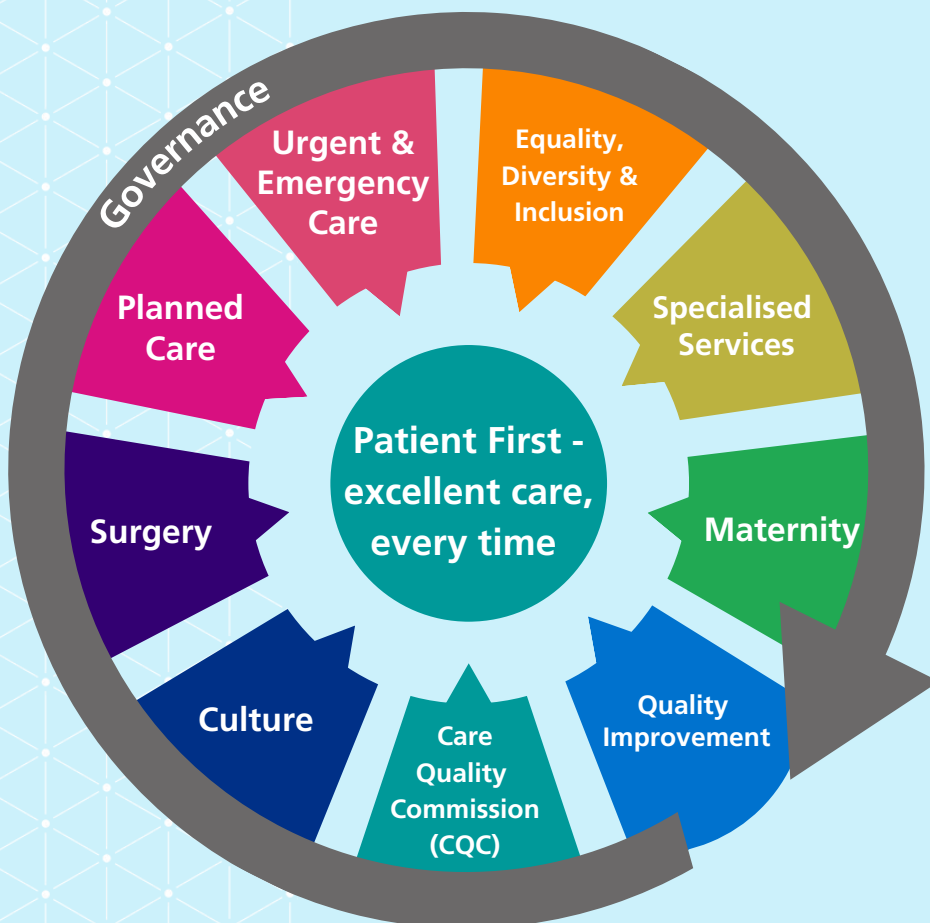


July 2024



University Hospitals Sussex  
NHS Foundation Trust



# Excellent Care, Every Time: Improvement Plan

# Contents

## Our journey

Page 3

## Improvement themes

Page 4

## Culture

Page 5-6

## Surgery

Page 7-8

## Planned Care

Page 9-10

## Urgent & Emergency Care

Page 11-12

## Equality, Diversity & Inclusion

Page 13

## Specialised Services

Page 14

## Maternity

Page 15-16

## Quality Improvement

Page 17

## CQC

Page 18

## Next steps

Page 19

# Welcome

By Dr George Findlay



This document explains the details of our Improvement Plan, and I would just like to briefly explain the background to the plan, and what we are trying to achieve.

University Hospitals Sussex is now one of the largest NHS hospital trusts in the country, with seven hospitals, numerous satellite services and more than 20,000 staff in Sussex.

We are also a young organisation, formed from the merger of two neighbouring trusts during the pandemic, with huge potential – much still to be fulfilled.

Due to Covid, founding our new Trust took place at pace with an understanding that many of the usual processes that support successful organisational integration would take longer to complete.

Since the merger on 1 April 2021, a huge amount of work has taken place to harmonise the inherited differences of our former trusts, and distil the best from both. But this process has been slower than desired, and happened during a period of real challenge for the whole NHS.

We see patients facing delays to their care, with the recovery from the pandemic still very much not complete. At the same time our efforts to recover services are taking place amid significant challenges in the social care sector, rising mental health concerns, staff burnout, and more than a year of widespread industrial action.

Since merger we have received extensive feedback from key stakeholders, such as our patients, NHS England, our commissioners, the Care Quality Commission, Healthwatch, Royal Colleges and the Maternity Safety and Support Programme.

We have combined this with staff feedback and the detailed data we continually collect, and used all this information and insight to develop our new Improvement Plan.

The plan is designed to reinvigorate our Patient First vision to deliver excellent care, every time for our patients and ensure we are maximising the benefits of being a much larger organisation.

Realising our huge potential starts with getting our fundamental quality, safety, and governance standards right. Our Improvement Plan brings together new and ongoing improvement programmes to make sure we are doing that.

Some areas of focus are about taking the best from our former organisations; some are long-standing issues which still need to be resolved, such as emergency care and access to surgery; and others are key improvements identified by our regulators, partners and staff feedback, such as leadership, culture, diversity and inclusion.

Our Improvement Plan sets out nine key areas of focus – areas where, if we get them right, will give us the strong foundations we need to move forward, towards our Trust vision: excellent care, every time.

Delivering on these nine areas will help us meet the needs of our patients in the short-term, and set us up for longer term development – this autumn we will start our Big Conversation engagement programme, to inform our new Trust strategy for 2025-30 which will set our path to becoming one of the very best acute and specialist trusts in the country.

The full document will be published on our website in August 2024.



# Our journey

University Hospitals Sussex was formed on 1 April 2021 from the merger of Western Sussex Hospitals and Brighton and Sussex University Hospitals (BSUH). The two trusts had shared the same Executive Team and Trust Board since 2017 but remained separate organisations under a joint-management contract.

This arrangement was put in place after Western Sussex Hospitals became the first multi-site acute trust to receive an “Outstanding” rating in 2016 from the Care Quality Commission. NHS Improvement asked the Trust Board from Western Sussex Hospitals to take on the leadership of BSUH, which was challenged by several long-standing issues, including capacity constraints.

However, the most immediate challenge was to make the improvements required to remove BSUH from regulatory ‘Special Measures’ for both quality of care and financial management. This was achieved within 18 months, during which time the national NHS Staff Survey results also revealed BSUH to be the fastest improving Trust in the country.

Much of this success was attributed to the Patient First improvement programme, first launched at Western Sussex Hospitals in 2015 and initiated at BSUH from 2017 onwards. Patient First draws on the philosophy of “Lean” management and empowers teams with the knowledge, skills, and tools to lead local improvements for the benefit of their patients. Unfortunately, the onset of the global pandemic and emergency management of the NHS curtailed the development of Patient First and the cultural change underway at both trusts.

## Stronger together

What the Covid crisis did demonstrate was that patients would benefit more if the trusts became one, so a decision to merge the trusts was agreed by the Board with support from NHS England and our partners. However, due to the pandemic and national incident management of the NHS, it was acknowledged that significant preparatory work usually undertaken in advance of a merger would have to take place after the legal establishment of the new Trust.

This included agreeing a refreshed strategy, new Clinical and Corporate Operating Models, and the supporting leadership structures which would need recruiting to, as well as defining and introducing new governance, committee and assurance processes for the new organisation and aligning hundreds of policies, processes, programmes, and procedures.

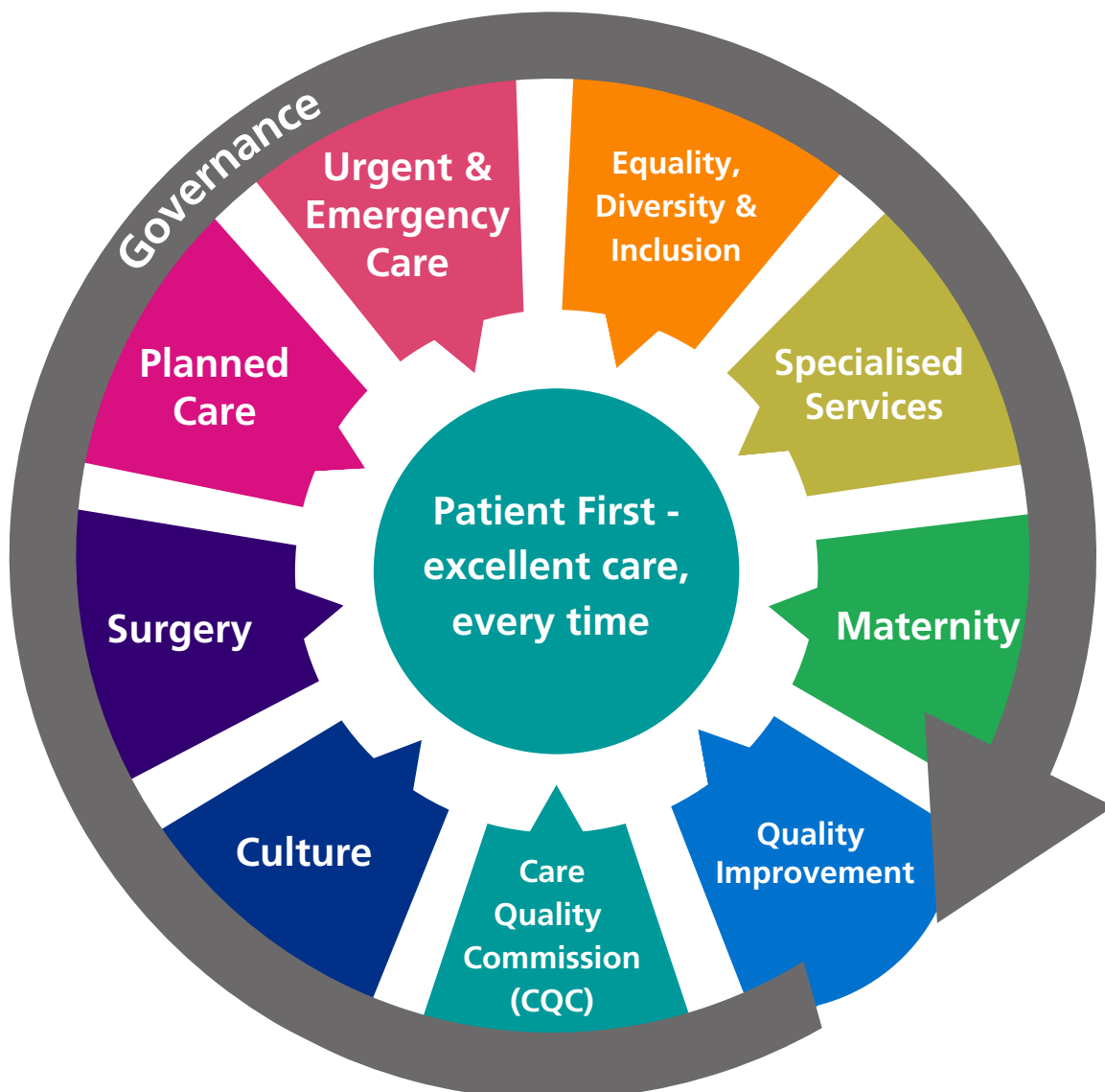
Key themes within the Improvement Plan describe how many of these merger-related gaps are now being filled at pace, as well as how pre-merger issues, related to surgery or equality, diversity, and inclusion for instance, are being improved, along with new post-pandemic challenges facing all hospitals, such as reducing patient waiting times for emergency, planned care and cancer.

# Improvement themes

In total, there are nine key themes that bring together a series of tactical and strategic interventions to address the root causes of the challenges we face.

Implementation of the plan will put us back on track to ensure our services are meeting the performance standards required of us by our patients and partners, in support of our Patient First vision to provide excellent care, every time, for all our patients.

Each theme is led by a member of the Executive Team, supported by a senior responsible officer with appropriate expertise and experience. A comprehensive governance and committee process underpins each theme, with regular reporting to the Trust Board, NHS Sussex and NHS England.



# Culture

University Hospitals Sussex inherited different cultures from our former trusts and as part of the merger process a new series of values were co-produced with patients and staff.

## Compassion & Communication | Inclusion & Respect | Teamwork & Professionalism

Feedback from the CQC's Well-Led report, our staff survey results, and other sources suggests more work is required to ensure our values are better embedded across the Trust.

## What we have done so far

In August 2023, we invested in a new Freedom to Speak Up Guardian Service to provide an independent and confidential 24-hours-a-day, seven days a week confidential service.

Our latest NHS Staff Survey results from Autumn 2023 revealed:

- 0.8% improvement in staff feeling safe to speak up about 'anything that concerns them'.
- 2% improvement in staff feeling confident the organisation would address these concerns.
- In March 2024, our staff engagement score measured by our monthly Pulse Survey improved from 7.1 to 7.3.

In November 2023, a new chief culture officer was appointed (on a fixed term basis funded by NHS Sussex) to lead on a cultural exploration and organisational development programme. This is work which, ideally, would have taken place in much more detail before the merger.

The work has included:

- A series of culture workshops with 500 attendees from all levels of the Trust.
- Introduction of a 10-week development programme to build a community of staff able to initiate and support organisational development activity.
- Analysis of where culture is positive or more work is needed.
- Creation of a working hypothesis about culture at University Hospitals Sussex.
- Values and behaviours inquiry to inform a deep dive analysis of staff and patient data that will lead to the development of an annual cultural heatmap for the Trust.



## Where we want to be

To foster a workplace with a culture that realises the potential of the merger, enables staff to live our values, and adapt to the changing external environment.

Our key aim is to have an NHS Staff Survey staff engagement score placing us within the top 25% of best performing acute trusts in the country.

The cultural exploration exercise aims to deliver the systems and processes that will underpin successful cultural change and organisational integration.

## How we will get there

Staff survey results from 2023 identify some positive improvements, and opportunities for further action that we are prioritising.

We have a variety of ways to measure improvements to our culture, including:

- Freedom To Speak Up referral numbers
- appraisal rates
- staff training
- sickness rates
- staff Pulse Survey (monthly).

**Our values...**  
**Compassion & communication**  
**Inclusion & respect**  
**Teamwork & professionalism**



**to create a workplace culture that enables staff to live our values**



The Board and Executive Team will oversee a new culture and organisational development plan for the Trust, informed by the exploration work of the chief culture officer, including extensive staff engagement.

The plan will include:

- Post merger integration work and development of a new strategic narrative.
- Developing cultural risk diagnostic methodology, governance, and reporting.
- Management and leadership development strategy and supporting plans.
- Developing a suite of interventions to support and encourage good behaviours.
- Developing organisational development capability to support transformation.
- Ensuring that recognition and rewards for staff are equally prioritised.

# Surgery

There are longstanding issues relating to the delivery of surgery across the Trust, many of which have been exacerbated since the pandemic by increased demand for services and longer waiting times for patients.

In 2023/24, the most common themes for patient complaints related to surgery were delays in accessing treatment, and poor communication about treatment plans and diagnosis.

## What we have done so far

In May 2023, we invited the Royal College of Surgeons (RCS) to the Trust to review the improvement work that had been started the previous year.

While their report, published in January 2024, confirmed there were no significant safety concerns to address, it did make more than 40 recommendations relating to the following themes:

- staffing levels / use of locum doctors
- high and unequal workloads
- lack of surgical and ward capacity
- morale and culture.

All RCS's improvement recommendations have been reviewed and assigned a priority score with urgent actions identified for high priority recommendations. Progress includes:

- Business case for surgical workforce expansion created / submitted.
- Median hour of discharge programme reduced average time of discharge.
- A programme of cultural work, led by the chief culture officer.

Broader progress also includes introduction of team job planning exercises, resumption of face-to-face patient review meetings, recruitment of new consultants, and more regular meetings between surgeons and the Trust's leadership team.

## Where we want to be

To deliver, and be able to evidence, surgery standards that demonstrate we are providing safe, high quality surgical services for our patients.

Key measures include:

- reducing the backlog of patient reviews (Structured Judgement Reviews, or SJRs)
- delivering all of the Royal College of Surgeons recommendations
- addressing surgical workforce vacancies.





## How we will get there

The business case for surgical, clinical nurse specialist, and dietician expansion will be implemented by October 2024.

A 'Rightsizing Theatre Capacity' programme is ongoing to improve capacity for growing emergency surgery demand at Royal Sussex County Hospital, by exploring options to potentially relocate some general surgery lists to our other hospitals.

A new training programme for surgical trainees starts in October 2024. At the same time, the reporting and recording of key patient review meetings will be standardised across the Trust.

A new audit is being introduced to evidence the prioritisation of sick patients.

A new education lead role will be advertised and appointed to in September 2024 and we are actively appointing new consultants.



# Planned Care

Too many of our patients are waiting too long for treatment, which leads to poorer experience and potentially worse outcomes. We are also currently not meeting national performance standards, such as Referral to Treatment Times (RTT) for planned care and cancer treatment.

Before the pandemic began, our waiting lists were already large and now, as one of the largest trusts in the country, the size of our list is significant. The demand for outpatients, diagnostics and treatment means the waiting lists in some specialities continue to grow.

Our most challenged specialties are ear, nose, and throat (ENT), trauma and orthopaedics (T&O), and colorectal. For cancer, we need to clear a backlog before sustainable improvement in performance can be achieved, with the most challenged specialties being lower gastro-intestinal, skin, breast and gynae.

Delay to care is also the most common patient concern about surgery, while Healthwatch's most pressing concern is patient communication, including cancellations, patient letters and meeting accessible information standards.

We have used this information and insight to focus our improvement priorities for planned care.

## What we have done so far

We have reduced our overall patient waiting list (PTL) month on month since October 2023, but due to our large size we still have one of the largest lists in the country.

In March 2024, we had reduced PTL by 13,919 (9%) compared to September 2023. 65-week waits had reduced by 35.4% since September, whilst 52-week waits had reduced by 6.5%.

Staff have been delivering record levels of activity. In 2024 our teams are now delivering 120% of the activity levels in comparison to our pre-pandemic activity levels.

We are working in innovative new ways with other providers through the Sussex Acute Care Collaborative.

For example, with our partners we have introduced and manage a new elective coordination centre which helps patients access care more quickly, if they choose to do so, from another provider.

To improve patient experience while patients wait, we have introduced a new communications system called Netcall.

# Planned Care



## How we will get there

We will continue to improve Referral to Treatment Times by:

- Increasing activity through productivity gains, Waiting List Initiatives (WLI) and insourcing/outsourcing extra capacity.
- Using the new elective coordination centre to help patients access treatment more quickly from other providers.
- Implementing best practice through initiatives such as 'Further Faster', as well as running 'High Volume Low Complexity' hubs at Sussex Orthopaedic Treatment Centre and Southlands Hospital.
- Improving waits for MRI, echocardiograms and endoscopy to support delivery of planned care pathways.

## Where we want to be

Our ambition is to have no one waiting longer than necessary for planned or cancer care.

Key targets include:

- Zero 65-week waiters for elective care by September 2024.
- 70% compliance with cancer 62-day standard by March 2025.
- 77% compliance with 28-day faster diagnosis standard by March 2025.

In July 2024, we are refreshing our Trust-wide cancer governance structure to support improved delivery and we are working with Surrey & Sussex Cancer Alliance (SSCA) to review and improve how patients access cancer care for high volume specialties.

This will be followed by a benchmarking review in August to identify potential 'Centres of Excellence' for cancer care in the Trust.

Additionally, a review by our Patient Experience team of patient letters and communications processes will be carried out in September 2024.

# Urgent & Emergency Care

We manage six emergency departments (ED) in Sussex, including A&E departments at each of our district general hospitals in Sussex, as well as a specialist eye care A&E, a town centre minor injuries unit, and the major trauma centre ED in Brighton.

The national 4-hour standard challenges us to see, treat, admit, or discharge ED patients within four hours of arrival. Despite consistent improvement against this standard since April 2021, our urgent and emergency care performance is not meeting the required levels.

Furthermore, a continued increase in both attendances, and the severity of illnesses people are presenting with, is creating new challenges.

Our patient satisfaction levels for our EDs are above the national average, but patients too often have a poor experience, with long waiting times a key factor.

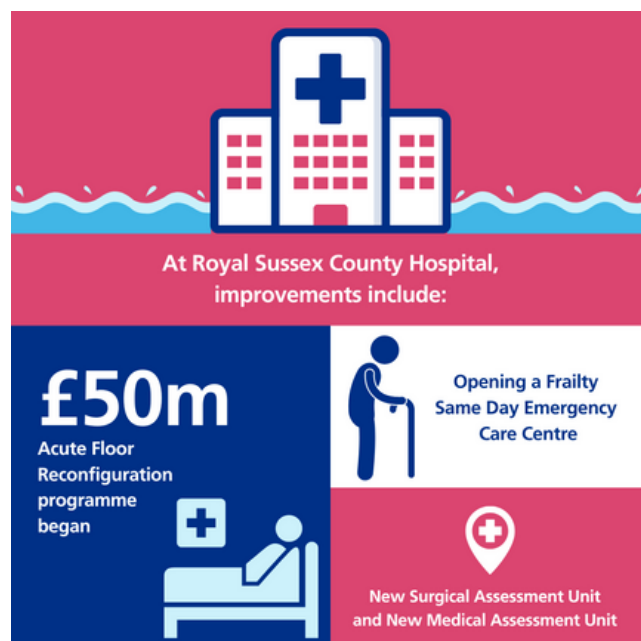
Our 4-hour performance is currently stable but we are seeing continued increases in attendances at St Richard's, Worthing, and Princess Royal hospitals.

The numbers of patients being treated in corridors due to capacity and flow issues in the main hospital and ED departments remains unacceptably high, especially at Royal Sussex County Hospital.

## What we have done so far

Each hospital team has a local urgent and emergency care plan. At Royal Sussex County Hospital, where pressures are greatest, we have:

- opened a frailty same day emergency care centre
- introduced a new oversight approach
- started work on a new medical assessment unit
- approved the business case for a new surgical assessment unit
- started a £50m acute floor reconfiguration programme.



The infographic is divided into three main sections. The top section features a stylized hospital building icon with a cross on top, set against a pink background with a blue wavy line below it. Below this icon, the text reads 'At Royal Sussex County Hospital, improvements include:'. The bottom-left section has a dark blue background and contains the text '£50m Acute Floor Reconfiguration programme began' next to an icon of a hospital bed with a cross above it. The bottom-right section has a pink background and contains the text 'Opening a Frailty Same Day Emergency Care Centre' next to an icon of a person with a cane, and 'New Surgical Assessment Unit and New Medical Assessment Unit' next to a location pin icon with a cross inside.

At Royal Sussex County Hospital, improvements include:

- £50m Acute Floor Reconfiguration programme began
- Opening a Frailty Same Day Emergency Care Centre
- New Surgical Assessment Unit and New Medical Assessment Unit

# Urgent & Emergency Care

## Where we want to be

Our aim is to provide safe and effective urgent care to all the communities we serve.

Key targets include delivering:

- 78% of patients seen, treated, admitted or discharged in under 4 hours
- fewer than 2% of patients waiting more than 12 hours
- 10% reduction in the number of patients with a long length of stay in hospital
- zero ambulance handover delays of more than 60 mins.



## How we will get there

Each hospital's urgent and emergency care plan includes investment, improvement and innovations that will help provide better access to emergency and urgent care for patients.

At the St Richard's Hospital Urgent Treatment Centre (UTC), a team of advanced practice clinicians have been recruited and trained to complement the medical workforce.

All sites continue to review staffing mix, demand and capacity, and have a continuous improvement approach. This includes, rolling out a new ward daily management system which improves care and discharge planning. As well as implementing the successful 'continuous flow model' of purposeful moving patients who need admission to wards to all sites, roll out of successful fragility and Same Day Emergency Care (SDEC) and UTC models of care to all sites.

The building of a new UTC and SDEC will begin later in 2024.

At Royal Sussex County Hospital improvements include:

- Review of stroke demand – August 2024.
- New surgical assessment unit for trolley spaces and chairs – September 2024.
- Implement medical flow model in Louisa Martindale Building – September 2024.
- Reconfiguration of clinical sites – September 2024.

# Equality, Diversity & Inclusion

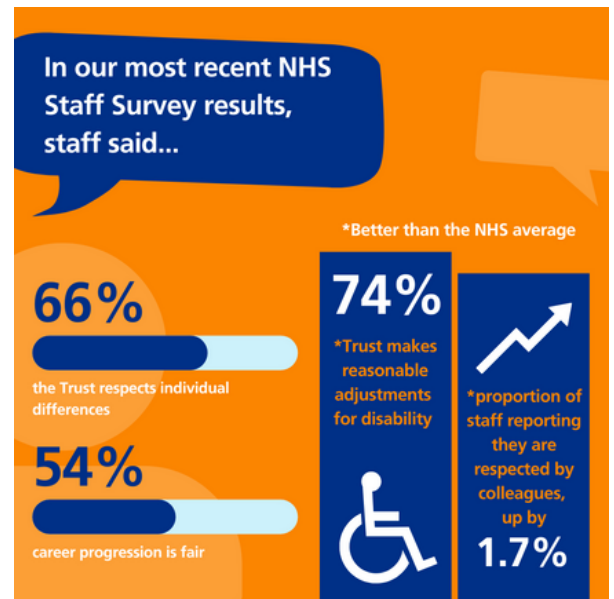
Inclusion is one of our Trust values and equality, diversity and inclusion is a core element of the NHS People Promise and NHS Constitution.

Our most recent national NHS Staff Survey results showed a reduction in the proportion of colleagues who reported experiencing discrimination from staff, but an increase in the proportion of staff who had personally experienced discrimination from patients.

There were small improvements in the proportion of staff who said our Trust respects individual differences (66%) and that career progression is fair (54%).

The proportion of staff who say the Trust makes reasonable adjustments for disability is better than the NHS average at 74%, as is the proportion of staff reporting they are respected by colleagues, up by 1.7% and putting us above the 72% national average.

The 2023 NHS Workforce Race Equality (WRES) metrics show improved scores from 2022 that are above the national average, but for the NHS Workforce Disability Equality Standards (WDES), the results are more mixed. In three of the nine metrics we are better than the national average.



## What we have done so far

We have introduced an internal audit to monitor improvement and launched a three-year Equality, Diversity & Inclusion (EDI) strategy with five key aims:

1. De-bias recruitment and selection processes
2. Reduce harassment
3. Equitable career progression
4. Workforce health inequalities
5. Community engagement and participation

## Where we want to be

An inclusive employer where all staff feel valued and treated equally. Our aim is to deliver on the NHS People Promise.

Key improvement measures include:

- NHS Staff Survey results
- Workforce Race Equality Standards report
- Workforce Disability Equality Standards report.

## How we will get there

We are using insights from the first EDI internal audit and other key sources to update and implement our EDI action plan.

From September, local teams will be able to access business intelligence software themselves, to empower them to identify and enact local improvements.

# Specialised Services

As the tertiary care provider and specialist centre in Sussex, we are commissioned to provide 18 specialist services, including mechanical thrombectomy (removing blood clots) for stroke patients, and advanced PET-CT scans.

Our current contract for specialist services is valued at £265m, but the governance of specialised services within the Trust requires improvement.

## What we have done so far

We have agreed new service development improvement plans (SDIP) and key developments have included:

- organising a specialised services system to agree next steps
- implementing monthly contract meetings with commissioners
- developing an improvement plan to deliver more PET-CT
- developing our expansion plan for our stroke thrombectomy service to enable us to move to extended hours seven days a week and then to 24/7. This will be in line with the development of the hyper acute stroke unit at St Richard's.

## Where we want to be

To deliver the new contract agreements and the associated NHS improvement plans (SDIP) associated with it.

## How we will get there

A new Trust Specialised Services Oversight Group is being established from July 2024 to oversee delivery of the contract and associated service development improvement plans.

The SDIPs for radiotherapy, PET-CT, vascular and mechanical thrombectomy will be formalised in August 2024, with a business case for the development of the thrombectomy service to follow.

# Maternity

Outcomes for mothers and babies, and our patient experience feedback, are better than at most other trusts in the country, with statistically significant reductions in neonatal deaths and stillbirths observed in the last year.

In September 2021, our maternity services were inspected by the CQC, with Princess Royal, Worthing and St Richard's hospitals rated 'Requires Improvement', and Royal Sussex County Hospital 'Inadequate'.

We joined the national Maternity Safety Support Programme (MSSP) in February 2022.

Over the past three years, our maternity and obstetric teams have introduced a wide-ranging programme of improvements.

## What we have done so far

Our better outcomes and improving performance against a variety of metrics are linked to a series of wide-ranging service improvements. These include:

- Reducing midwifery vacancy rate from 22% to 11%.
- Investing in 40 new midwife posts across the service.
- Full recruitment of obstetric consultants.
- Achieving the Clinical Negligence Scheme for Trusts (CNST) maternity incentive scheme - year five in March 2024.
- Implementing Saving Babies' Lives Care Bundle (version 3).
- New home birth care model introduced.
- Birmingham Symptom Specific Obstetric Triage System (BSOTS) introduced.
- Centralised telephone triage service launched in March 2024.



- Significant improvement with statutory and mandatory training compliance (88%).
- Increased permanent preceptorship capacity for newly qualified midwives.
- Improved foetal monitoring specialist midwifery and consultant capacity.
- Reduction in incidents associated with foetal monitoring.
- Specialist midwifery service review underway led by consultant midwives.
- Allocated consultant time for risk and safety, digital innovation, and research.
- Perinatal Culture Conference in June 2024.
- Launched new 'Improve Well' app to improve staff engagement.



## Where we want to be

To ensure pregnant women and people, babies, and their families receive excellent, high-quality care, every time.

Key measures include:

- MBBRACE programme (Mothers and Babies: Reducing Risk through Audit and Confidential Enquiries) - sustaining our improvement against the national average.
- Friends and Family Test - continuing to outperform the national average.
- Midwifery vacancy rate - continuing to reduce (currently 11%, down from 22%).
- Clinical Negligence Scheme for Trusts (CNST) maternity incentive scheme.
- Saving Babies' Lives Care Bundle.

## How we will get there

We will continue to closely monitor, sustain, and implement improvements.

Pre-engagement for the development of a new maternity strategy is taking place.

By the end of 2024, permanent recruitment to our heads of midwifery roles will take place, along with consultation and recruitment to the clinical operating model for maternity.



# Quality Improvement

Quality is measured in a wide variety of ways, and we collect and analyse huge amounts of data to monitor and improve the quality of the many services we provide. We produce a detailed monthly quality scorecard, and information from this, combined with other sources such as complaints, incident reporting, Healthwatch, data modelling and CQC inspections, shows that we have opportunities to improve the quality of services we provide.

## What we have done so far

We have identified key priority areas for quality improvement. These include:

- inpatient care, including pressure damage and falls
- medication management
- responding to and learning from complaints and incidents
- clinical audit and guidelines
- end of life care
- risk management
- increasing the reporting of safety incidents which provide a learning opportunity to prevent harm - developing a patient safety learning culture.

We have introduced a wide range of interventions and initiatives to address the priorities:

- First wave of Fundamental Standards of Care Audits reported.
- New risk management framework embedded.
- New Compliance and Assurance Framework (CAF) completed for Trust divisions.
- Quality Governance Manual launched at conference.
- Clinical assurance visit programme underway to monitor and embed Fundamental Standards of Care at each hospital
- Revised mortality and learning from deaths including reviewing backlog SJRs - this work included training new reviewers (due to be completed by Jan 25).

## Where we want to be

To be able to demonstrate delivery of quality standards across the Trust and show measurable improvements in patient safety, experience, and outcomes over time. This will be measured by 41 metrics from the Trust's Quality Scorecard published and reviewed by senior leadership every month at meetings:

- Quality Governance Steering Group (chaired by the chief medical officer).
- Trust Management Committee (chaired by the chief executive).
- Patient and Quality Committee (chaired by a non-executive director).
- Trust Board (chaired by the Chair) (held in public every one in three meetings).

## How we will get there

Our new clinical assurance framework is informing improvement plans, enabling each Trust division to focus on the quality issues that are the biggest priority for them. At the same time, a series of data quality improvements will come online.

By September 2024, 90% of the clinical guidelines in use will be harmonised across the Trust, and a programme of work will begin to 'right-size' our complaints department by investing the additional resources required to meet the more complex and larger caseload associated with our new Trust.

In November 2024, a new learning and development programme will begin.

Since 2021, we have received several inspections by the Care Quality Commission (CQC), resulting in downgraded ratings for some of our services and hospitals. Following a CQC inspection in August 2022 and publication of their report in May 2023, the Trust's leadership processes received an 'Inadequate' rating under the CQC's 'Well-Led' domain.

The most recent inspection by the CQC was in August 2023, with the report published in January 2024. Overall, the ratings for all the Trust's hospitals moved to 'Requires Improvement', while the rating for Surgery at Royal Sussex County Hospital (RSCH) and Princess Royal Hospital (PRH) improved from 'Inadequate' to 'Requires Improvement.'

Each inspection report includes actions we are required to take, and which address the issues identified through the inspection process. Completion of these actions is overseen by our CQC Steering Group, which reports to the Patient and Quality Committee.

## What we have done so far

A significant majority of CQC actions have been completed, while a few, often connected to more complex longer term change processes, remain to be completed.

Action plans have been submitted for 34 remaining Trust-wide 'must-do' and 'should-do' actions, and for 13 more local and division-specific 'must-do' and 'should-do' actions.

Each of the Trust's divisions has also completed a full appraisal against the new CQC framework, and the Trust's leadership has completed a 'Well-led' self-assessment review.



## Where we want to be

To demonstrate improvement by completing CQC-required actions and to maintain our Trust's 'Outstanding' ratings for the care we provide and its effectiveness.

## How we will get there

90% of 'must do' and 'should do' actions from the CQC will be completed by the end of 2024.

# Next steps

A non-executive director-led committee will oversee the delivery of the Improvement Plan, supported by a steering group chaired by our chief executive, which reports to the committee. Each of the nine key areas of focus is led by an executive member of our Trust Board, supported by a senior responsible officer with appropriate expertise and experience. We will also benefit from monthly assurance meetings with NHS Sussex and NHS England.

Within the plan, each key area of focus has a 'plan on a page' which includes ambitions, milestones, risks, and performance indicators. In turn, each of these is informed by a comprehensive action plan. A performance dashboard related to each key theme and action plan is under development and will be reported each month to the committee to demonstrate progress and delivery.

Key improvements and innovations will also be shared and celebrated through the Trust's communications and engagement channels with patients, public, partners, stakeholders, and the media. The aim will be to build confidence in our services, improve public opinion through evidence of wide spread improvements and recognition of the many achievements of our staff, departments, and specialty teams.

The Improvement Plan will be available, in full, on our website from August 2024.





