota Gaps

The Trust has reviewed resident doctor staffing at Conquest Hospital, where levels have historically been lower than at EDGH. From August 2026, Foundation Year doctors in years 1 and 2 (FY1 & FY2) and Registrar numbers will be increased.

Staffing at ward level has also been strengthened by redistributing doctors following the transfer of cardiology from Conquest to EDGH and the conversion of a frailty ward to a nurse-led model.

Each year, the Trust receives an allocation of junior doctors from the Deanery, who are then assigned to clinical divisions. Where allocations are insufficient to fill rotations, gaps are escalated to Divisional clinical leads, and service managers are notified if services are affected so that Divisions fill gaps with existing doctors interested in staying on at the Trust at the end of their rotation. Any remaining gaps are then filled through recruitment or via locum or bank staff.

Supporting Safe Working Hours

The Trust employs two independent Guardians of Safe Working Hours (GOSWH), based at Conquest Hospital and Eastbourne DGH, to champion safe working for trainee doctors. Supported by the BMA, they promote safe hours, oversee exception reporting and rota gaps, and ensure compliance with the 2016 Terms and Conditions for Doctors and Dentists in Training.

Their role is to assure safe working practices and improve junior doctors' working lives. Doctors can raise concerns through exception reporting, enabling timely improvements. The GOSWHs provide quarterly and annual reports to the People and Organisational Development Committee and contribute to key governance meetings.

Annual NHS Staff Survey 2025

The annual NHS Staff Survey is scored on seven People Promise elements and two key themes of Staff Engagement and Morale. These two key themes remain performance indicators for organisations.

Staff Survey questionnaires were distributed to 8,644 substantive staff at East Sussex Healthcare NHS Trust. A total of 4,330 responses were received, representing a 50% response rate. This marks a 3% increase compared to the previous year and is slightly above the national survey provider average of 49%.

This year, 34% of bank staff completed the NHS Bank Staff Survey, maintaining the same response rate as the previous year. Once again, this figure ranks among the highest nationally, reflecting a highly engaged bank workforce.

Our staff's honest feedback helps us understand what it is really like to work here. The results show that kindness, respect and teamwork are continuing to grow. Many colleagues told us they feel trusted by those they work with and proud of the care they provide to patients every day.

These strengths highlight the compassion and commitment that sit at the heart of our organisation. The survey also highlighted areas where we need to do better. Many colleagues told us they would like a stronger say in decisions that affect their work, more consistent support with workload and wellbeing, and improved access to development opportunities.

Flexible working remains important, but staff experiences vary between teams. These insights help us clearly see where change is needed and strengthen our commitment to improving what matters most to our people.

Some improvement and strengths reported in the Staff survey 2025

Compared with 2024, we achieved nine significant improvements at question level, including:

1. Feeling that our roles make a positive difference to patients (+2.3%)
2. Improvements in kindness, understanding, respect and team cohesion (several questions improving by +2-3%)
3. Increases in reporting of harassment, bullying or abuse (+3.7)
4. Reductions in discrimination experienced from managers or colleagues (improvements of –1% to –1.6%)

Bank colleagues also reported positive experiences in several areas, including strong team relationships, kindness from colleagues and high levels of trust to do their job. They also told us they feel their work makes a real difference to patients.

Like many NHS organisations, our Trust faced a challenging year. Despite this, these improvements reflect the remarkable dedication of our workforce and their continued commitment to building a culture of compassion, respect and psychological safety, even in difficult circumstances.

Our NHS People Promise Results

The NHS People Promise is built around seven key themes, which describe the experience the NHS wants all staff to have at work;

- We are compassionate and inclusive
- We are recognised and rewarded
- We each have a voice that counts
- We are safe and healthy
- We are always learning
- We work flexibly
- We are a team

No People Promise theme scored significantly higher than comparable organisations overall. However, the Inclusion area within “We are compassionate and inclusive” was notably stronger and stands out as a key strength for our organisation.

Among our bank staff, compassion, inclusion and teamwork were also areas of strength. Bank colleagues reported feeling respected by those they work with and valued as part of supportive teams.

Together, these results underline the strong foundations we have built in promoting kindness, fairness and respect across our workforce.

Stability in Engagement and Morale

Overall, staff engagement and morale have remained stable compared to 2024 for both substantive and bank colleagues. This is encouraging given the wider challenges facing the organisation and reflects the ongoing commitment and dedication of our workforce.

However, there are still important areas where we need to improve to make a meaningful difference to everyday working experiences.

The People Promise themes scoring lower than similar organisations were;

- We each have a voice that counts
- We are safe and healthy
- We work flexibly
- We are learning- Colleagues reported challenges around influence and feeling empowered
- 25.3% felt their appraisal helped them improve their work
- 23.5% said they rarely experience unrealistic time pressures
- Health, Safety and Wellness
- 27.8% feel there are enough staff to do their job properly
- 58.1% said they have come to work despite not feeling well enough
- Increased experiences of burnout (burnout score: 4.86)

This year's results offer a pivotal opportunity for change. With stronger engagement mechanisms, increased data visibility and rising participation in the survey, we are better equipped to act on what our people are telling us with precision and purpose. By adopting a more unified and accountable approach to people experience, supported by consistent leadership and system wide alignment, the Trust can create a more supportive, inclusive and empowering environment for all colleagues. Doing so will ensure that improvements are meaningful, measurable, sustainable and reflected in the care we deliver to our patients.

We remain committed to creating an environment where all colleagues can help drive positive change.

Part 3.1 - Review of our Quality Priorities in 2025-26

The Trust identified three quality improvement priorities for 2025/26 to contribute towards the delivery of our Quality and Safety Strategy.

This section describes the work undertaken at the Trust to deliver on our quality improvement priorities over the past year, setting out how we will continue to deliver the aims of each of our improvement priorities and where there is still room for improvement to be made.
Our 2025-25 quality priorities were:

Quality Domain	Priorities for improvement 2025-26
Patient Safety	Improving the care of patients with mental ill health
Clinical Effectiveness	Increasing the quality of WHO Safety Checklist compliance across the Trust
Patient Experience	Community Intermediate Care Rehabilitation Model

Patient Safety - Improving the care of patients with mental ill health

Why this was chosen as a priority for our Quality Account

Over the past three years, more people experiencing mental health (MH) problems came to emergency and acute hospital services. Between December 2022 and December 2024, East Sussex Healthcare NHS Trust (ESHT) saw 11,447 mental health attendances at Conquest Hospital and Eastbourne District General Hospital (EDGH).
During this time, patients often stayed in hospital longer because there were fewer specialist mental health beds available. As a result, people coming to hospital in mental health crisis were frequently admitted to general hospital wards.

This led to:

- Fewer beds being available for patients with physical health needs
- Increased pressure on ward staff
- More frequent involvement of security staff
- Greater use of temporary staff, adding to costs

Overall, this approach did not work well for patients or staff. Many hospital teams did not have specialist mental health training but were required to care for patients with complex needs. This sometimes meant care focused more on managing behaviour rather than providing therapeutic support. Accessing mental health support was also difficult, as referrals relied on a single telephone line, which could delay assessment and care.

What we did

To address these challenges, ESHT made several improvements to how mental health care was delivered:

- Set up a dedicated Mental Health Service within ESHT, led by a Head of Nursing.
- Introduced a Mental Health Outreach Team (MHOT) to provide specialist support and therapeutic care.
- Worked in partnership with the Mental Health Trust and Integrated Care Board (ICB) through a joint taskforce and strategy group.
- Put in place a clear and consistent approach to the use of security staff.
- Made it easier for wards to refer patients by introducing email referrals alongside the existing phone line.
- Created a direct and faster escalation process with Mental Health Trust partners to improve response times.

These changes aimed to improve patient care, support staff, and provide quicker access to mental health expertise.

What We Have Achieved

Workforce Development and Training – To support staff, ESHT introduced a range of training and development initiatives to build staff confidence and skills in caring for patients with mental health needs:

- Developed and delivered a Mental Health Enhanced Observation education programme for nurses and clinical support staff.
- Rolled out ongoing mental health training in partnership with Sussex Partnership NHS Foundation Trust (SPFT), aligned to Liaison Psychiatry and Paediatric Liaison Network (PLAN) standards.
- Made training easily accessible to all staff via the MyLearn platform.

Improved Clinical Care and Patient Flow – ESHT introduced several changes to reduce delays for patients in a mental health crisis:

- Established the Mental Health Outreach Team (MHOT) to provide specialist support and therapeutic care within the acute hospitals.
- Introduction of a ‘front of house’ approach in Emergency Departments with a Registered Mental Health Nurse (RMN) in post.
- Enabled parallel assessment, allowing mental and physical health needs to be assessed at the same time to stepped up care.
- Supported early referral to Liaison Psychiatry to help enable safe and timely discharge.
- Expanded the MHOT role to include mental health triage and initial risk assessments in ED, helping to ensure mental health patients receive the same priority as those with physical health needs.

Strengthened Partnership Working - ESHT also improved how teams work together across organisations to ensure a timelier, and coordinated care:

- ✔ Improved access to Mental Health Trust partners for timely referrals, reviews, and escalations.
- ✔ Enhanced joint working through the Mental Health Taskforce and shared escalation pathways.

Patient Experience and Co Production - ESHT took steps to make sure patients' voices are heard and involved in their care:

- ✔ Introduced a Patient Reported Experience Measure (PREM) called "My Voice!", which captures patient feedback on mental health care within ESHT, and helps guide service improvement.
- ✔ Implemented Dialog+, a care planning tool completed with patients and where appropriate their families at various stages of care, using simple rating scales to understand their needs.

Ongoing Priorities

To build on the progress so far, the Trust has identified these key areas for further improvement:

- Reduction in incidents involving challenging behaviours – Providing earlier therapeutic support and timely medication, with security staff used only as a last resort and regularly reviewed.
- Developing a Mental Health Dashboard – Creating a real-time dashboard within Nervecentre to track mental health activity, support audits, and ensure quality and compliance.
- Reviewing admission protocols for patients in mental health crisis admitted to ESHT beds to ensure care is appropriate and consistent.
- Improving information access – Developing a Mental Health Services section on the ESHT extranet.
- Recruiting to the full MHOT establishment – Reviewing the team structure and extending services to the Conquest Hospital with the current staffing template under review, and extension of MHOT services to the Conquest Hospital site.
- Quality Improvement Project - Delivering a project focused on reducing restrictive practices, promoting inclusivity and tackling stigma in mental health Care.

Clinical Effectiveness Priority – Increasing the quality of WHO Safety Checklist compliance

Why this was chosen as a priority

The World Health Organisation (WHO) developed the Surgical Safety Checklist to improve patient safety during operations. The checklist is structured around key stages of a procedure:

- Sign In – before anaesthesia is given
- Time Out – before the first incision
- Sign Out – before the patient leaves the operating room
- PACU - Signed by PACU at handover of patient

In each phase a checklist coordinator must confirm that the surgery team has completed the listed tasks before the operation begins.

The WHO Surgical Safety Checklist was introduced to improve patient safety at key stages of an operation (Sign In, Time Out, Sign Out, and recovery handover). It was adopted in the NHS in 2009 via a National Patient Safety Agency (NPSA) alert, and compliance monitored in ESHT through monthly audits across 41 clinical areas.

Although the checklist aimed for 100% completion, concerns emerged that it had become a “tick-box” exercise in some areas. Live observational studies were introduced to assess how it was used in practice, but uptake remained low. In 2024/25, only 10 studies were completed, with most areas not participating.

What we did

- ✔ **Standardisation and Frequency -** Since April 2025, WHO Surgical Safety meetings were used to promote and support live process audits across all relevant areas. Although the original aim was for each department to complete two audits per year, this was revised at the April 2025 meeting to a more achievable target of at least one live audit per area during the first year, particularly for departments already undertaking monthly reviews.

- ✔ **Peer-review audits -** To ensure fairness, we used a peer-review approach, with staff from different departments conducting audits to provide an independent view. Auditors recorded who was present, highlighted good practice, identified any issues, and suggested improvements. They also conducted spot checks to confirm that safety checklists were completed correctly. Standard audit tools were used to review key stages of care:

- Team Briefing and Debriefing: Checking communication and safety planning at the start and end of operating lists.
- Patient-Level Checks: Observing safety checks before, during and after surgery (Sign In, Time Out, Sign Out).

- Governance and Reporting - Governance and oversight were maintained through bi-monthly WHO meetings, where audit findings were reviewed to identify trends and system-wide issues. Results were published in the Annual WHO Surgical Checklist Compliance Report, providing a clear overview of organisational compliance and patient safety performance.

What we achieved

- Audit results showed that, while some areas exceeded the required number of audits, overall coverage slightly declined compared to the previous year. This was mainly due to staffing pressures and the impact of medical industrial action, which shifted focus to frontline care over audit activity.
- Plans are now in place to strengthen processes and ensure more consistent audit coverage during periods of high operational demand.

Ongoing Priorities

We are committed to increasing the number of live audits to strengthen patient safety. To support this:

- We are involving more staff so there is enough capacity to conduct regular reviews. To maintain high standards, all departments are expected to complete at least one audit each year, with more frequent reviews encouraged where possible.
- We are also exploring the use of digital tools to make auditing quicker and more efficient.



Patient Experience priority – Community Intermediate Care Rehabilitation Model

Why this was chosen as a priority

Intermediate Care, supporting people to stay well, safe and independent at home is a National NHS priority. The latest national guidance on intermediate care in 2023 highlights the importance of short-term “step-down” care after a hospital stay to support recovery and reduce the need for readmission or long-term care. We focused on improving patients’ experience of moving from hospital to community care, by developing a joined-up intermediate care service.

Our aim was to:

- Provide faster access to the right care after discharge
- Reduce delays, duplication and complex referral processes
- Improve patient experience through a more coordinated “one team” approach
- Lower the risk of deterioration while waiting for support
- Free up hospital beds for those who need them most

What we achieved

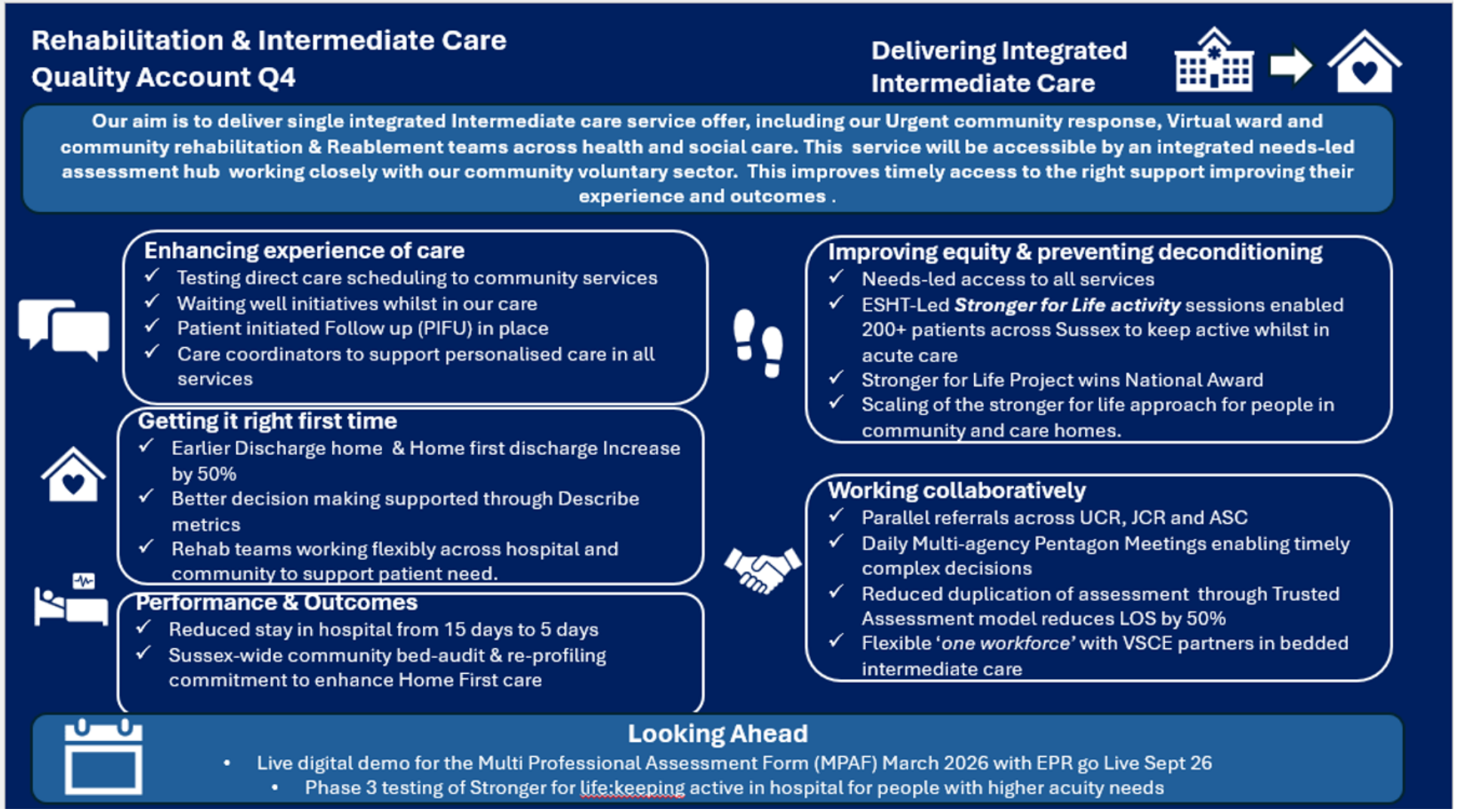
We developed a single, integrated intermediate care model, bringing together hospital teams, community services, and social care and voluntary partner organisations. That meant we had Urgent Community Response (UCR), Virtual Wards, and community therapy services, closely working with Adult Social Care, reablement services, and the voluntary sector.



Key improvements include:

- A **“Home First”** approach supported by increased capacity in acute therapy and Urgent Community Response (UCR) services to improve access to rehabilitation and support.
- A flexible, “one workforce” model with joined-up assessment of patients’ needs and care plans.
- Investment in digital tools and virtual ward support with improved access to care and efficiency.
- Closer collaboration with community and voluntary groups.

Figure 1 - Key results and outcomes of the Community Intermediate Care Rehabilitation Model



Key Results

- ✔ More patients returning directly home after a hospital stay – Numbers increased from around 45 per month in September 2025 to around 90 in March 2026 on the “Home First” pathway 1.

- ✔ Shorter hospital stays – Time spent in hospital after patients were ready to leave reduced from 25 – 30 days (mid-2024) to 5 days or less (early 2026).

- ✔ Reduced need for community rehabilitation beds (Pathway 2) - Patients needing bed based care fell from ~100 (July 2024) to ~50 (March 2026)

- ✔ Faster access to therapy to support discharge – Physiotherapy was often provided same day of referral, and Occupational therapy within 1 – 2 days. Thus, patients waiting for therapy before discharges reduced from ~50 to ~12.

- ✔ Improved care and patient experience:

- Patients now tell their story once through a shared assessment process using a Multi Professional Assessment Form (MPAF)
- Daily multi-agency reviews ensure quicker, coordinated decisions
- People with more complex needs receive targeted support through a specialist panel
- Waiting times for long-term care have halved through shared (“trusted”) assessments
- Clearer information helps patients and carers feel more confident and informed.

- ✔ **Supporting recovery and independence -** We introduced programmes to help patients stay active and regain confidence, such as listed below.

- “Stronger for Life” reconditioning programme supporting around 200 patients
- Activity sessions alongside therapy, including virtual and in person options
- Support from community partners for practical help and social connection.

Patients reported feeling more motivated, supported and involved in their recovery. An example of a patient’s story of being helped to stay safely at home using the “Home First” model, rather than being admitted to hospital or long-term care. Is shown below;

Doris' Experience of the Home First Approach



Keeping Doris living well at home

A Home First Approach

Referral to UCR team
Doris is not managing well and reaching crisis point. Neighbours are worried

Holistic approach
Our Integrated support workers assessed all of Doris needs; her mobility, toileting and bladder management, medication and loneliness

Deteriorating mobility
In Hospital Doris had made progress but once home she had become stuck in her chair, lost confidence and not accessing her toilet

Rehabilitation not just care
Rehabilitation specialist worked with Doris to regain her confidence and mobility to be able to use her toilet, make her meals and get up to her own bed

Working collaboratively
The ISSW team co-ordinate nursing team, pharmacy, GP, therapy & RedCross

Supporting health & wellbeing
Redcross support Doris with her shopping, tasks around the home, befriending and connect her into local social groups.

Power of community partnership
Our Integrated support team also arrange for a fire safety check, alongside charitable organisations to ensure Doris' welfare is also supported

'What is most important to me is to stay living in my own home, feeling stronger and feeling supported'. Doris

- **Using Digital innovation –** Digital solutions have helped improved needs assessment and personalised care by:



- Enabling virtual home assessments and monitoring supported patients at home, with clinical input stepped up when needed
- Reducing administrative time so staff can focus on patients with tools such as voice recording
- Expanding access to therapy and rehabilitation by live-streamed activity sessions which enabled more patients across different sites to take part in rehabilitation

- **Working together – Care** for patients with complex discharge needs is now delivered through stronger partnerships between NHS hospital and community teams, Adult Social Care, Voluntary and community organisations **(Pentagon Model)**. Patients at risk of delay are identified early and reviewed at daily meetings. This collaborative approach ensures more personalised, coordinated care such as the Edwina's story below.

Personalised Coordinated Care helped a Patient Restore Independence



Edwina's Story

A journey of personalised care

Discharged D2A with CSRT referral

Edwina was reviewed by CSRT and discharged. Considered to not have rehabilitation potential.

Pilot Role Review

Pilot role continues involvement with Edwina following discharge into the community to continue to support needs and rehabilitation goals.

High Dependency Needs

Fully supportive seating. Most care provided in bed.

Advocacy

Pilot Role understands Edwina's distress and takes action to support through advocacy and coordination of services.

Edwina Feels Misled

Edwina expresses disappointment that she has not been receiving the rehabilitation she expected on discharge.

Therapy Intensity

Therapy intensity is increased through collaboration with multiple service providers and engagement with care home staff to take an enabling rather than a purely caring role.

Identifying Needs

Pilot role re-engages CSRT around clearly identified needs and goals.
Edwina wishes to be able to access a commode for dignity in personal care.

'Rehab has changed my life'

Edwina has exceeded her goals and made progress from full dependency to standing and taking small steps with a frame.

Feedback: The increased volume of therapy has brought "a huge improvement in our Aunt's situation…giving her more dignity"

- **Intermediate Care bed audit -** Some patients cannot return home straight away and require short-term care in community beds (Pathway 2). To ensure the right number and type of beds are available in East Sussex, ESHT took part in a regional audit to better understand patient needs.

The findings showed there is an opportunity to support more patients at home, but many would need a higher level of community support than is currently available. This is helping shape plans to strengthen community services.

Work is underway with Sussex Community NHS Foundation Trust to develop a shared East Sussex community bed plan, alongside discussions with commissioners to secure funding and build ESHT's capacity to care for patients with more complex needs (NHSE Level 2 rehab).

- **Preventing Deconditioning –** Whilst patients are in our care it is important to reduce the risks of deconditioning (loss of strength and independence). We have been developing a reconditioning programme, delivered in three phases are described below:

- **Phase 1: Active Sussex: Reconditioning project –** With key partners organisations, we introduced tailored activity sessions alongside NHS therapy for patients in rehabilitation beds. More information on the benefits can be found here:

- Unlocking Stroke Recovery: The Power of Exercise
- Bexhill leads the way in innovative hospital project keeping patients active and independent
- Stronger-For-Life-The-Active-Sussex-Reconditioning-Project-Report.pdf

- **Phase 2: Stronger for Life: Reconditioning project - Testing a scalable virtual model –** We tested a livestreamed activity model delivered from the Irvine Unit to multiple hospital and community sites across Sussex. This supported around 200 patients to take part in additional activity alongside their rehabilitation.

  Early results showed that this approach improved access to activity and was well received by patients.

  The learning also highlighted that patients with more complex needs were less able to engage, which is now shaping Phase 3.

Patient feedback in Phase 2

"I want to get back to where I was. When you do the exercises, they do them so you can get better and move. You feel part of a team."
"I think most people who come here are happy because they are doing something that is useful to them, and I shall continue to do them because if I don't do the exercises, I will fail. It is as dead simple as that."
"I enjoy it, it is something different and good for you. And the exercises are quite fun."

- **Phase 3- Stronger for Life: Reconditioning project –** Testing a model for people with higher needs - Building on earlier learning, we identified that patients with more complex needs were not benefiting fully from the previous activity model. To address this, we are piloting a new approach in the acute stroke unit (launched in April 2026), working with Active Sussex and Wave Leisure to provide tailored, face-to-face activity sessions delivered by specialist health instructors. This pilot aims to improve recovery, increase activity levels, and reduce care needs for patients at highest risk of deconditioning, while also exploring a sustainable model for the future.

✔ Improving access to community care

- We made it easier for patients to access community services by introducing direct referrals from hospital, helping people get the right support more quickly.
- We reduced waiting times by offering more flexible follow-up appointments, allowing care to be arranged when needed and helping more patients complete their treatment confidently.
- To support people while they wait, we introduced “waiting well” support, including clear information, self-help resources, and tailored programmes to help people stay healthy, independent, and active.

Ongoing Priorities

- Understanding patients’ needs: Introducing new measures and patient “personas” to better assess needs earlier and support discharge planning.
- Shared records: Rolling out shared digital joint assessment form (MPAF) across services.
- Trusted assessment: Expanding across services to speed up access to long-term care and further reduce delays.
- Scaling reconditioning: Increasing access to Stronger for Life so all at-risk patients can stay active and maintain independence.

Part 3.2 - Reporting against Core Quality Indicators

Amended regulations from NHS England require Trusts to include a core set of quality indicators in the Quality Account. The Trust’s performance for the applicable quality indicators is set out in this section

Summary Hospital-level Mortality Indicator (SHMI)

SHMI has slowly increased but remains within the “expected” range.

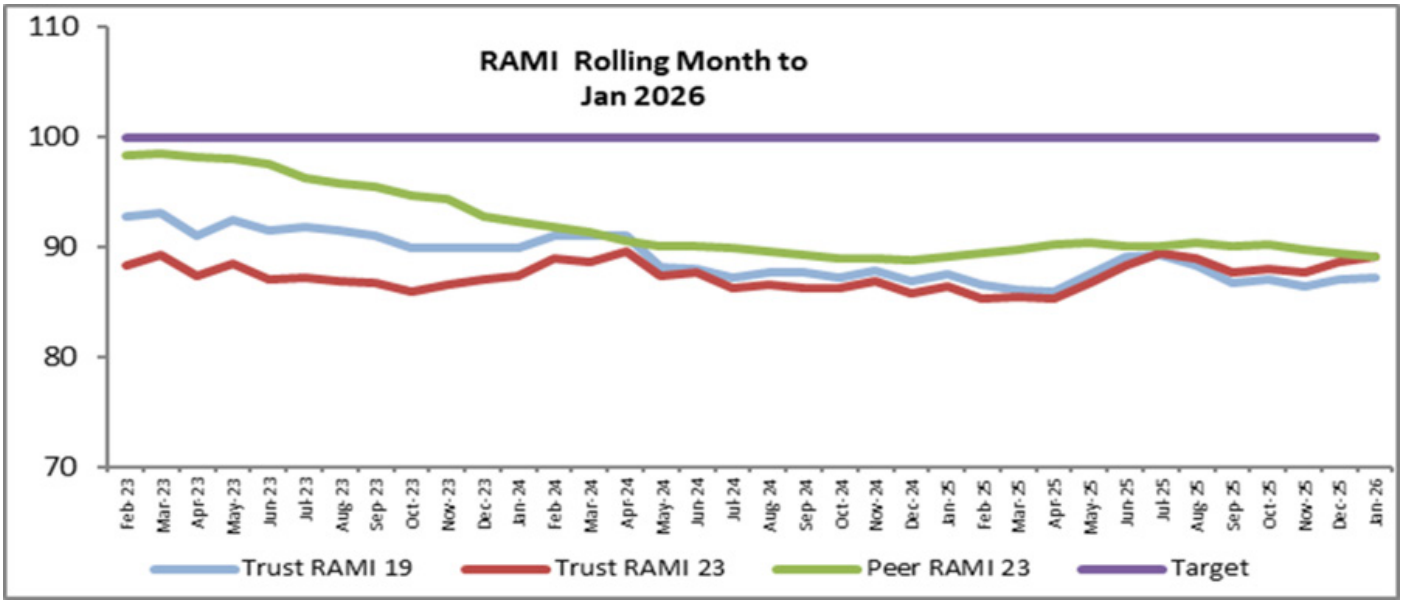
The Trust is submitting Same Day Emergency Care (SDEC) data to the Emergency Care Data Set (ECDS) rather than the Admitted Patient Care (APC) dataset. SHMI is calculated using APC data. Removal of SDEC activity from the APC data affects the Trust’s SHMI value.

Indicator	Jan 21 – Dec 21	Jan 22 – Dec 22	Jan 23 – Dec 23	Jan 24 – Dec 24	Jan 25 – Dec 25
SHMI Value	0.96	1.00	1.00	1.03	1.07
Banding	2 - as expected	2 - as expected	2 - as expected	2 - as expected	2 - as expected

Risk Adjusted Mortality Index (RAMI)

This graph is showing the Risk Adjusted Mortality Index (RAMI) - a mortality indicator for deaths in hospital.

It compares East Sussex Healthcare Trust to our Acute England Peers. The data shows that the Trust has remained consistently below our peers throughout the period of February 2023 to January 2026 (where lower is better).



Condition-specific outcomes

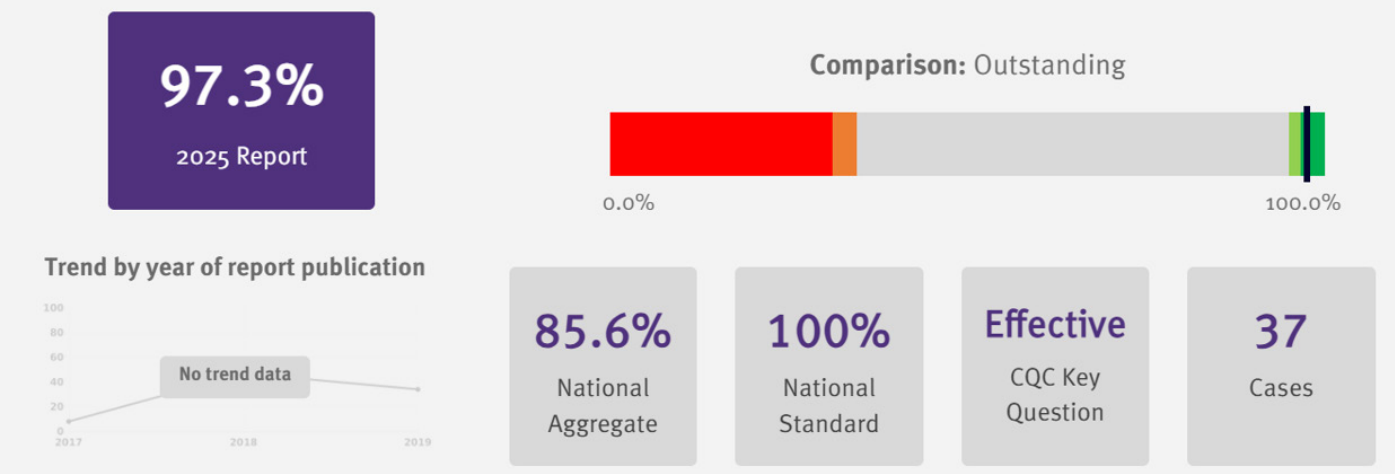
Condition-specific outcomes are clinical or patient reported measures that are designed to evaluate the results of healthcare interventions within the context of a single disease or condition. Unlike general health outcomes, which assess overall quality of life or general functioning, condition-specific measures target symptoms, complications, or functional limitations directly related to a specific health condition. Their main purpose is to provide a precise assessment of how effectively a treatment, therapy, or intervention addresses the particular needs associated with that condition.

A compilation of recent condition-targeted clinical outcome data for ESHT is listed below:

Epilepsy and Seizures in children and young people (source: Epilepsy 12 national audit)

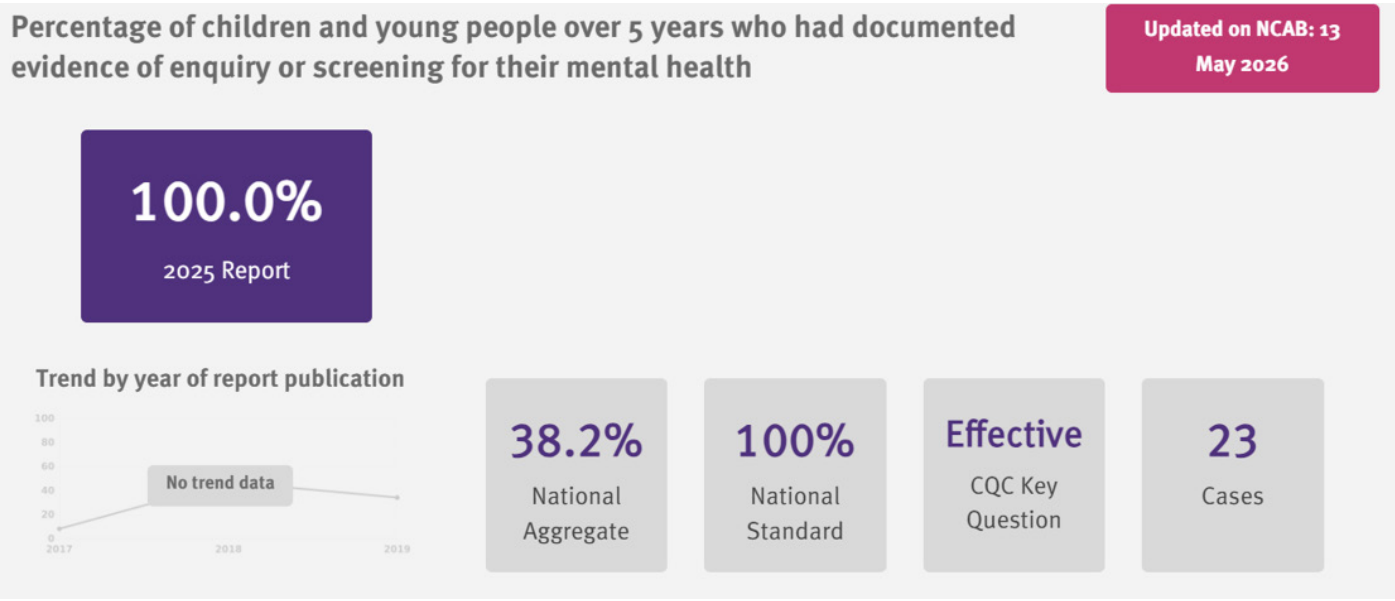
MEASURE: Percentage of children and young people seen by an epilepsy specialist nurse by first year

In summary, the service is performing at a high level compared to national benchmarks, delivering good quality care, with only minor room for improvement:



MEASURE: Percentage of children and young people over 5 years who had documented evidence of enquiry or screening for their mental health

This chart shows how often children and young people had their mental health needs checked as part of their care. All children in this review (100%) had a recorded check or screening for mental health, which meets the national standard and represents excellent performance. **This is much higher than the national average of 38.2%.**



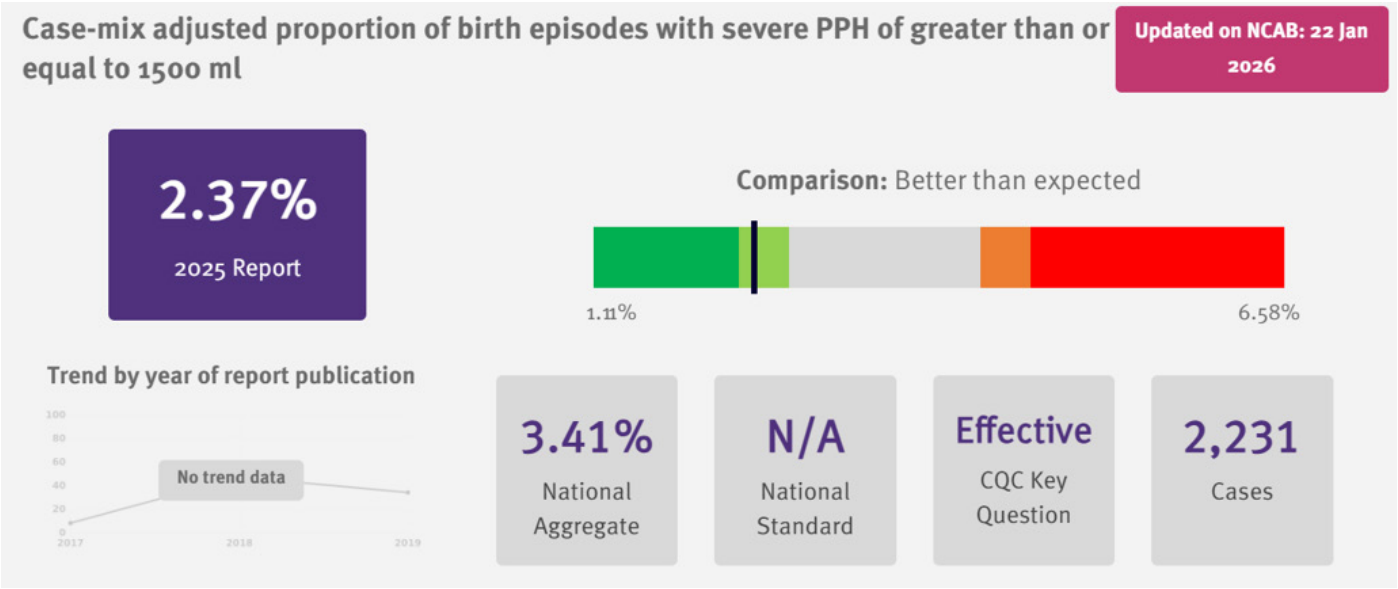
Maternity and Perinatal (source: NMPA national audit)

MEASURE: Case-mix adjusted proportion of birth episodes with severe PPH of greater than or equal to 1500 ml

This chart looks at how often severe bleeding after childbirth (known as postpartum haemorrhage (PPH)) occurs.

The rate for this service is **2.37%,** which is **better than expected** and lower than the national average of **3.41%**. This means fewer people are experiencing this serious complication compared to typical results across the country.

A total of **2,231 cases** were included in the data, giving a strong and reliable picture of performance.

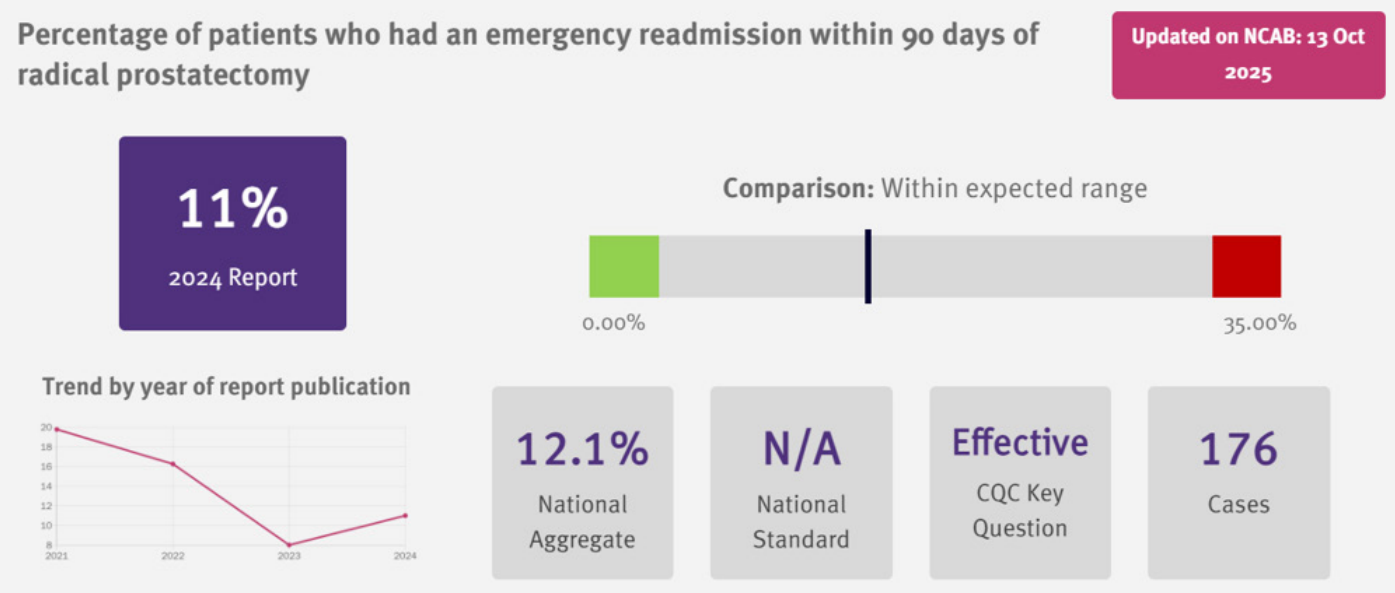


Prostate Cancer (source: National Prostate Cancer audit)

MEASURE: Percentage of patients who had an emergency readmission within 90 days of radical prostatectomy

This chart shows how often patients needed to be readmitted to hospital within 90 days after prostate cancer surgery.

The readmission rate is **11%,** which is **slightly better than the national average of 12.1%** and falls within the range expected for this type of care. This means outcomes are in line with what would normally be anticipated.

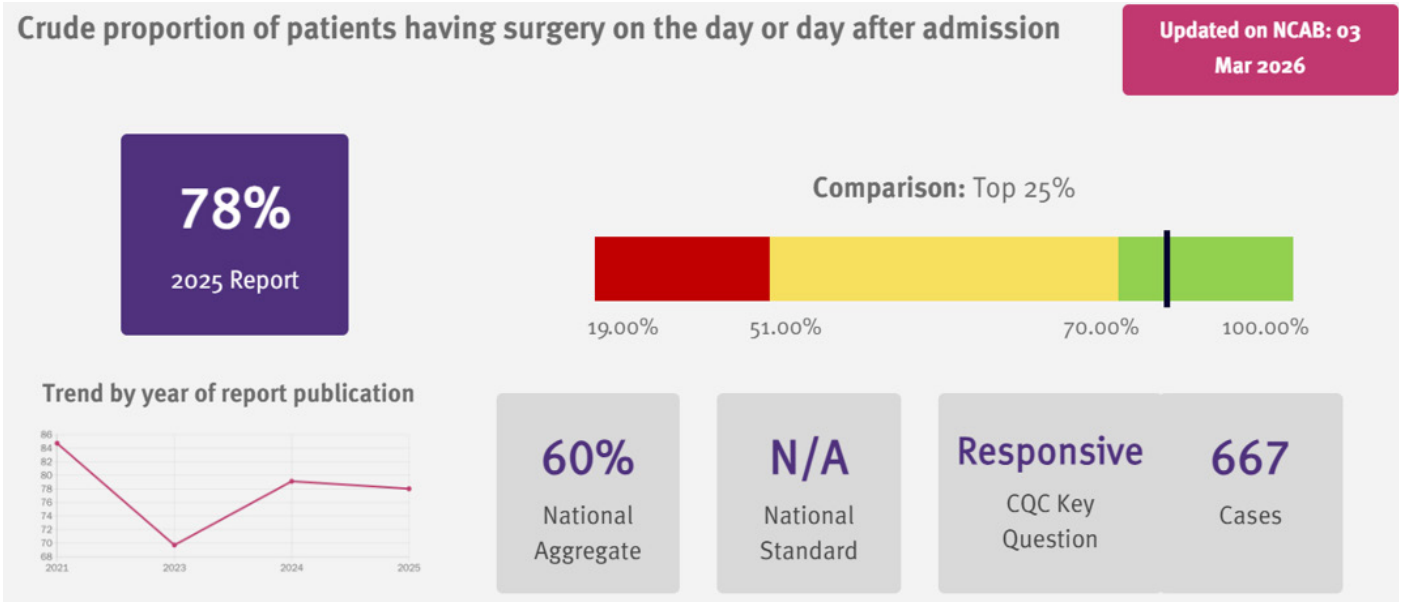


Hip Fractures (source: National Hip Fracture audit)

MEASURE: Crude proportion of patients having surgery on the day or day after admission

This chart looks at how quickly patients receive surgery after being admitted to hospital.

In this service, **78% of patients had surgery on the same day or the day after admission,** which is **well above the national average of 60%.** This places the service in the **top 25% of performers,** showing that patients are generally treated quickly.

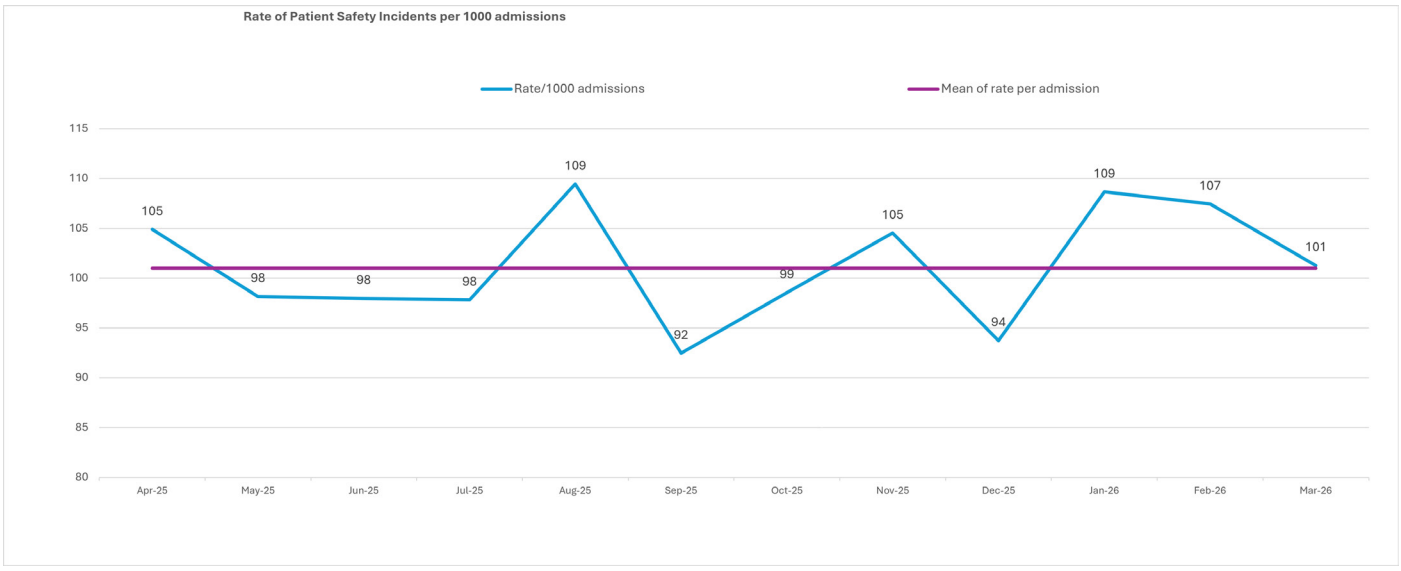


Rate of Patient Safety Incidents

The Trust introduced the new national approach to managing patient safety incidents (Patient Safety Incident Response Framework - PSIRF) in November 2023, replacing the previous framework. PSIRF focuses on learning, improvement, and a more open, supportive safety culture. We also adopted the new national reporting system (Learning from Patient Safety Events (LfPSE) system - LfPSE) in 2023 to strengthen how incidents are recorded, analysed, and learned from. The Trust continues to promote a culture where staff feel confident to report incidents, supported by clear policies and our incident reporting and management reporting system (Datix), to enable timely action and ongoing improvement in patient safety.

Patient Safety Incident Reporting Rates

In 2025–26, there were 101 patient safety incidents reported per 1,000 admissions. This equates to 11,714 incidents across 115,828 admissions. Monthly reporting rates for the year are shown in the chart below.



Proportions of severity of harm

Consistently, 96% and above of all reported incidents are reported as no, low harm or near-misses. This is indicative of a strong safety culture and staff confidence in reporting, and the Trust continues to encourage the reporting of incidents.

The proportion of incidents that result in moderate, severe or fatal harm (physically or psychologically remain low. These incidents undergo structured reviews in line with our PSIRF policy and plan to identify improvements, strengthen systems, and reduce future risk.
The proportion of patient safety incidents reported that resulted in severe harm was 0.2%, and those resulting in fatal harm accounted for 0.2% of all reported incidents.

Our patient safety incident reviews are multidisciplinary and collaborative to ensure that early improvement and/or corrective actions is taken to minimise further harm occurring, and lessons are shared across the Division. Duty of candour is initiated with patients and family from the outset of the review to ensure inclusion with the process.

Learning occurs via a variety of channels in the Trust including the Weekly patient Safety Summit (WPSS), Divisional Governance Meetings, Peer-review meetings and multi-disciplinary reviews. In addition, we launched our 'Patient Safety Week' learning events to reinforce lessons learnt and patient safety processes across the Trust. Three events were held in 2025-26 with different themes identified from triangulated reviews of incidents, complaints, feedback and litigation, as shown in the table below.

Patient Safety Week in	Theme
July 2025	Communication
November 2025	The Deteriorating Patient
March 2026	Time-Critical medications

During the patient safety week events, senior managers including Executive and Non-Executive Directors, Divisional Directors and other senior managers undertake GEMBA Walks to teams and wards, going where the care is delivered to see it first hand and learn from staff to drive improvements.

Pressure Ulcers

The prevention of pressure ulcers remains an important aspect of patient safety and quality of care within the Trust. Pressure ulcers are largely avoidable harms and are widely recognised as a key indicator of the standard of care provided, particularly in relation to fundamental nursing cares such as skin integrity, repositioning, nutrition and hydration.

The Trust is committed to reducing incidence of avoidable pressure ulcers and improving outcomes for patients through a proactive and systemic approach. This includes early identification of patients at risk, the implementation of timely and personalised preventative interventions, and ongoing reassessment throughout a patient's care pathway.

In addition, the Trust places a strong emphasis on continuous learning from incidents. Pressure ulcers are reviewed to identify contributory factors, assess avoidability, and support shared learning across clinical teams. This approach enables the organisation to strengthen practice, improve consistency in care delivery, and reduce the likelihood of recurrence. Through these measures, the Trust aims to minimise patient harm, enhance patient experience, and ensure that care is safe, effective, and responsive to individual patient needs.

During the reporting period (April 2025 to March 2026), the Trust reported a total of

- 494 Category 2 pressure ulcers
- 11 Category 3 pressure ulcers
- 1 Category 4 pressure ulcers

This represents a combined total of 35 Category 3 and 4 pressure ulcers over the year. The overall rate of Category 3 and 4 pressure ulcers was approximately 0.04 per 1,000 bed days. While the majority of pressure ulcers remained in the lower severity category (Category 2), incidents of higher severity harm were relatively low but remain a key focus for reduction.

Venous Thromboembolism (VTE) Risk Assessment

The Trust considers that this data is as described because the Trust has robust data quality assurance processes in place.

The percentage of patients aged 16 and over admitted in the year who were assessed for risk of VTE on admission to hospital 2024/25 the Trust achieved 90.96% compliance.

Mandatory surveillance of healthcare associated infection

ESHT considers that this data is as described because the Trust has robust data quality assurance processes in place.

The NHS Standard Contract 2025/26 includes quality requirements for NHS Trusts and NHS foundation Trusts to minimise rates of both Clostridioides difficile (C. difficile) and of Gram-negative bloodstream infections to threshold levels set by NHS England.

Trust thresholds

Trusts are required under the NHS Standard Contract 2025/26 to minimise rates of both C. difficile and of Gram-negative bloodstream infections so that they are no higher than the threshold levels set by NHS England. Overall expectation is to achieve the lower of two totals, either the 2024/25 threshold or a 10% reduction on 2024 calendar year cases.

Clostridioides difficile Infection

Since April 2017, reporting Trusts have been asked to provide information on whether patients with C. difficile had been admitted to the reporting Trust within the three months prior to the onset of the current case.

Gram-negative bloodstream infections

From April 2020, reporting Trusts were asked to provide information on whether patients with Gram-negative bloodstream infections had been admitted to the reporting Trust within one month prior to the onset of the current case.

Performance

East Sussex Healthcare NHS Trust	Case thresholds for 2025/26	Actual Cases reported for 2025/26		
Organism		**Total**	**HOHA**	**COHA**
C. difficile	67 (same as 2024/25 threshold)	75	55	20
E. coli	109 (same as 2024/25 threshold)	115	47	68
Pseudomonas	19 (same as 2024/25 threshold)	23	14	9
Klebsiella sp.	44 (a 10% reduction on 2024 calendar year cases)	34	14	20

Source: ESHT data is from the UKHSA Healthcare Acquired Infections (HCAI) Data Capture System. At the time of writing this report the annual 25/26 surveillance report had not been published so data is subject to slight variation.

The CDI threshold was exceeded in terms of number of reportable cases. A total of 75 cases of CDI were attributed to the Trust for 2025/26 from 68 patients (seven patients had two reportable CDI). This occurred due to 55 hospital onset healthcare associated infections and 20 community onset healthcare associated infections.

Overall, there has been an improved position in all mandatory reportable HCAIs for 25/26 compared to the previous year and the incidence of healthcare infections is stable.

To try to reduce the incidence of gram-negative bacteraemia such as E.coli as part of the National Action Plan for Antimicrobial resistance improvement; three key actions are being taken forward by ESHT. The Antimicrobial Stewardship Group (ASG) and Trust Infection Prevention Control Group (TIPCG) have agreed the following priorities:

1. **Improve IVOS (IV-to-oral switch) rates across** the organisation – monitor IV to oral ratio using DEFINE.

2. **Reduce catheter-associated urinary tract infection (CAUTI) rates,** particularly where CAUTI may be a source of Gram negative bacteraemia. This includes ensuring appropriate catheter changes with correct gentamicin prophylaxis, following the recommended one- hour interval between gentamicin administration and catheter change -work with the urology nursing teams, and Infection Control.

3. **Reduce inappropriate use of broad-spectrum antibiotics –** work with microbiology to provide antimicrobial stewardship ward rounds, measure broad spectrum antibiotic use, and Trust antibiotic prescribing compliance versus guidance.

Patient Experience of hospital care

The results of the National Inpatient Survey 2024 were published on 9 September 2025. It relates to adult patients discharged in November 2024 following an inpatient episode (overnight stay). Six questions are either new or have been reworded, meaning their results are not directly comparable with previous years.

481 patients responded to the survey in 2024 and overall, the results have shown a gradual improvement in average scores, and a small but growing number of strong improvements, while the majority of responses remain stable since 2022 as shown in the table below.

Measure	2022	2023	2024
Average score	—	75.9% (+0.6%)	76.8% (+0.9%)
Better by 5% or more	0 questions	0 questions	2 questions
Less than 5% change	49 questions	45 questions	46 questions
Worse by 5% or more	2 questions	2 questions	0 questions

The results of two questions that scored better by 5% or more and one that scored in the bottom 20% compared with 2023 scores are shown in the table below.

	Question which scored better by 5% or more	2024 score	2023 score
Q.2	How did you feel about the length of time you were on the waiting list before your admission to hospital?	81.2%	71.6%
Q.36*	To what extent did hospital staff involve your family or carers in discussions about you leaving?	58.8%	53.3%
	Question which scored in the bottom 20% or Trusts	**2024 score**	**2023 score**
Q.8.1	Were you ever prevented from sleeping at night by any of the following: noise from other patients	59.7%	62.6%

*this *question featured in the worse by 5% or more in 2023

Overall, this is a positive report. The average score has improved, and comparisons with both previous years and national benchmarks show clear progress. The most notable improvements are seen in the national comparisons, with three additional questions now in the top 20% of Trusts and two fewer questions in the bottom 20%.

Number of compliments / plaudits

Plaudits and compliments are received in the form of letters, cards or emails addressed directly to the clinical services. These can be submitted in long form or via a patient or carer completing a Friends and Family Test (FFT).

Plaudits	Totals 2023-24	Totals 2024-25	Totals 2025-26
FFT Comments	24729	83366	87433
Thank you, cards / letters / emails / messages / online forms	1060	981	987
Positive Healthwatch feedback	11	6	1
Positive NHS reviews	72	57	2
Total Plaudits	25872	84410	88423

Digital FFT did not come into effect until June 2024, resulting in a large increase in the number of surveys and compliments that were received. Driven primarily by SMS FFT, this significantly increased patient engagement and participation in providing us with feedback, resulting in a surge in plaudits.

The top three positive and negative themes received from FFT feedback in 2025/26 were:

Top three positive themes	2024/25	2025/26
Staff Attitude	54,800	61,541
Implementation of Care	29,954	32,180
Environment	16,803	19,731

Top three negative themes	2024/25	2025/26
Staff Attitude	3,371	3,566
Environment	2,629	2,628
Waiting Time	2,298	1,513

Complaints

The Trust received 498 complaints in 2025/26; 426 complaints were received in 2024/25.

Complaints response rates
The Local Authority Social Services and National Health Service Complaints (England) Regulations (2009) set out the rights of complainants to have their complaints investigated and formally responded to in an appropriate and timely timescale, six months or longer when in agreement with the complainant. The Trust aims to respond to complaints within 60 working days, and our local target for this is 80%. Monitoring takes place throughout the year to analyse where any delays occur in responding to complaints. This is often due to operational pressures within clinical divisions impacting staff ability to investigate and respond to a complaint.

Overall, the complaints response rate for 2025/26 was 71%.

Metric	April 25	May 25	June 25	July 25	Aug 25	Sept 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26	Total 25/ 26	Total 24/ 25
60 working days	74%	77%	81%	80%	63%	69%	81%	70%	67%	64%	56%	66%	71%	78%

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

Summary of Performance

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

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

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

Cancer standard: 62 Day Referral to Treatment Standard.

Faster Diagnosis Standard (FDS) - patients receive a cancer diagnosis or have cancer ruled out within 28 days of an urgent referral. 31 Day Decision to Treat to Treatment Standard.

DM01 (diagnostics): Patients referred for an elective diagnostic, waiting no more than 6 weeks from referral to diagnostic.

Indicator	Detail (national standard)	2022/23	2023/24	2024/25	2025/26
Standards	Four-hour A&E (to achieve 78% target in March 26)	67.91%	73.18%	74.22%	75.02%*
	RTT (92% target)	57.35%	51.15%	55.92%	63.65%
	Cancer 28 Day General FDS (to achieve 80% in March 26)	72.63%	75.00%	81.19%	82.94%*
	31 Day General Treatment Standard	96.49%	93.47%	94.14%	93.46%
	Cancer 62 Day General Treatment Standard (to achieve 75% in March 26)	70.37%	61.17%	70.52%	74.12%
	Diagnostics (99% target)	83.85%	87.15%	89.14%	85.35%*

Indicator	Detail (national standard)	2022/23	2023/24	2024/25	2025/26
Length of Stay	Acute elective (days)	2.87	2.64	2.66	2.52
	Non-elective (days)	5.07	4.44	5.03	4.86
	Bexhill (days)	43.90	42.31	47.20	47.13
	Rye (days)	34.27	32.07	28.39	28.85
Community (seen within 13 weeks)	Podiatry	69.08%	64.31%	70.06%	64.08%
	Dietetics	74.42%	69.56%	74.71%	79.89%
	Speech and Language	66.42%	83.08%	75.99%	73.35%
	Neurological physiotherapy (all sites)	68.22%	58.39%	66.14%	64.95%
	MSK Hastings and Rother	74.41%	82.74%	90.81%	
	MSK Physiotherapy	74.68%	79.58%	86.55%	85.06%
	MSK Triage/ ESMSK (all sites)	89.25%	92.18%	84.65%	82.25%
	MSK Total (all sites)	74.68%	79.58%	86.35%	83.10%
Community nursing (District Nursing)	2 Hours	77.94%	72.00%	79.31%	80.00%
	24 Hours	96.41%	96.38%	93.79%	94.14%
	48 Hours	98.02%	97.16%	95.56%	92.59%
	Routine	93.37%	91.21%	87.60%	89.36%
Urgent Community Response (inc INS)	2 hour - Rapid Response (70% target)	72.71%	81.04%	82.96%	83.38%
	24 hours	76.29%	69.82%	74.68%	73.17%

*Final year data for these metrics not yet available.

A&E standard: maximum waiting time of 4 hours

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

During 2025/26, the Trust's aggregated performance was 75.02% of patients who attended our Emergency Departments and were seen within four hours. NHS England set a target to achieve 78% during March 2026. ESHT achieved 78.7% (with the inclusion of additional mapped activity and 77.2% without).
The Trust observed an increase in attendances to A&E in comparison to the previous year, and in the acuity and complexity of patients presenting to our Emergency Departments. A&E attendances increased by 5.5% in 2025/26 compared to the previous year.

The Trust relies on health and social care to support timely discharge for patients who are medically fit but may need additional support in returning to their home or to another care setting. Throughout 2025/26, the Trust averaged 160 non-criteria to reside patients, limiting the ability to discharge patients to their onward care destination. Bed occupancy has remained above 95% in 2025/26, patient flow through the hospital has, at times, been adversely affected.

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

At the end of March 26, the Trust achieved 66.3% for the RTT standard. The Trust has achieved the national aspiration of a 5% improvement on baseline levels (60% target).

At the end of March 26, the Trust reported a small number of patients who had waited more than 65 weeks for treatment.

Patients waiting over 52 weeks reduced to 463, against a trajectory of 544 and this represents 0.83% of the total PTL (national target of 1%). This compares to 1,084 patients waiting over 52 weeks for treatment at the end of 2024/25.

Diagnostic standard: Maximum 6-week wait for diagnostic procedures

The Trust is working towards no more than 10% of patients waiting over 6 weeks. Throughout 2025/26, an average of 14.7% of patients were wating more than 6 weeks.

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

The Trust has seen an increase in demand for suspected cancer and is now seeing an average of 2,910 referrals per month compared to a 2,650 average the previous year.

Throughout 2025/26, the Trust achieved 82.9%. for the Faster Diagnostic Standard- where patients receive a cancer diagnosis or have cancer ruled out within 28 days of an urgent referral. The national ambition was to achieve 80% in March 2026.

The Trust delivered 74.1% throughout 2025/26 against the 62-day standard (all patients with a cancer diagnosis to receive first treatment by day 62 of their pathway). The national ambition is to achieve 75% in March 26.

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

Appendix 1 - National Clinical Audit and National Confidential Enquiries Programme

The Trust participated in all applicable national audits and NCEs.

National Confidential Enquiries
Maternal, newborn and infant and perinatal mortality (MBRRACE- UK) (and all applicable studies)
Child Health Clinical Outcome Review Programme (and all applicable studies) and Mortality Database
NCEPOD – Stabilisation of the critically ill child: Receiving unit critical care
NCEPOD - Stabilisation of the critically ill child
NCEPOD – Rib Fracture
NCEPOD – Pleural Procedures
NCEPOD - Acute illness in people with a learning disability

National Clinical Audits
2025 National Comparative Audit of Blood Transfusion - Major Haemorrhage Protocols Audit
Adult Asthma Secondary Care
Age-related Macular Degeneration Audit (AMD)
Breast and Cosmetic Implant Registry
British audit on the Investigation and referral of women with recurrent urinary tract infection using guidance
British Spine Registry
BTS UK Interstitial lung disease registry
Care of Older People
Case Mix Programme (CMP)
COPD Secondary Care
Diabetes Prevention Programme
Evaluating the Management pathway for suspected testicular cancer referrals (EMPAST)
Fracture Liaison Service Database (FLS-DB)
Learning from lives and deaths – People with a learning disability and autistic people (LeDeR)
Mental Health Self Harm
Myocardial Ischaemia National Audit Project (MINAP)
National Audit of Cardiac Rehabilitation
National Audit of Cardiac Rhythm Management (CRM)
National Audit of Care at the End of Life (NACEL)
National audit of Dementia Mapping Exercise
National Audit of Inpatient Falls (NAIF)
National Audit of Metastatic Breast Cancer (NAoMe)

National Clinical Audits
National Audit of Percutaneous Coronary Interventions (PCI) (Coronary Angioplasty)
National Audit of Primary Breast Cancer (NAoPri)
National Bowel Cancer Audit (NBOCA)
National Cardiac Arrest Audit (NCAA)
National Cataract Audit
National Child Mortality Database (NCMD) Programme
National Clinical Audit of Seizures and Epilepsies for Children and Young People (Epilepsy12)
National Core Diabetes Audit
National Diabetes Footcare Audit (NDFA)
National Diabetes Inpatient Safety Audit (NDISA)
National Early Inflammatory Arthritis Audit (NEIAA)
National Emergency Laparotomy Audit (NELA)
National Emergency No Laparotomy Audit (noLap)
National Gestational Diabetes
National Heart Failure Audit
National Hip Fracture Database (NHFD)
National Joint Registry
National Kidney Cancer Audit (NKCA)
National Lung Cancer Audit (NLCA)
National Major Trauma Registry
National Maternity and Perinatal Audit (NMPA)
National Neonatal Audit Programme (NNAP) - 2025 data
National Non-Hodgkin Lymphoma Audit (NNHLA)
National Oesophago-Gastric Cancer Audit (NOGCA)
National Paediatric Diabetes Audit (NPDA)
National Pancreatic Cancer Audit (NPaCA)
National Pregnancy in Diabetes Audit (NPID)
National Prostate Cancer Audit (NPCA)
National Respiratory Audit Programme (NRAP) Paediatric Asthma (secondary care)
NDA Integrated Specialist Survey
Ovarian Cancer
PROMS
Pulmonary Rehabilitation
Sentinel Stroke National Audit Programme (SSNAP)
Serious Hazards of Transfusion (SHOT): UK National Haemovigilance Scheme
Time critical medications
Transition (Adolescents and Young Adults) and Young Type 2 Audit
UK Parkinson's Disease

Appendix 2: Participation in Mandatory Clinical Audits

The national clinical audits and national confidential enquiries that East Sussex Healthcare NHS Trust participated in, and for which data collection was completed during 2025/26, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Title	Number of Cases submitted	% Submitted of those required
National Adult Diabetes Audit	Trust - 4550	100% (all required data submitted)
National Pregnancy in Diabetes Audit	EDGH – 16 CONQUEST – 15	100% (all required data submitted)
National Paediatric Diabetes Audit	Trust – 186	100% (all required data submitted)
Age-related Macular Degeneration Audit (AMD)	Awaiting Data from the national team	Awaiting confirmation from the national team
Mental Health - Self Harm	EDGH - 77 CONQUEST - 245	EDGH – 30%* CONQUEST – 94%
UK Parkinson's Disease	EDGH- 9 CONQUEST - 10	EDGH – 90% CONQUEST –100%
National Comparative Audit of Blood Transfusion - Major Haemorrhage Protocols Audit	EDGH – 9 CONQUEST – 16	100% (all required data submitted)
British audit on the Investigation and referral of women with recurrent urinary tract infection using guidance	Awaiting Data from the national team	Awaiting confirmation from the national team
Evaluating the Management pathway for suspected testicular cancer referrals (EMPAST)	Trust - 24	100% (all required data submitted)
NCEPOD - Acute illness in people with a learning disability	7 Clinical Questionnaires 10 Case notes 2 Organisational Questionnaires	70% Clinical Questionnaires 100% Case notes 100% Organisational Questionnaires

*Reason for lower data entry to the Mental Health Self Harm Audit: Key challenges included time constraints, team changes, staff turnover and the loss of clinical attachment support that had previously assisted with data entry.

Glossary

Term	Definition
AKI - Acute Kidney Injury	Sudden damage to the kidneys causing reduced or complete loss of function.
Amniotic Fluid Embolism	Rare childbirth emergency where amniotic fluid enters the mother's bloodstream causing severe reaction.
Care Quality Commission (CQC)	Independent regulator of health and social care in England.
CHKS	Organisation providing healthcare intelligence and benchmarking services.
Clinical Audit	Process to assess and improve care against agreed standards.
Clostridium difficile (C. diff)	Bacteria causing diarrhoea, especially after antibiotic use.
Commissioning for Quality and Innovation (CQUIN)	Payment framework linking provider income to quality and innovation.
CT Scan	Imaging test using X-rays to create detailed 3D images of the body.
COVID-19	Disease caused by the SARS-CoV-2 virus.
Culture	Shared attitudes, beliefs, and values of a group.
Data Quality	Ensuring data is accurate, timely, and useful.
Data Security and Protection Toolkit (DSPT)	Tool for assessing compliance with data security standards.
Datix/DatixWeb	Incident reporting system used within healthcare organisations.
Department of Health (DOH)	UK government department responsible for health policy in England.
Deteriorating Patient	Patient whose condition is worsening based on clinical observations.
Diabetic Ketoacidosis in Pregnancy	Serious diabetes complication during pregnancy.
Discharge	When a patient leaves hospital or a service concludes.
Division	Group of clinical specialties under a management structure.
Duty of Candour (DoC)	Obligation to be open and honest with patients when harm occurs.
Deprivation of Liberty (DOLS)	Safeguards for patients deprived of liberty for safety reasons.

Term	Definition
Excellence in Care (EIC)	Framework for monitoring clinical performance and improvement.
Electronic Prescribing and Medicines Administration (ePMA)	Digital system replacing paper medication charts.
eTriage System	Digital system in Emergency Departments and Urgent Treatment Centres prioritising emergency patients based on need.
FeverPAIN Criteria	Clinical scoring tool to assess likelihood of bacterial throat infection.
Fontan	Congenital heart condition.
Friends and Family Test (FFT)	Patient feedback tool on care experience.
General Medical Council (GMC)	Regulator of doctors in the UK.
Glasgow Coma Scale (GCS)	Tool measuring consciousness (score 3–15).
Guardians of Safe Working Hours (GOSWH)	Role ensuring safe working hours for junior doctors.
Haemolysed	Blood sample with ruptured red cells affecting test accuracy.
Healthwatch	Organisation representing public views on health services.
Hospital Episode Statistics	National database of NHS hospital activity.
Hospital Standardised Mortality Ratio (HSMR)	Indicator comparing expected vs actual hospital deaths.
Integrated Performance Review (IPR)	Performance meeting involving senior stakeholders.
ICNARC	Intensive Care National Audit and Research Centre.
Integrated Care Board (ICB)	Body responsible for local NHS services and budgets.
Key Performance Indicators (KPIs)	Measures used to track organisational performance.
Lumbar Puncture	Procedure to collect spinal fluid via needle in lower back.
Methicillin Resistant Staphylococcus Aureus (MRSA)	Antibiotic-resistant bacterial infection.
Methicillin Sensitive Staphylococcus Aureus (MSSA)	Antibiotic-sensitive bacterial infection.
MBRRACE-UK	Mothers and Babies Reducing Risk through Audits and Confidential Enquiries – a programme reviewing maternal deaths in the UK.
Multidisciplinary	Involving multiple clinical specialties.

Term	Definition
National Audit of Care at the End Of Life (NACEL	A mandatory comparative audit that reviews the quality and outcomes of care experienced by patients in the last admission leading to death in acute hospitals.
National Audit of Dementia	Review of hospital dementia care standards.
National Clinical Audit Patient Outcomes Programme (NCAPOP)	National audits measuring care against standards.
National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	Organisation reviewing patient outcomes and deaths.
National Institute for Health and Clinical Excellence (NICE)	Body providing national health guidance in the UK.
NerveCentre	Digital system for bed management and patient flow.
NHS Digital	Provider of NHS data and IT systems.
NHS England & NHS Improvement	Organisation overseeing NHS delivery and improvement.
Patient Reported Outcome Measures (PROMs)	Patient-reported measures of treatment outcomes.
Peripartum Hyponatraemia	Low sodium levels during pregnancy.
Personal Protective Equipment (PPE)	Equipment protecting against health and safety risks.
Posiflush	Posiflush is primarily available as a prefilled saline syringe designed for flushing indwelling vascular access devices, such as IV catheters.
Pressure Ulcers	Skin injury caused by prolonged pressure.
Providers	Organisations delivering NHS services.
Public Health England (PHE)	Agency providing health protection expertise.
Patient Safety Incident Response Framework (PSIRF)	Framework for responding to patient safety incidents.
Research	Clinical studies to improve treatments and outcomes.
Risk Adjusted Mortality Indicator (RAMI)	Mortality measure adjusted for patient risk.
Rupture of the Membranes	Breaking of amniotic sac at labour onset.
ReSPECT - Recommended Summary Plan for Emergency Care and Treatment	Plan for emergency care decision-making.
Sepsis	Life-threatening response to infection.
Serious Incident (SI)	Event causing or risking serious harm or death.
Speak Up Guardian	Role supporting staff to raise concerns.
SPINE	NHS system enabling data sharing across services.

Term	Definition
Step-down intermediate care	A time-limited, short-term (typically no longer than 6 weeks) health and/or social care provided to adults (aged 18 years or over) who need support after discharge from acute inpatient settings and virtual wards to help them rehabilitate, re-able and recover.
Strategy	Long-term plan to achieve goals.
SHMI - Summary Hospital-level Mortality Indicator	Indicator comparing hospital mortality to expected levels.
Surgical Site Infection	Infection occurring after surgery.
SSISS - Surgical Site Infection Surveillance Service	Service monitoring surgical infections.
SPICT - Supportive and Palliative Care Indicators Tool	Tool identifying patients needing palliative care.
Treatment Escalation Plan (TEP)	Plan to outline patient care preferences if condition worsens.
Trust Board	Governing body responsible for Trust strategy and performance.
TRiM - Trauma Risk Management	Programme supporting staff after traumatic events.
UK Obstetric Surveillance System (UKOSS)	System studying rare pregnancy conditions.
VTE - Venous Thromboembolism	Blood clot conditions including DVT and pulmonary embolism.
Virtual Wards	Care for acutely unwell patients at home using remote monitoring technology.

Part 4 - Stakeholder Statements

Statement from East Sussex Community Voice on behalf of Healthwatch in Sussex

Healthwatch welcomes the opportunity to review the Quality Accounts but cannot comment on the full content, much of which is outside of our remit. Healthwatch values the ongoing partnership working we have with East Sussex Healthcare NHS Trust, including sharing our insight, asking questions and escalating concerns on behalf of patients and service users. We also monitor Trust activity through local and national performance indicators.

It is paramount that NHS bodies clearly communicate how they've captured patient experiences, what they've heard and how they've used this to support change and improvement in satisfaction and health outcomes. This will become even more essential if government plans to abolish Healthwatch and the independent role and scrutiny we provide is implemented. NHS organisations must ensure they develop and publish engagement plans and use their Quality Accounts to describe what steps they have taken and what difference this has made.

Yours sincerely,

Simon Kiley

Deputy Chief Executive
East Sussex Community Voice (ESCV) on behalf of Healthwatch in Sussex

Statement from East Sussex Health Overview and Scrutiny Committee (HOSC)

Statement from East Sussex Health Overview and Scrutiny Committee

Thank you for providing the East Sussex Health Overview and Scrutiny Committee (HOSC) with the opportunity to comment on your Trust's draft Quality Account 2025/26.

HOSC has invited ESHT to attend three of its meetings over the past year to look at various issues, including monitoring of the recent changes to paediatric services at Eastbourne District General Hospital (EDGH), planned capital works, proposed changes to the Day Surgery Unit at Uckfield Community Hospital, the cardiology transformation programme, and the Sussex healthcare system's winter plan. The Committee thanks those Trust officers and clinicians who gave their time to attend meetings over the past year.

The HOSC recognises much of the Trust's efforts over the past year will have been focussed on maintaining its high standards of care whilst dealing with pressures in the healthcare system and welcomes the success ESHT has achieved in 2025/26.

The Committee also notes that construction of the Sussex Surgical Centre was completed this year. The HOSC welcomes its development and is pleased it has already started to deliver benefits for patients in East Sussex and beyond.

Quality Priorities

The 2025/26 priorities for improvement focussed on improving the care of patients with mental ill health, increasing the quality of WHO Safety Checklist compliance across the Trust, and the Community Intermediate Care Rehabilitation Model. The Committee is pleased to see that progress has been made in mental health care and community care rehabilitation, which facilitate patients moving to community care, and that the Trust is working to embed improvements, noting also the areas where the Trust will continue to make improvements in each of these.

The Committee also welcomes the Trust's chosen priorities for improvement in 2026/27. In particular, HOSC welcomes that Enhancing Patient Communication and Reducing Did Not Attends (DNAs) has been chosen as the patient experience priority. The Committee sees this as a priority for providing clarity to patients and reducing waits, by ensuring the efficient use of clinic time. HOSC welcomes the communications plan ESHT has outlined in this area, recognising that clear and consistent communication will improve patient experience, measured by patient feedback.

The HOSC notes the Learning from Deaths information provided in the Quality Account and the actions taken by the Trust to improve in response to these. The Committee believes that continuous learning and improvements to patient safety and experience should remain critical to the work of the Trust over the next year.

The Committee looks forward to continuing to work with the Trust during the coming year on areas that are of interest to the residents of East Sussex.

Councillor Johnny Denis

Chair
Health Overview and Scrutiny Committee

Statement from Commissioners

NHS Surrey and Sussex

East Sussex Healthcare NHS Trust Quality Account 2025/2026

Thank you for the opportunity to comment on East Sussex Healthcare NHS Trust's (ESHT) Quality Account for 2025/26. We value the continued collaborative working with Trust colleagues through Quality Review Meetings (QRMs) and wider system forums.

We congratulate the Trust on its continued work to improve quality through its Quality, Strategy and Integrated model of care, with a clear focus on safety, experience and clinical effectiveness across acute, community and system partners.

The Trust has achieved several successes in 2025/26, including:

- Strong clinical outcomes in areas including maternity and surgery, with results in line with or better than national averages, and mortality indicators within expected ranges and below peer benchmarks.
- Good progress in service improvement programmes, including the integrated intermediate care model, supporting shorter stays, more patients returning home, and better patient experience.
- Strong participation in national audits and research, alongside improvements in staff engagement, wellbeing and speaking-up culture.

NHS Surrey and Sussex recognises that 2025/26 has been challenging for the Trust, particularly due to rising demand, workforce pressures and wider system constraints. These factors have affected performance against key operational standards, including referral-to-treatment times, diagnostics and emergency department flow.

The Trust has also identified ongoing patient safety risks, including falls, healthcare-associated infections, and incidents involving communication and deterioration. The ICB welcomes the Trust's transparency and the actions being taken to reduce risk and improve performance.

NHS Surrey and Sussex

NHS Surrey and Sussex recognises the important Trust's priorities for 2026/27, including improving patient communication and reducing DNAs through digital solutions, strengthening recognition of the deteriorating and dying patient, and reducing falls with harm. These priorities align with key safety risks,clinical effectiveness and national expectations.

The ICB welcomes the Trust's focus on earlier recognition of deterioration, better communication with patients, and stronger safety systems through training, governance and quality improvement. It's emphasis on measurable outcomes, patient experience and digital innovation gives assurance that these priorities are well targeted and achievable.

NHS Surrey and Sussex looks forward to continuing collaborative working with East Sussex Healthcare NHS Trust and system partners over the coming year.

Yours sincerely,

Naomi Ellis

Deputy Chief Nursing Officer
Director of Safeguarding
NHS Surrey and Sussex

Statement of Directors' responsibilities for the Quality Account

The Directors are required, under the Health Act 2009, National Health Service (Quality Accounts) Regulations 2010 and National Health Service (Quality Account) Amendment Regulations 2011 and the National Health Service (Quality Account) Amendment Regulations 2012 to prepare Quality Accounts for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporate the above legal requirements). In preparing the Quality Account, Directors are required to take steps to satisfy themselves that:

- The Quality Account presents a balanced picture of the Trust's performance over the period covered.
- The performance information reported in the Quality Account is reliable and accurate.
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice.
- The data underpinning the measures of performance reported in the Quality Account is robust and reliable; conforms to specified data quality standards and prescribed definitions; is subject to appropriate scrutiny and review; and the Quality Account has been prepared in accordance with Department of Health guidance.

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the Board

Steve Phoenix
Chairman
Date: 24-6-2026



Jayne Black
Chief Executive
Date: 24-6-2026



Feedback

If you or someone you know needs help understanding this report, or would like the information in another format, such as large print, easy read, audio or Braille, or in another language, please contact our Communications Department by emailing esht.communications@nhs.net
For feedback or suggestions on how we might improve our Quality Report, please do let us know by emailing esht.communications@nhs.net
For a variety of ways to give feedback on the quality of the services we provide at East Sussex Healthcare Trust, go to

www.esht.nhs.uk/your-care/patient-experience/friends-and-family-test/

Acknowledgements

East Sussex Healthcare Trust would like to thank all the staff, service users and partner organisations who contributed to this report.

You can keep up with the latest Trust news on our website: www.esht.nhs.uk/



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