

HEALTH OVERVIEW & SCRUTINY COMMITTEE ADDENDUM

4.00PM, WEDNESDAY, 19 NOVEMBER 2025

COUNCIL CHAMBER, HOVE TOWN HALL

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ADDENDUM

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Brighton & Hove City Council

Scrutiny Report Template

Health Overview & Scrutiny Committee

Agenda Item 17

Subject: NHS Oversight Framework 2025-26: Update from Sussex Partnership NHS Foundation Trust

Date of meeting: 19 November 2025

Report of: Chair of the Health Overview & Scrutiny Committee

Contact Officer: Name: Giles Rossington, Scrutiny Manager

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Email: giles.rossington@brighton-hove.gov.uk

Ward(s) affected: (All Wards);

Key Decision: No

For general release

1. Purpose of the report and policy context

- 1.1 This report presents an update from Sussex Partnership NHS Foundation Trust (SPFT) on the trust's performance against the 2025-26 NHS Oversight Framework (NOF) and on its improvement plans.

2. Recommendations

- 2.1 That Health Overview & Scrutiny Committee note the contents of this report.

3. Context and background information

- 3.1 In November 2024, the Secretary of State for Health & Social Care announced that NHS England (NHSE) would assess NHS trusts against a range of performance criteria and would publish the results. This assessment, the NHS Oversight Framework (NOF), ranks each trust against comparable trusts (acute, mental health, community or ambulance trusts) across England. In addition, the NOF includes more detailed information on individual trust performance across a number of domains. The NOF assessment process allows NHSE to determine the support individual trusts need to improve, as well as enabling the public to see how their local NHS

trusts are performing. NHSE published the 2025-26 NOF in June 2025 and subsequently published acute and non-acute trust league tables in September 2025. Links to the NOF and to the non-acute league table for 2025-26 are available here:

[NHS England » NHS Oversight Framework 2025/26](#)

[NHS England » Non-acute hospital trust league table](#)

- 3.2 The NOF assesses each NHS trust in England against a range of domains. Some of the domains are constant across all trusts but others differ depending on the type of organisation (acute, mental health etc.). For mental health trusts the domains include access to various services, excess length of stay in inpatient beds, user satisfaction with community mental health services, staff satisfaction measures, staff sickness absence rates, productivity, and whether the trust is running a surplus or deficit. This data is used to determine each trust's position in the relevant trust league table. However, the process of calculating a trust's league table ranking from its NOF scores is not straightforward. For instance, financial sustainability is deemed an overriding priority, with no trust in deficit able to achieve a ranking better than 3 (on a scale of 4, with 1 being best performing). It should also be noted that the NOF scores are for individual trusts, but in reality NHS trusts operate within a complex health and care system where one organisation's performance may be impacted by the actions of other partners over which the trust may have little influence or control.
- 3.3 Sussex Partnership NHS Foundation Trust (SPFT) is an NHS trust delivering mental health services across Sussex. SPFT is ranked in the lower part of the non-acute trust league table. The trust scores especially poorly in terms of inpatient length of stay for adult patients, % of patients presenting in crisis seen with 24 hours, and workforce metrics. SPFT forecasts a planned deficit position at year end, although in-year financial performance (year to date variance to financial plan) is good. Given these NOF scores, SPFT has been invited to present its performance and improvement planning to the HOSC. More information from SPFT is included as Appendix 1.

4. Analysis and consideration of alternative options

- 4.1 Not relevant to this report for information.

5. Community engagement and consultation

- 5.1 None undertaken for this information report.

6. Financial implications

- 6.1 None arising from this information report.

Name of finance officer consulted: I CHAGONDA

Date consulted: 01/11/2025

Name of finance officer consulted:

Date consulted (dd/mm/yy):

7. Legal implications

7.1 The subject matter of this report falls within the remit of this Committee, which is charged with scrutinizing service provision in the Council's area. No legal implications have been identified in this report, which is for noting.

Name of lawyer consulted: Victoria Simpson

Date consulted 5/11/2025

8. Equalities implications

8.1 None directly for this information report.

9. Sustainability implications

9.1 None directly for this information report.

10. Health and Wellbeing Implications:

10.1 None directly for this information report.

11. Conclusion

11.1 Members are asked to note the information provided by SPFT on the trust's improvement planning.

Supporting Documentation

1. Appendices

1. [Information provided by Sussex Partnership NHS Foundation Trust](#)

Mental health, learning disability
and neurodevelopmental care



Sussex Partnership
NHS Foundation Trust

► SussexPartnership.nhs.uk

Brighton and Hove HOSC November 2025

National Oversight Framework (NOF) overview and update



Our vision
Delivering great care and
improving outcomes together

A decorative graphic on the left side of the slide featuring three stylized hands. The hands are represented by thick, curved brushstrokes in shades of teal and blue, arranged in a fan-like pattern. A small infinity symbol is visible on the left edge of the middle hand.

National oversight overview

NOF overview

- NHS England has developed a new National Oversight Framework to consistently and transparently assess the performance of Integrated Care Boards (ICBs) and NHS Trusts.
- For trusts, the domains contributing to the overall score include access to services, effectiveness and experience of care, patient safety, people and workforce, and finance and productivity.
- Based on the final score, each provider is placed in a segment from 1 (high performing) to 5 (major performance concerns). These segments are to be reviewed and revised quarterly using operational performance data.
- A provider with a financial deficit and in receipt of funding support cannot be placed higher than segment 3.
- In the first round of reporting, SPFT is placed in segment 4.



NOF overview

Based on the final score, each provider is placed in a segment from 1 (high performing) to 5 (major performance concerns). These segments are to be reviewed and revised quarterly using operational performance data.

SPFT	Mental Health Trusts	Community Trusts	Mental Health and Community Trusts	Acute Trusts	Ambulance Trusts
9 scoring metrics*	10 scoring metrics	8 scoring metrics	12 scoring metrics	15 scoring metrics	9 scoring metrics

*SPFT has one less scoring metric, owing to the move of the Hampshire CAMHS service from SPFT to another provider. Comparative data disproportionately impacted the scoring and was therefore excluded from the national ranking

All Trusts will have one additional scoring metric if they have received a CQC safe inspection score within the last 2 years

NOF overview

Area and score	How SPFT score was determined
Access to services (not scored)	Removed from the scoring in this area, because the transfer of Hampshire CAMHS in February 2024 skewed the calculation
Effectiveness and experience (2.91)	Patient reported satisfaction in the annual community mental health survey (2) Length of Stay over 60 days (3.81)
Patient safety (3.48)	NHS staff survey score relating to reporting concerns (3.75) Percentage of patients in mental health crisis receiving face to face contact within 24 hours (3.2)
People and workforce (3.08)	Sickness absence rate (2.35) Staff survey engagement score (3.8), comprising metrics relating to motivation, involvement and advocacy (would recommend the Trust as an employer and service provider)
Finance and productivity (2.83)	Combined finance score (2) Planned surplus / deficit (3) Variance year to date (1) Relative difference in costs (3.65)

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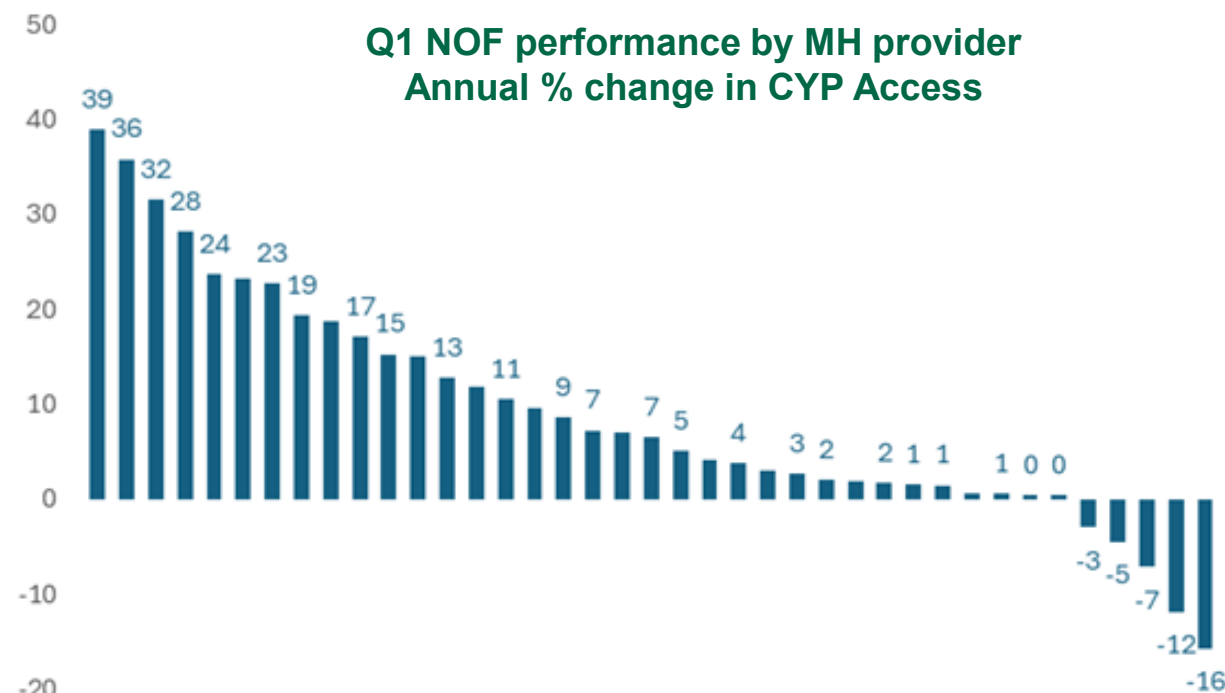
National oversight update

Three stylized hand shapes, each with a green-to-blue gradient, pointing towards the right. They are positioned on the left side of the slide.

Access to services

Access to services

- The access to services metric is the annual change in the number of children and young people accessing NHS-funded mental health services
- Children and young people's access is defined as the number of people aged under 18 who have had at least one contact with mental health services in a rolling 12-month period
- Access domain in NOF remains **non-scoring** for SPFT due to the move of Hampshire CAMHS service from SPFT to another provider, which skews the annual change calculation.



Published NOF data currently excludes SPFT due to Hampshire skewing historical comparison

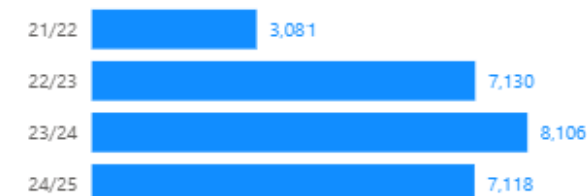
Access to services

- The level of need for CAMHS Community Services has increased significantly across Sussex in the last 5 years – evidenced by the increased volume of referrals received into the Trust.
- This increase in need resulted in significant growth in the CAMHS access metric – peaking in 2023-24. It also resulted in increased waiting times for assessment.
- The Trust has been focussing on reducing waiting times for children and young people. The number of young people waiting for an assessment has reduced through 2024 and 2025 to date, as has the number young people who are waiting a significant length of time to be assessed.

CAMHS referrals received by financial year



CAMHS Neurodevelopmental referrals received by financial year



CAMHS Community (Sussex) >52 week waits for assessment



CAMHS community (Sussex) assessments



Actions to improve access to services

Deliver existing and new innovative services which include:

- COAST - new crisis and intensive home treatment service
- SPOA - Single Point of Advice
- Community CAMHS teams
- Duty and Liaison Team providing input into acute hospitals and an access point for families and young people
- Neurodevelopmental Assessment Hubs
- Sussex Family eating disorder service
- Springtide Eating Disorder day service
- Forensic CAMHS
- Perinatal services(including mums under 18)
- Early intervention in psychosis (14-25)



Actions to improve access to services

CAMHS transformation

- CAMHS Transformation is a programme of change to drive improvements in the delivery of community CAMHS delivered by Sussex Partnership to improve access, experience and outcomes for children and young people
- A new model of care will be designed in collaboration with service users and wider stakeholders to reflect the changing mental health needs of children and young people.
- The key principles: Deliver a specialist mental health service focusing on moderate/severe needs, needs-led and evidence-based, outcome and experience-informed, accessible, with reasonable adjustment, and innovative, creative and best value for money.
- Programme of work underway since January 2025

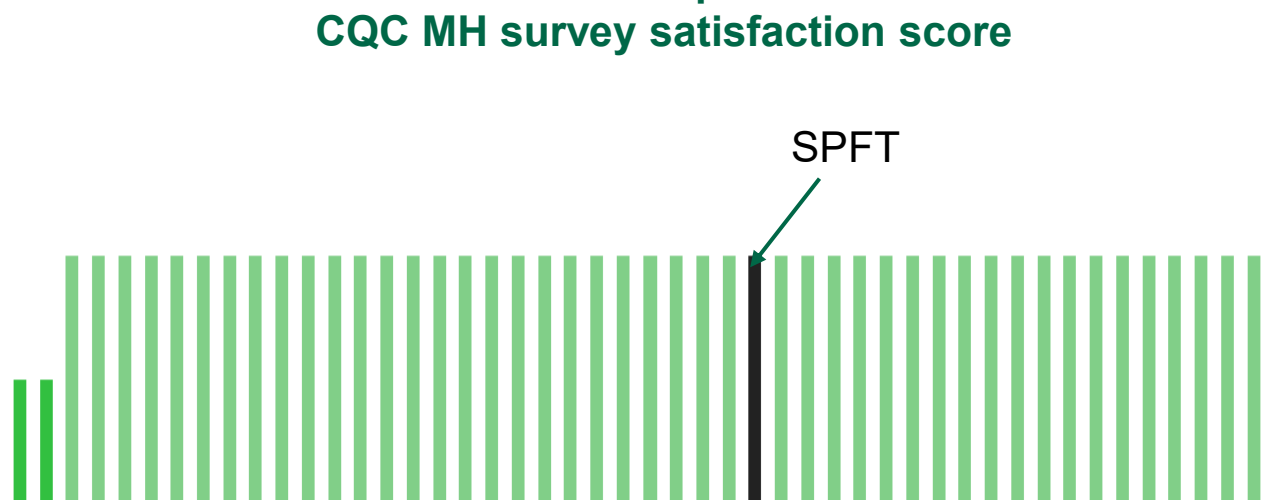


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Effectiveness and experience

Effectiveness and experience

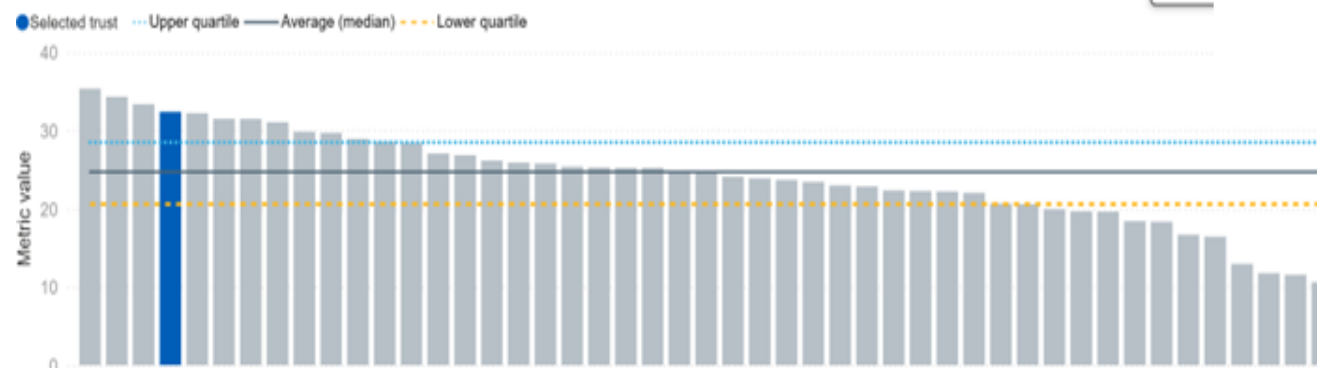
Distribution of MH provider scores
CQC MH survey satisfaction score



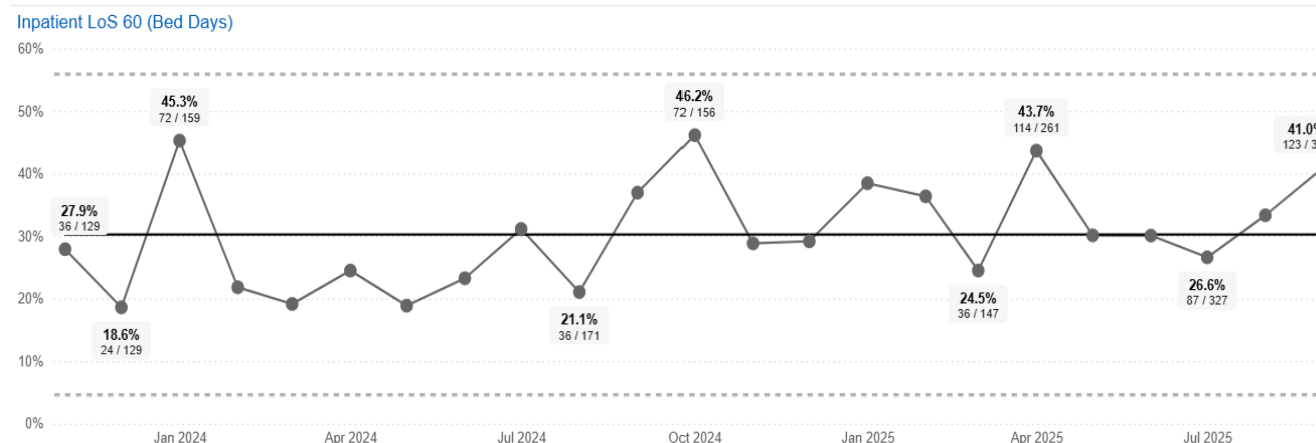
- There are two areas of focus in this domain: CQC satisfaction rate and percentage of inpatients with >60-day length of stay
- The first NOF metric is taken from the annual CQC Community Mental Health Survey. SPFT has a score of 2 in the National Oversight Framework for this metric. Most other mental health providers are also scored 2, with 2 providers having a score of 1, and 1 provider with a score of 4 (lower is better).

Effectiveness and experience

- The second metric is the percentage of adult acute inpatient discharges with >60-day length of stay
- 32% of inpatients discharged from SPFT adult acute beds in Q1 2025-26 had a length of stay >60-days, against a national average of 25%



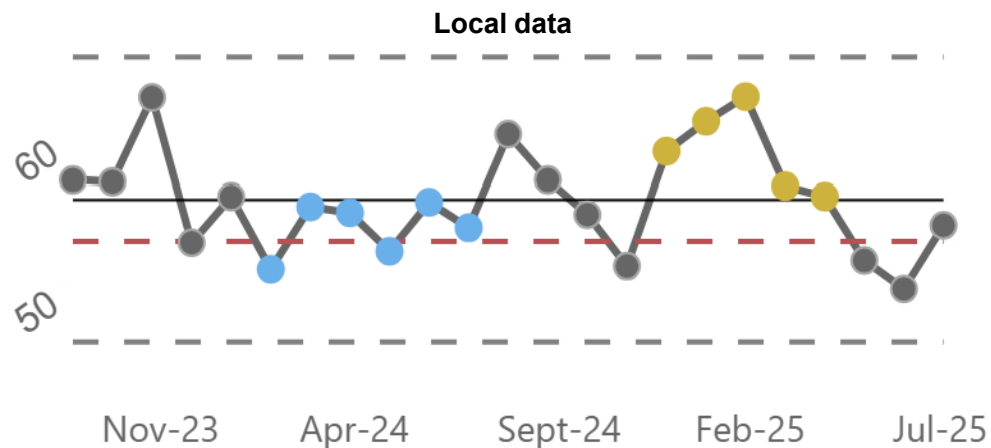
Q1 NOF data based on quarterly average



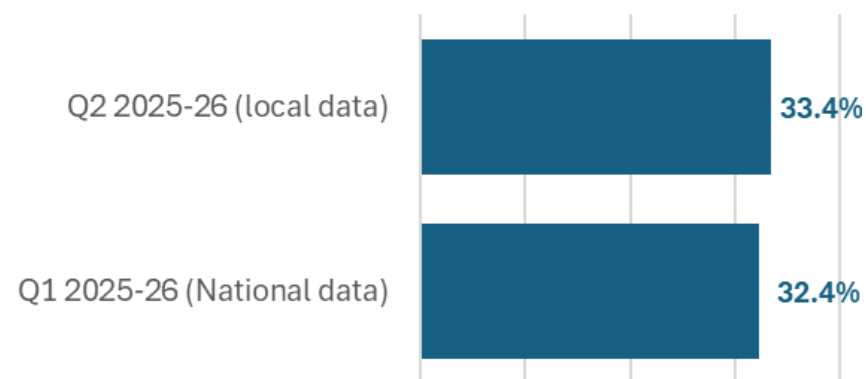
Local data: monthly % discharges > 60 days (NOF based on quarterly totals, due to high month-to-month variation)

Effectiveness and experience

Adult Acute Discharge LoS (Bed Days)



Quarterly % Adult Acute Discharges > 60 Days

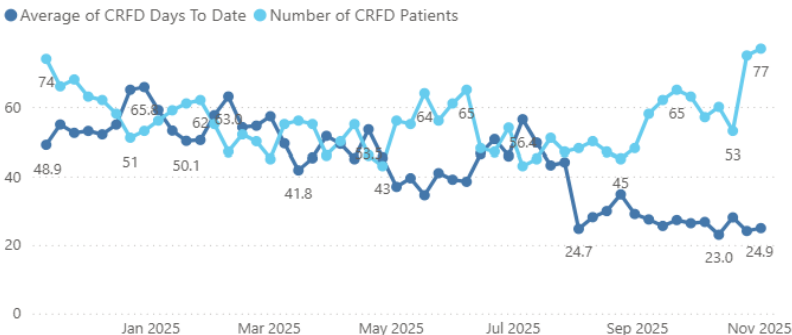


- Local data for Q2 2025-26 shows a reduction in **average** length of stay for adult acute discharges
- Despite reducing the length of stay the number of people with a length of stay more than 60 days on average, over a three-month period, remains similar to the Q1 level.

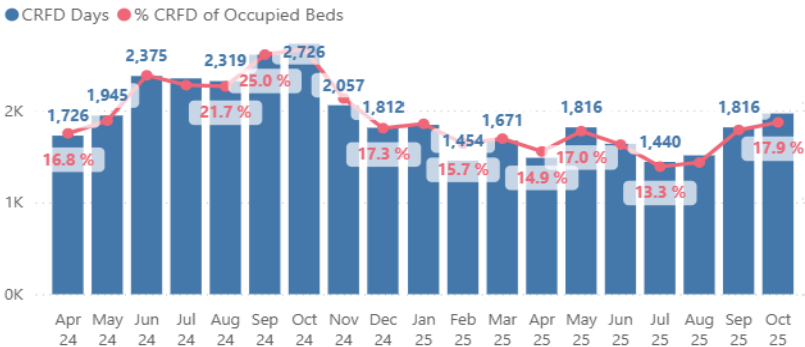
Clinically Ready for Discharge (CRFD)

- SPFT benchmarks high in terms of the % of bed days lost to those people who could have been discharged as soon as they were ready. In 2024-25 NHS benchmarking, SPFT reported 17% CRFD for adult acute bed-days, compared to a national mean of 10%.
- There has been some improvement in CRFD from a high of 25% in September 2024 to the latest position in October 2025 of 18%. This has been the result of system-wide improvement efforts.
- The average days delayed for patients has reduced significantly from 60 days in Q4 2024-25 to 25 days in early November 2025

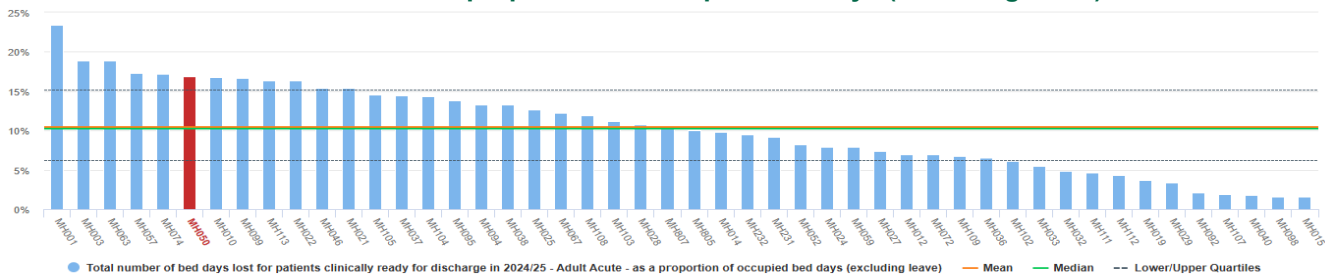
Weekly snapshot average CRFD to date (Sunday)



Monthly % CRFD of occupied bed days



Total number of bed days lost for patients clinically ready for discharge in 2024/25 – Adult Acute – as a proportion of occupied bed days (excluding leave)



Actions to improve effectiveness and experience

Actions to improve experience

- The CQC survey is an annual survey so we use our own Sussex Experience Survey to measure progress in year.
- We measure awareness of how to get help in a crisis and service user awareness of whether they have a care plan in place.
- In September 2025, 71.2% of people knew who to contact in a crisis and 47% of respondents reported having a care plan
- The 'How Are You Really Feeling?' campaign is on-going, promoting accessible mental health signposting. This was developed with partners and people with lived experience.
- Efforts to improve care planning include introducing enhanced care planning tools in the new Electronic Patient Record (EPR), launching in November 2025.

Actions to improve effectiveness and experience

Actions to improve length of stay metrics

- August-October 25 detailed review of Urgent & Emergency Care Plan- modelled actions
- Senior Clinical Director oversight of patients with extended length of stay who are not clinically ready for discharge
- Specific targeted interventions on wards with the highest length of stay- focussed on unwarranted variation
- Red/green” days to focus on discharge planning from Day 1, daily MDT huddles, strengthening community team links, and escalate external delays early
- Developed ‘High Intensity User’ programme across Sussex building on local and regional best practice- e.g. Multi Admissions Pathway Project in East Sussex
- SPFT and system wide Housing Programme- expanded Housing Workers, Supported Tenancies, Supported Housing model
- Mental Health Discharge Board- led by Director of Adult Social Care
- Mandate Consultant-led admission and implement standard operating procedure

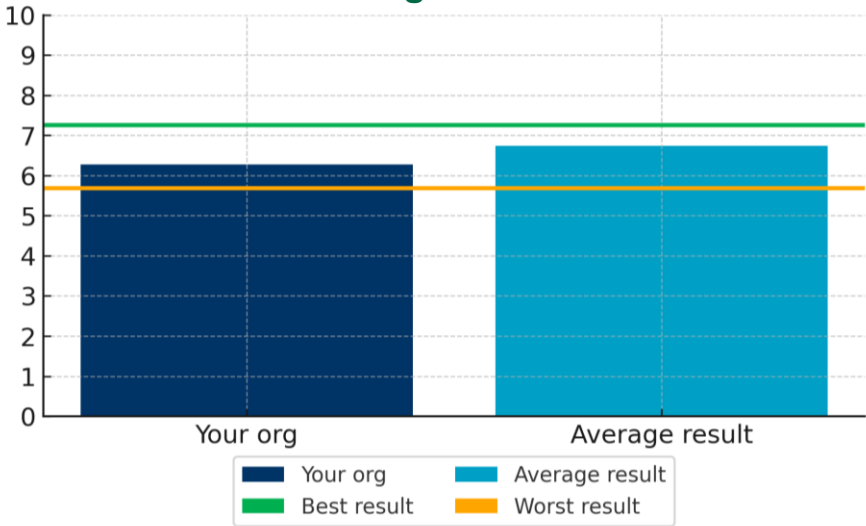
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Patient safety

Patient safety

- There are two areas of focus in this domain :The NHS staff survey score relating to reporting concerns and the percentage of patients in mental health crisis receiving face to face contact within 24 hours
- NHS staff survey score relating to reporting concerns was 6.27 for SPFT in 2024, compared to the national average of 6.74. This resulted in a NOF score of 3.75.
- Actions to address this include intensive staff engagement programmes, revised Freedom to Speak Up Policy, recruitment of deputy Speak Up Guardians

2024 NHS Staff Survey
Raising concerns



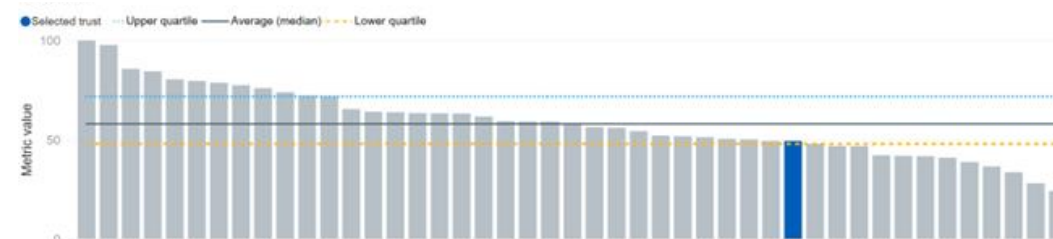
Your org	6.27
Best result	7.26
Average result	6.74
Worst result	5.68

Patient safety

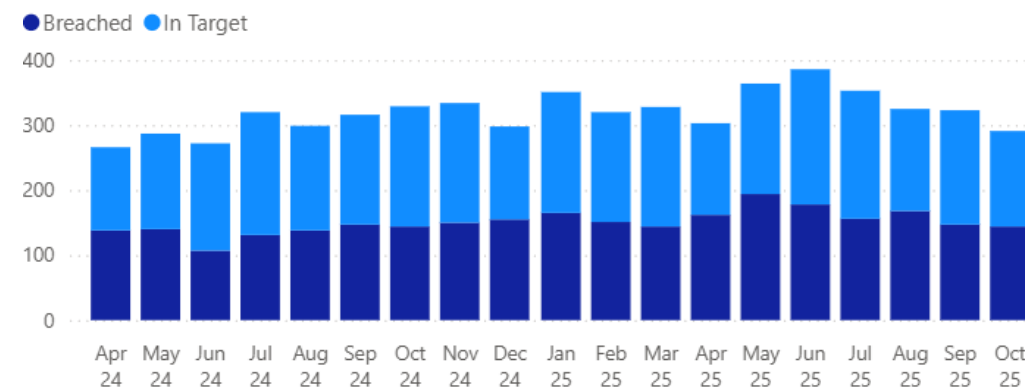
- The percentage of patients in mental health crisis receiving face-to-face (F2F) contact within 24 hours metric
- This is a new metric that does not include all of our work in the urgent care pathway. For instance, it excludes the Rapid Response Service / Blue Light Line and Staying Well Services.
- We are working with the national team to standardise this metric construction.
- 49% of patients were reported as having had a F2F contact within 24 hours, against a national average of 58%.

Q1 NOF: 49% of patients were reported as having had a F2F contact within 24 hours, against a national average of 58%. SPFT is ranked 33 out of 45 MH Trusts.

Percentage of patients in mental health crisis to receive face to face contact within 24 hours Q1 2025-26



24 hours – total contacts



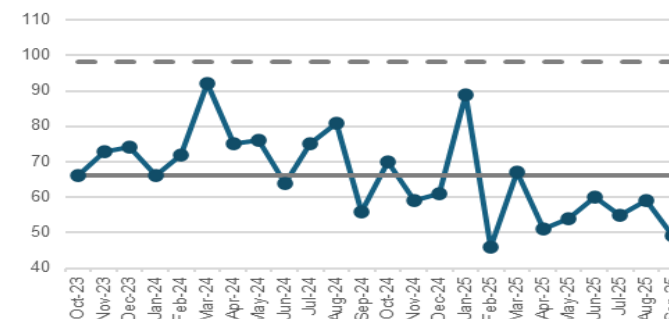
Locally reported data (53% within 24 hours in Oct 2025)

Actions to improve patient safety

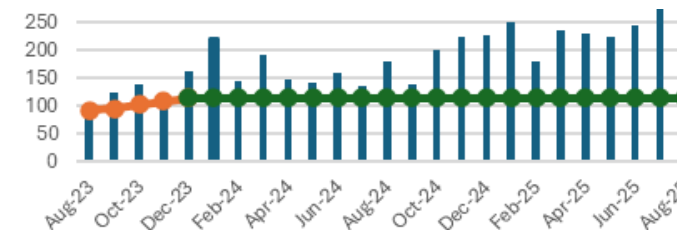
Actions to improve timely face-to-face contact

- Significant work is underway to improve timeliness of provision, capacity and promoting alternatives to A&E.
- Increasing provision of staying well services
- Blue light line - 24/7 support for emergency services
- Havens crisis assessment units
- Text Sussex service
- 24-hour 7-day a week mental health crisis support line is delivered via NHS 111
- Crisis home treatment teams

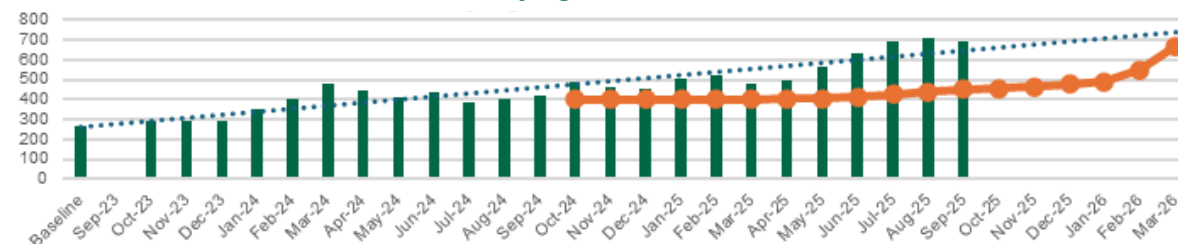
S136 Detentions



Text Sussex



Staying Well services



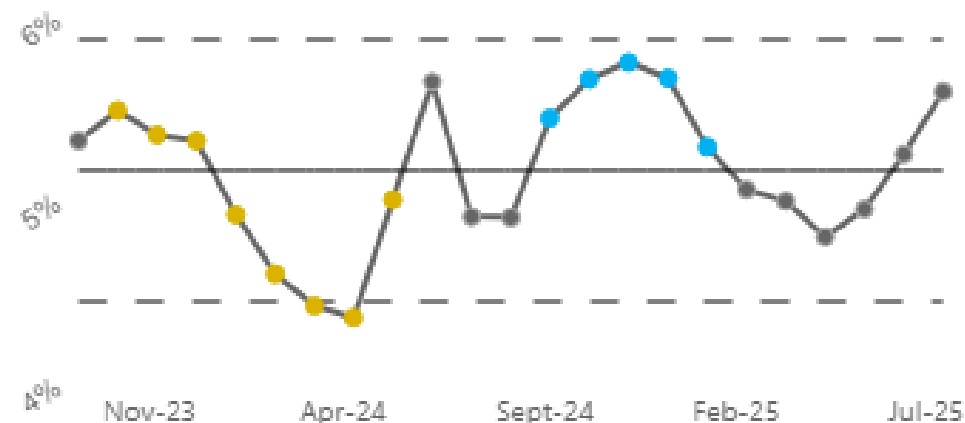
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People and workforce

People and workforce

- There are two areas of focus in this domain
 - Sickness Absence Rate
 - NHS Staff Survey Engagement.
- Our overall staff engagement score of **6.69** against the national average **7.07**
- The sickness absence rate for August (reported one month in arrears) is 5.5%, against a Trust target of 4%.

Sickness absence



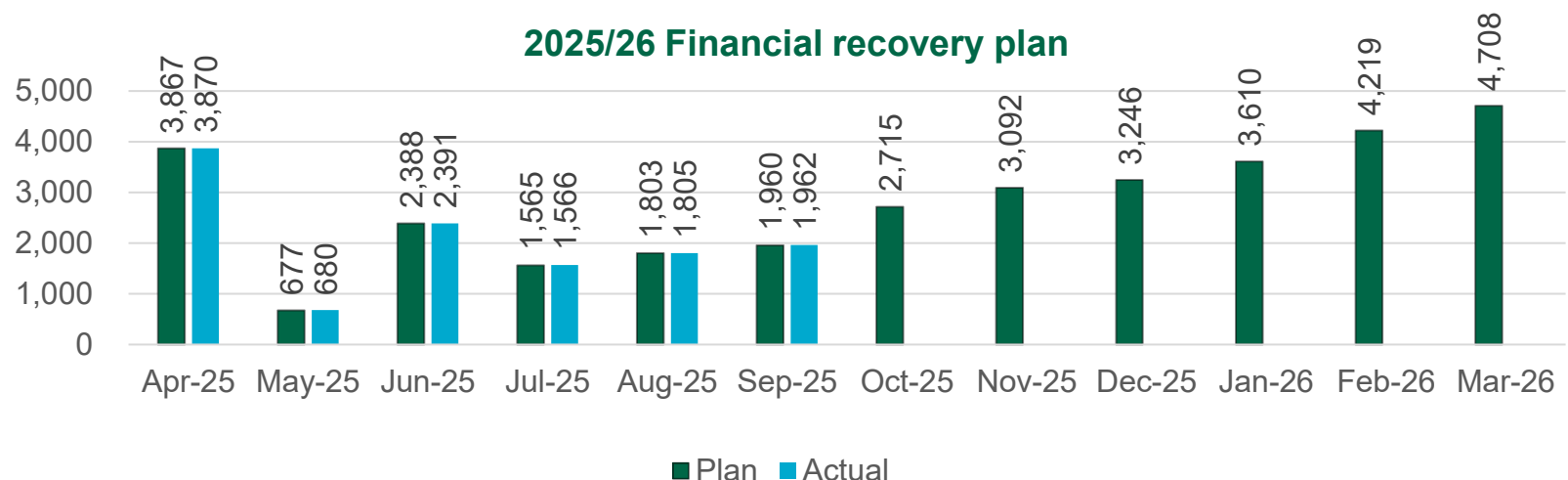
Actions to improve people and workforce

- Strengthen staff engagement through roadshows and site visits
- Increase staff survey completion rates through communications and engagement
- Embed the survey as a driver for improvement throughout the year
- Monthly wellbeing and sickness absence workshops for managers
- Supportive staff interventions developed including training and support
- A range of health & wellbeing resources promoted and shared with colleagues



Finance and productivity

- Metrics that determine financial scores include deficit level, financial variation to plan and the relative cost index when compared to other peer organisations.
- A provider with a financial deficit and in receipt of deficit support funding cannot be placed higher than segment 3.
- We have a plan to recover our deficit position, and in turn to improve our relative cost index.
- The 2025/26 Financial Recovery Programme has a savings target of £33.85m (6% efficiency), which follows us delivering our plan to save £25m in 2024/25.
- The largest component of the plan is reducing use of temporary staffing and optimising use of our workforce. At month 6 we are on track with delivery to the financial plan and have an identified route to deliver the plan for the second half of the year.





Sussex Partnership
NHS Foundation Trust

Thank you for your time

Our Trust charity:

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Our vision

Delivering great care and
improving outcomes together

