

## Meeting of the Council of Governors

14:00 – 16:30 on Thursday 23 November 2023

Boardroom, 2nd Floor Washington Suite, Worthing Hospital,  
Lyndhurst Road, Worthing, BN11 2DH

### AGENDA – MEETING IN PUBLIC

Item 1	Time: 14:00	<b>Welcome and Apologies for Absence</b> To note	Verbal	Presenter: Chair Alan McCarthy
Item 2	14:00	<b>Quoracy of Council of Governors Meetings</b>	Verbal	Presenter: Chair Alan McCarthy

*A meeting of the Council shall be quorate and shall not commence until it is quorate. Quoracy is defined as meaning that there shall be present at the meeting at least one third of all Governors (7 allowing for vacancies). Of those present, at least 51% shall be elected Governors.*

Item 3	14:00	<b>Declarations of Interests</b> To note and agree any required actions	Verbal	Presenter: All
Item 4	14:00	<b>Minutes of Council of Governors Meeting in PUBLIC held on 17 August 2023</b> To approve	Enclosure	Presenter: Chair Alan McCarthy
Item 5	14:05	<b>Matters Arising from the Minutes</b> None	N/A	Presenter: Chair Alan McCarthy

### ACCOUNTABILITY

Item 6	14:05	<b>Chief Executive Report to Council</b> To receive and agree any necessary actions	Enclosure	Presenter: George Findlay
Item 7	14:20	<b>Quality and Safety Improvement Programme</b> To note	Enclosure	Presenters: George Findlay / Darren Grayson
Item 8	14.40	<b>Report from the Patient Engagement &amp; Experience Committee Meeting held on 14 September 2023</b> To note	Enclosure	Presenter: Frances McCabe as Committee Chair
Item 9	14:50	<b>Report from the Membership Engagement Committee Meeting held on 19 October 2023</b> To note	Enclosure	Presenter: John Todd as Committee Chair

Item 10	14.55	<b>Update on NED recruitment</b> To note	Verbal	Presenters: Chair Alan McCarthy
<b><u>LISTENING AND REPRESENTING</u></b>				
Item 11	15.05	<b>Lead Governor's Report</b> To receive and agree any necessary actions	Enclosure	Presenter: Lindy Tomsett
Item 12	15.15	<b>Public Governors' Update</b>	Verbal	Those public Governors in attendance
Item 13	15.20	<b>Improvement Groups</b> <ul style="list-style-type: none"> <li>▪ Retail Catering</li> <li>▪ End of Life &amp; Mortality</li> <li>▪ 3Ts – Second Stage/Cancer Centre</li> </ul>	Verbal Verbal Verbal	Presenter: John Todd Presenter: Frances McCabe Presenter Maria Rees
Item 14	15.35	<b>Staff Governors' Update</b> To receive and agree any necessary actions	Verbal	Presenter: Jo Norgate
Item 15	15:40	<b>Appointed Governors' Update</b> <ul style="list-style-type: none"> <li>• Brighton &amp; Hove City Council</li> <li>• University of Brighton</li> <li>• West Sussex County Council</li> <li>• Voluntary Sector - Age UK</li> <li>• Inclusion</li> </ul> To receive and agree any necessary actions	Verbal	Presenter: Those appointed Governors in attendance
<b><u>OTHER ITEMS</u></b>				
Item 16	16.00	<b>Audit Committee - Chair Feedback</b> To receive and agree any necessary actions	Presentation	Presenter: David Curley
Item 17	16.20	<b>Company Secretary Report</b> To note	Enclosure	Presenter: Alan McCarthy on behalf of Glen Palethorpe
Item 18	16.25	<b>Any Other Business</b> To receive and action	Verbal	Presenter: Chair Alan McCarthy
Item 19		<b>Questions from the public</b> To receive and respond to questions submitted by the public at least 48 hours in advance of the meeting.	Verbal	Presenter: Chair Alan McCarthy
Item 20	16:30	<b>Date and time of next meeting:</b> The next meeting in public of the Council of Governors is scheduled to take place at <b>14:00 – 16:00 on Thursday 29 February 2024</b>	Verbal	Presenter: Chair Alan McCarthy
Item 21	16.30	<b>To resolve to move to private session.</b>		

*The Council now need to move to a private session due to the confidential nature of the business to be transacted.*

# Minutes



**Minutes of the Council of Governors meeting held in Public at 2pm on Thursday 17 August 2023 in the Boardroom, Second Floor, Washington Suite, Worthing Hospital, Lyndhurst Road, Worthing, BN11 2DH and virtually via Microsoft Teams Live Broadcast.**

Alan McCarthy	Chairman
George Findlay	Chief Executive Officer
Darren Grayson	Chief Governance Officer
Rob Haigh	Deputy Chief Medical Officer
John Todd	Public Governor – Adur
Maria Rees	Public Governor - Arun
Lindy Tomsett (Lead Governor)	Public Governor - Chichester
Doug Hunt	Public Governor – Mid Sussex
Colin Holden	Public Governor – Mid Sussex
Claire Bewick-Holmes	Staff Governor – Princess Royal Hospital
Andy Cook	Staff Governor – Royal Sussex County Hospital
Sue Shepherd	Staff Governor – Worthing Hospital
Miranda Jose	Staff Governor – Peripatetic
Helen Rice	Appointed Governor – Voluntary Sector
Cllr Alison Cooper	Appointed Governor – West Sussex County Council
Varadarajan Kalidasan	Appointed Governor – Trust Inclusion Groups
Paul Layzell	Non-Executive Director
Lizzie Peers	Non-Executive Director
Bindesh Shah	Non-Executive Director
Malcolm Reed	Non-Executive Director
Claire Keatinge	Non-Executive Director
Jackie Cassell	Non-Executive Director

**In Attendance:**

David Vincent	Director of Workforce, Planning & Deployment
Jane Woollard	Deputy Chief Nurse
Glen Palethorpe	Company Secretary
Jan Simmons	Governor and Membership Manager

COG/08/23/1	Welcome and Apologies for Absence	ACTION
1.1	Alan McCarthy welcomed all those present to the meeting and extended a particular welcome to members of the public who were in attendance and those viewing the meeting remotely.	
1.2	Alan also welcomed Claire Bewick-Holmes as the new Staff Governor for the Princess Royal Hospital, Colin Holden as the publicly elected Governor for Mid-Sussex and Councillor Bruno De Oliveira the recently Appointed Governor for Brighton & Hove City Council.	
1.3	Alan advised the Council that David Vincent was attending the meeting on behalf of David Grantham, Chief People Officer and Jane Woollard was attending on behalf of Leanne McLean, Chief Nurse. Alan also noted that apologies had been received from the following members:	
1.4	<b>Governors:</b> Maggie Gormley, Public Governor, Chichester, Pauline Constable, Public Governor, Worthing, Jo Norgate, Staff Governor, St Richard's Hospital,	

Frances McCabe, Public Governor, Brighton & Hove, Kate Galvin, Appointed Governor, Brighton University and Paul Wayne, Public Governor, Horsham.

**COG/08/23/2 Quoracy of Council of Governors Meetings**

- 2.1 The meeting was quorate with more than one third of all Governors in attendance and at least 51% of those present being publicly elected Governors.

**COG/08/23/3 Declarations of Interests**

- 3.1 Councillor Bruno De Oliveira declared that his partner worked for the ICS Mental Health, Sussex Healthcare as Collaborative Project Manager. The Council agreed this did not cause any conflict that needed managing during this meeting.
- 3.2 There were no further interests declared.

**COG/08/23/4 Minutes of Council of Governors Meeting in PUBLIC held on 18 May 2023**

- 4.1 The minutes of the meeting held in Public on 18 May 2023 were **APPROVED** as a correct record.

**COG/08/23/5 Minutes of Council of Governors Meeting held in PRIVATE on 18 May 2023**

- 5.1 The minutes of the meeting held in Private on 18 May 2023 were **APPROVED** as a correct record.

**COG/08/23/6 Minutes of Council of Governors Meeting held on 25 July 2023**

- 6.1 The minutes of the meeting held on 25 July 2023 were **APPROVED** as a correct record.

**COG/08/23/7 Matters Arising from the Minutes of Meeting**

- 7.1 There were no matters arising from the minutes of the previous meetings.

**ACCOUNTABILITY**

**COG/08/23/8 Chief Executive Report to Council**

- 8.1 George Findlay presented the report that provided the Council with a summary from the Chief Executive report including the work of UHSussex over the last quarter.
- 8.2 George began by acknowledging that the past three months had continued to be extremely challenging for staff and services and once again wished to thank colleagues for their hard work, stalwart commitment and dedication, adding that the continued industrial action, high demand for urgent care and large waiting lists caused by the pandemic had all contributed to the persisting difficulties faced by the Trust.
- 8.3 George then took the opportunity to apologise to all patients whose care had been affected in recent months and confirmed that the Trust was doing its very best to reschedule patients as swiftly possible, while industrial action for key groups within the workforce looked set to continue.

- 8.4 Despite the ongoing pressures and relentless demands there were many positive developments and achievements including the Trust STAR awards that recognised the extraordinary achievements of staff and the difference they made to patient care.
- 8.5 George went on to highlight the innovative new knee replacement technology that was now available at the Trust and the dedicated Sussex Endometriosis Centre (SEC) service at Princess Royal Hospital that had maintained its accredited status for the third year running. George updated the meeting about a study led by Professor Martin Llewelyn, Consultant in infection at UHSussex and Professor of Infectious Diseases at Brighton and Sussex Medical School, which was linked to a study that showed that within 12 months hospitals had reduced overall antibiotic use by almost 5%, compared to the previous year.
- 8.6 The Trust had also celebrated the second National Healthcare Estates and Facilities Day to recognise the invaluable contribution of its 2,000 colleagues who worked across the organisation and Volunteers Week to recognise the wonderful support they provided for patients, visitors and staff.
- 8.7 The Council noted the ongoing investment in the hospitals with a new renovated fracture clinic at St Richard's Hospital, the development of a Community Diagnostic Centre at Southlands Hospital, and a new children's audiology unit opened at the Royal Alexandra Children's Hospital.
- 8.8 George was pleased to report that the first patients were treated in the new Louisa Martindale Building at the Royal Sussex County Hospital in Brighton on 12 June 2023 with all moves completed by July. The building includes millions of pounds worth of new medical equipment installed including MRI and CT scanners, x-ray units and bi-planar scanners. The successful opening was a testament to the thousands of people who had worked on the building programme over the years. George extended his thanks to everyone involved who had worked extraordinarily hard to make the building ready and to have successfully managed the move.
- 8.9 George outlined some recent examples of support provided for staff. These included the opening in May of the Southview Lounge, a new staff space in Worthing Hospital, the Menopause Café, a new developing culture workstream, a relaunch of the Trust's Ambassador Programme for staff, a new Health and Wellbeing Outlook Calendar, Cost of Living support service, Freedom to Speak Up Staff Handbook, The Guardian Service, Conflict Resolution Training and staff conferences.
- 8.10 George concluded his report with a CQC update following the unannounced inspection in early August. The team had inspected medical services at Worthing and St Richard's Hospitals and surgery services at Princess Royal, Royal Sussex Country, St Richard's and Worthing Hospitals. A formal report of their findings can be expected over the coming months.
- 8.11 The Council **RECEIVED** the Chief Executive's report.

**COG/08/23/9      Report from the Patient Engagement & Experience Committee Meeting held on 15 June 2023**

- 9.1 Glen Palethorpe presented the report on behalf of Frances McCabe, the Committee Chair, from the meeting held on 15 June 2023.
- 9.2 Glen reminded the Council that the Patient Engagement and Experience Committee had refocused its meetings to ensure they were hearing more dynamically about engagement and improvement opportunities. The meetings were always well attended by Healthwatch and the last meeting was also attended by the Head of Nursing for Fundamental Nursing Standards in relation to Peer Reviews.
- 9.3 The Committee had received an update on the Welcome Standards programme which had been developed based on feedback from patients and the method in which they were being incorporated into the everyday processes in the Trust.
- 9.4 The Committee also received a brief overview of the register of Governor activities that showed their involvement in various improvement projects within the Trust.
- 9.5 In addition, the Committee had received the Quarter 4 Patient Experience report that provided an opportunity for the Governors to see the report as presented to the Trust Board and which detailed both positive and negative causes for patient experiences. The Committee was reminded that the Trust received far more positive plaudits from patients and their families than complaints.
- 9.6 Glen advised that there were no matters from the meeting that needed to be escalated to the Council for their action and noted that the meeting was productive and continued with its refocus on understanding things happening in the organisation and where the Governors could assist with improvement opportunities.
- 9.7 Doug Hunt asked if Peer Reviews would continue. Glen replied that although they had been paused in some areas, they would recommence, and work was being undertaken to ensure they took place consistently across all sites.
- 9.8 The Council **NOTED** the report of the Patient Engagement & Experience Committee Chair.

**COG/08/23/10      Report from the Membership Engagement Committee Meeting held on 20 July 2023**

- 10.1 John Todd as Committee Chair presented the report from the Membership Engagement Committee's meeting held on 20 July 2023.
- 10.2 John reported that the Committee had noted that the current levels of membership were above the minimum levels per constituency as set out in the Trust's constitution.
- 10.3 Recruitment events during May and June had included participation with Voluntary Services, Sexual Health partners and invited to collaborate with the ICB in events being held as part of the NHS 75 and Shared Delivery Plan Engagement calendar.

- 10.4 John advised that the membership team had developed a range of publicity materials and a joint flyer to reflect the new My University Hospitals Sussex charity.
- 10.5 The Committee had discussed attendance at a number of events including Worthing Pride, Trans Pride and the Trust's AGM where awareness was raised of recruiting new members.
- 10.6 John went on to inform the Council that the first of the Expert Talks had been held on 5 June 2023 when members and the public were invited to join the online event to hear Dr Ali Chakera, Lead Consultant for Diabetes talk about both Type 1 and Type 2 diabetes and to find out more about recent developments in diabetes care, treatment, reversal and prevention. The next 'Let's talk about...' event is planned for the Autumn when Dr Wayomi Perera, Consultant in Respiratory Medicine would talk about Chronic Obstructive Pulmonary Disease (COPD).
- 10.7 In addition to the Pride events the Committee received an overview from the Communications Team of the current communication and engagement activities that had been taking place in the organisation including Nurses Day, Maternity, Mental Health week and the Trust's annual STAR awards ceremony.
- 10.8 The Public Involvement Lead for NHS Sussex gave a presentation that detailed the immediate and long-term priorities of the ICB's Shared Delivery Plan and Local Community Networks across West Sussex.
- 10.9 John advised that there were no specific decisions made at the meeting on 20-July 2023 and no matters to be referred to the Council of Governors. However, the Committee would continue to monitor any risk of the membership falling below a constitution minimum in any one of the Trust Governors' constituencies.
- 10.10 The Council **NOTED** the report of the Membership Engagement Committee Chair.

**COG/08/23/11 Report from the Nomination and Remuneration Committee held on 15 June 2023**

- 11.1 Glen presented the report of the meeting of the Council of Governors Nomination and Remuneration Committee held on the 15 June 2023.
- 11.2 Glen advised that the Nomination and Remuneration Committee receives information on Non-Executive Director appointments and also takes oversight of the Chair and Non-Executive appraisals.
- 11.3 Glen went on to report that the Chair and Non-Executive Director appraisals had been undertaken during the last year and that all appraisals had confirmed that the Non-Executive Directors remained fit and proper persons in accordance with the regulations that governed Foundation Trusts.
- 11.4 The Council was informed that objectives had been set for the Non-Executive Directors including one set by the Governors that was linked to increasing the role and visibility of the Non-Executive Directors within the organisation. In this respect Glen advised that work was taking place to align Non-Executive Directors and Governors to specific hospitals.
- 11.5 An objective had also been set by the Governors for the Chair that related to ensuring a strong and collaborative relationship was maintained between the Non-Executive Directors and the Governors whilst recognising that a number



of mechanisms already existed in terms of dedicated Non-Executive Director and Governor meetings and workshops.

- 11.6 Glen further advised that the Committee had agreed to appoint Jackie Cassell for a second three-year term as a Non-Executive Director and that following the retirement of Patrick Boyle, Paul Layzell had been appointed as Deputy Chair, as reported at the last Trust Board meeting.
- 11.7 The Council **NOTED** that the performance appraisals for the Chair and NEDs did **not** identify any matters that need referring to the Council for consideration in respect of their continuation with the Trust and that the process confirmed the Chair and the NEDs remain fit and proper persons.
- 11.8 The Council **NOTED** the governor set objectives for the Chair and each NED had been incorporated into their objective for 2022/23.
- 11.9 The Council **NOTED** the appointment of Jackie Cassell for a second term of three years once her current term ended in March 2024
- 11.10 The Council **NOTED** the appointment of Paul Layzell to Deputy Chair.

#### **COG/08/23/12     Lead Governor's Report**

- 12.1 Lindy Tomsett, Lead Governor, presented the report and began by extending a welcome to the two new Governors, Public Governor Colin Holden for the constituency of Mid-Sussex and Claire Bewick-Holmes, Staff Governor for the Princess Royal Hospital.
- 12.2 Lindy reflected on the impact of the recent industrial action by Junior Doctors, Consultants and Radiographers and commended the forward planning and preparedness strategies of the Trust ensuring that all sites were covered to enable them to respond to urgent and emergency care demands. The Governors applauded the exceptional goodwill and 'can do' attitude across the spectrum of the staff.
- 12.3 The Governors had been pleased to receive a briefing session on the exciting new IT investment in developing the Trust's Electronic Patient Records system as well as a Board and Governors workshop to discuss the developing Clinical Strategy, the progress of the Stroke reconfiguration and the Trust's Equality, Diversity and Inclusion plans.
- 12.4 Lindy advised that the Governors had welcomed the news that the Trust's Cancer service performance was in line with the National target with Preston Park and Princess Royal Hospital now able to offer urgent referrals in less than 62 days.
- 12.5 It had also been noted that the development of a Community Diagnostic Centre at Southlands Hospital was progressing well and would help to relieve the pressure on Emergency Departments and aid local GPs by offering a one stop shop diagnostic ability.
- 12.6 Lindy went on to reference the move into the Louisa Martindale Building (LMB) at the Royal Sussex County Hospital which was now operational. Plans were now progressing for the next phase of the development.
- 12.7 The Governors commended the Trust's Star Awards that took place in June and which were a tribute to individual members of staff and teams and demonstrated how the Trust valued staff across all departments and at all levels.

- 12.8 Finally, Lindy and the Governors expressed their full support for the Trust's vision for the Corporate development plans and investments, recognising that they supported the Trust's vision to provide safe and effective care for all patients despite the continuing industrial action and the impact of the pandemic.
- 12.9 George thanked Lindy for her report and took opportunity to comment and reflect on what was currently the fifth period of industrial action and how it impacted staff and patients. George acknowledged that it had been difficult to cover all the services with staff not only on strike, but others feeling the pressure of extra work and those on annual leave. It had been disappointing that derogations requested had been denied. George emphasised that, whilst the Trust did everything it could to staff the hospitals and make it as safe as it could for patients, the loss of Junior Doctors through industrial action presented a significant challenge for the Trust.
- 12.10 George added that during the recent visit of the Secretary of State to the Trust, he had made him aware of the risks to patients awaiting urgent care and the risk to staff. It was hoped the impasse could be broken and the industrial action brought to an end.
- 12.11 The Council **NOTED** the Lead Governor's report.

**COG/08/23/13 Public Governors' Update**

**Improvement Groups**

**13.1 Retail Catering Steering Group**

- 13.2 John Todd was pleased to report that the Peabody take-away facility in the Louisa Martindale Building (LMB) opened on 10 July 2023 and was proving very popular. The adjacent WH Smith outlet which opened shortly before was also being well supported by staff, patients and the public.
- 13.3 John then informed the Council that the restaurant and terrace on the 6<sup>th</sup> floor of the LMB was currently being equipped and would also be provided by Peabody's; this was due to open in late September.
- 13.4 The Trust was currently reviewing the approach of how retail contracts were managed and John's role in the Retail Catering Steering Group was to give a Governor's perspective.
- 13.5 Alan raised concerns at the number of people seen smoking around the new LMB facility and especially in the open spaces. George responded by commenting that there were a number these environment standards not being consistently adhered to in the Trust and these required resetting. These included smoking, the lack of compliance with the uniform policy and the depositing of rubbish around the sites and that following discussions the Executive Team had proposed that this resetting of standards should be owned and progressed by the hospital leadership teams on each site since it linked into the model of how the Trust was run.
- 13.6 The Council **NOTED** the public Governor's update.

**13.7 RSCH Emergency Department / UTC**

- 13.8 Glen presented a brief update on behalf of Frances McCabe who, as a Governor, had attended the meeting on 15 May 2023 on the Emergency Department development at the Royal Sussex County Hospital. The meeting

had also been attended by a number of senior clinicians and managers as well as those with a patient interest, including Healthwatch and carers.

- 13.9 The Council heard that Fran had reflected that a great deal of planning had already gone into the new department which had been enabled by the space released by the opening of the LMB. Patient representatives had welcomed the chance to be involved early in this exciting new development and to have their voice listened to.
- 13.10 As part of the meeting, there was a walkthrough of A&E majors which was incredibly busy and demonstrated the need for a modern spacious Emergency Department for both patients and staff.
- 13.11 The Council **NOTED** the public Governor's update.

#### **COG/08/23/14 Staff Governors' Update**

- 14.1 Miranda Jose presented the report that reflected on some ongoing challenges and some real positive moves forward, as well as some exciting future projects.
- 14.2 The report from the Staff Governors included good news stories on staffing levels on wards in Worthing and St Richard's hospitals and the improvement in recruitment and retention of staff.
- 14.3 The Staff Governors were keen to work with Executive and Non-Executive colleagues to look at the challenges of the cost-of-living crisis and to determine if there was a direct correlation between this and staff retention levels.
- 14.4 Miranda went on to acknowledge the support that the Trust provided from the Health and Well-being team and the education provided for the role of the Professional Nurse Advocates.
- 14.5 The Staff Governors also acknowledged and congratulated the Trust on the successful opening of the Louisa Martindale Building and the monumental task of moving clinical and administrative areas from where they had been for almost 200 years into the NHS's newest building.
- 14.6 Alan thanked Miranda for the updated and invited questions from the Council.
- 14.7 George also thanked Miranda for the very helpful report and took the opportunity to comment on areas highlighted in the report.
- 14.8 Referring to workforce, George reported that the Trust had 1300 more staff than 12 months ago, sickness rates were the lowest for over 12 months, staff turnover was the lowest it had been at less than 10% and the stability index was at 87% meaning that only 13% of staff had left the Trust during 12 months.
- 14.9 With regard to supporting the recruitment and retention of international educated nurses, George advised that the Trust has a good track record in supporting these staff as looking back over the past two years, most still remained in the organisation and have built up a small support community.
- 14.10 David Vincent confirmed that the Trust retained much of their internationally educated nursing workforce and although international recruitment remained the cornerstone of the Trust's resourcing strategy working with partner Universities, Colleges and newly qualified nurses was also key, with an ambitious target this year to focus on those areas.

- 14.11 Alan enquired if there was an impact on the countries recruited from, given the number of international nurses also being recruited by other Trusts. David advised that the Trust worked from within a specified list of countries and used a framework approved agency to help mobilise those staff. The organisation was not allowed to actively recruit in certain areas where it would be considered inappropriate, and the Trust very much adhered to that.
- 14.12 George added that the countries listed had a strategic over-supply of nursing staff that might flow into other areas but the Trust was aware of the potential ethical impacts and was conscious of the wider needs.
- 14.13 Referring to the earlier conversation around the new Louisa Martindale building and the Emergency Department, George drew the Council's attention to the Trust's breakthrough objective of reducing the median hour of discharge for most patients to leave hospital before 11am adding that to achieve that would completely transform the flow of patients through the Emergency Departments.
- 14.14 With regard to the Trust's recent CQC inspection George advised that the report had not yet been received, although the initial high-level feedback on the day was that no immediate safety concerns were raised. George took the opportunity to reiterate to the Council that the Trust took the input from the CQC very seriously and would respond robustly to any suggested improvements. There were also discussions taking place to improve the governance around the CQC and planning for improvements.
- 14.15 Doug Hunt asked what the Trust's view was on the role of the Professional Nurse Advocate. George confirmed that the investment in Professional Nurse Advocates was a great way to support staff and had been a feature of Midwifery for quite some time and was now being rolled out across the nursing workforce.
- 14.16 The Council **NOTED** the Staff Governors' update.

#### **COG/08/23/15 Appointed Governors' Update**

- 15.1 **West Sussex County Council**
- 15.2 Councillor Alison Cooper provided an update on the activities of the County Council and drew out the following key points.
- 15.3 The heat decarbonisation scheme had been launched by the County Council with the pledge to be net carbon zero by 2030.
- 15.4 In Horsham a state-of-the-art fire and rescue training and fire station had become operational in July 2023 and heralded a new era in the type of facility and also worked towards the Council's plan for carbon neutrality. It had already received enquiries from around the world which would also provide financial stability.
- 15.5 Alison reported that the County Council was increasing its focus on recycling and waste prevention and had officially opened the A259 Angmering to Littlehampton road improvement scheme.
- 15.6 Council members had received a briefing on specific data profiles for their locality providing information on population, population characteristics, major disease burdens, deprivation and health outcomes. This had been useful to understand the individual picture of their community and how it was changing.
- 15.7 The Council **NOTED** the report from the Appointed Governor for West Sussex County Council.

- 15.8 **Voluntary Sector - Age UK**
- 15.9 Helen Rice gave an update on the cost of living crisis and pressures that were impacting the charity sector and highlighted the difficulties the charity was experiencing with regard to contracts, commissioning and workforce.
- 15.10 Recognising the issues raised by Helen, Alan acknowledged that the voluntary sector was important to the Trust and would endeavour to explore ways in which the Trust could work more closely together.
- 15.11 The Council **NOTED** the report from the Appointed Governor for the voluntary sector.
- 15.12 **Inclusion**
- 15.13 Varadarajan Kalidasan (Kali) provided the Council with an update from the Trust's inclusion groups.
- 15.14 Kali advised that the despite not having made as much progress as hoped, the first Equality, Diversity and Inclusion (EDI) meeting was due to be held later this month along with a reference group. An EDI workshop had been held where it was hoped to help staff understand and respond to assumptions that could affect healthcare and staff. The Trust had also had very good representation at the recent Pride events.
- 15.15 Kali informed the Council that he had recently joined the Organ Donation Committee and also worked with the NHS Race & Health Observatory.
- 15.16 Responding to a question from Andy Cook how the Trust could increase the diversity of the Council Kali understood that public Governors were required to represent their constituencies, but the challenge was to encourage people to come forward and to have the right people doing the right job and this was something the Trust acknowledged and recognised that it needed to work on this.
- 15.17 The Council **NOTED** the report from the Appointed Governor for the inclusion groups

#### **OTHER ITEMS**

#### **COG/08/23/16 Sustainability Committee - Chair Feedback**

- 16.1 Lizzie Peers gave a presentation and overview of the Trust's Sustainability Committee explaining that it was a sub-committee of the Trust Board and supported the Trust in achieving its sustainability strategic vision.
- 16.2 Lizzie advised that the assurance and scrutiny work of the Committee was constructed around the three key areas of Patient First Strategy Deployment, the ICS and wider system, and specific assurances of annual requirement such as the Capital Programme and Annual Plan, Annual Financial Plan, Costing Audit Report, Environmental Sustainability Annual Report and IT Strategy.
- 16.3 The focus of the Committee featured Assurance in terms of the delivery of plans and trajectories and risk and mitigation being risks to delivery and mitigating actions.
- 16.4 Lizzie shared with the Council an example of the Committee's quarterly meeting agenda, key risks and outputs of the Committee.
- 16.5 The Council **NOTED** the Systems and Partnership Committee Chair Feedback.

**COG/08/23/17 Company Secretary Report**

- 17.1 Glen Palethorpe presented the report that provided the Council of Governors with an update on matters aligned to the Trust's constitution or other regulatory requirements not covered within other reports.
- 17.2 Glen began by noting the outcome of the Governor elections that had concluded in June 2023 and had been mentioned by Alan and Lindy. Colin Holden was elected as the Public Governor for Mid-Sussex and Claire Bewick-Holmes was elected as the Staff Governor for the Princess Royal Hospital site.
- 17.3 The Council noted that the Trust had vacancies within the public constituencies of Brighton and Hove and Out of area / East Sussex. The time to seek nominations for these two positions was being determined.
- 17.4 Glen advised of the change in the appointed Governor for Brighton and Hove City Council now being Councillor Bruno De Oliveira.
- 17.5 Finally, the Council noted the publication of the Trust's and Charity's 2022/23 annual reports and financial statement on the Trust's website.
- 17.6 The Council **NOTED** the Company Secretary's Report.

**COG/08/23/18 Any Other Business**

- 18.1 There was no other business to discuss.

**COG/08/23/19 Questions from the public**

- 19.1 Response to the question received from Marylis Redpath.
- 19.2 Glen advised that the Trust was providing a written response to the follow up questions that had been raised at the Trust's recent Annual General Meeting.
- 19.3 Glen advised that the second question, from Mr Stuart Richardson, was requesting information from the Board about how the Trust was engaging with Sussex Partnership Foundation Trust or others in respect of the redevelopment of the A&E department at the Royal Sussex County Hospital and its plans and facilities for acutely ill mental health patients.
- 19.4 George advised that the Trust had engaged with and was working with partnership Trusts and Healthwatch to ensure that, especially for patients with mental health needs seeing that quieter rooms would be provided and was working with SPFT to see that patients would be placed in specialist care more quickly.
- 19.5 The Council **NOTED** the questions received from the public.

**COG/08/23/20 Date of Next Meeting**

- 20.1 The next meeting of the Council of Governors was scheduled to take place at 14.00 – 16.00 on Thursday 23 November 2023

Jan Simmons  
Governor & Membership Manager  
23 August 2023

Signed as a correct record of the meeting

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Chair

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Date

<b>Agenda Item:</b>	6	<b>Meeting:</b>	Council of Governors	<b>Meeting Date:</b>	23 November 2023
<b>Report Title:</b>	Chief Executive's Report				
<b>Sponsoring Executive Director:</b>	Dr George Findlay, Chief Executive				
<b>Author(s):</b>	Dr George Findlay, Chief Executive				
<b>Report previously considered by and date:</b>					
<b>Purpose of the report:</b>					
Information	Yes	Assurance	N/A		
Review and Discussion	N/A	Approval / Agreement	N/A		
<b>Reason for submission to Trust Board in Private only (where relevant):</b>					
Commercial confidentiality	N/A	Staff confidentiality	N/A		
Patient confidentiality	N/A	Other exceptional circumstances	N/A		
<b>Link to ICB / Trust Annual Plan</b>					
Link to ICB Annual Plan	N/A	Link to Trust Annual Plan	N/A		
<b>Implications for Trust Strategic Themes and any link to Board Assurance Framework risks</b>					
Patient	Yes				
Sustainability	Yes				
People	Yes				
Quality	Yes				
Systems and Partnerships	Yes				
Research and Innovation	Yes				
<b>Link to CQC Domains:</b>					
Safe	Yes	Effective	Yes		
Caring	Yes	Responsive	Yes		
Well-led	Yes	Use of Resources	Yes		
<b>Regulatory / Statutory reporting requirement</b>					
<b>Communication and Consultation:</b>					
N/A					
<b>Executive Summary:</b>					
<p>This report gives the Council of Governors a summary of highlights from the Chief Executive and the work of UHSussex over the last quarter.</p>					
<b>Key Recommendation(s):</b>					
<p>The Council of Governors is asked to <b>NOTE</b> this report.</p>					



## CHIEF EXECUTIVE REPORT

To: Council of Governors

Date: November 2023

From: Chief Executive – Dr George Findlay

Agenda Item: 6

### 1. THANK YOU

- 1.1 The previous three months proved extremely challenging for our staff and services, with continued spates of industrial action, high demand for urgent care and large waiting lists (caused by the pandemic) all contributing to the persisting difficulties we face. Once again, I wish to take this opportunity to thank colleagues for all their hard work in very difficult circumstances.
- 1.2 Without their dedication, we would not have been able to continue to provide urgent care for those most in need and maintain patient safety in the face of such adversity. Colleagues have pulled together to support one another and have done their utmost to provide high quality care at all times.
- 1.3 During this period, we experienced both the longest strike and first combined junior doctor and consultant strike in NHS history. This ongoing industrial action led to more appointments and elective procedures being rescheduled to ensure we could prioritise patient safety and life-preserving care amidst the disruption.
- 1.4 These decisions are always difficult to take, and we start from a position to continue with as much activity as we can, while managing the risks of strike action. I want to apologise to all our patients whose care has been affected in recent months and confirm that we are doing our very best to reschedule patients and reduce waiting lists as swiftly as we can.
- 1.5 Despite relentless demands upon our staff, there are also many positive developments and achievements that it is important we take time to celebrate and share. So, while we know we have a long way yet to go to address all our challenges, I am delighted to be able to highlight a broad selection of achievements below that have occurred since our last Public Board meeting at the beginning of August. Well done to all colleagues involved.

### 2. ACHIEVEMENTS, AWARDS AND RECOGNITION

- 2.1 Congratulations to *occupational therapist Amanda Cornish* who won our Star of the Month award for July for organising a voluntary community day that saw students improve the garden for the St Richard's neuro-rehabilitation service at Donald Wilson House. Amanda was nominated for her commitment to creating a tranquil space time and time again for patients, having previously welcomed students in 2019 and 2022 to fill the garden with beautiful flowers and plants for patients to enjoy.
- 2.2 Congratulation to *consultant obstetrician and gynaecologist Dr Praneil Patel* who was our Star of the Month for August after being recognised for his kind and supportive attitude to helping those around him at work. Praneil was nominated by midwifery matron Julie Carr for being the "epitome of team working" for the countless occasions he has stepped up to

support his team and colleagues in their time of need, as well as for his exemplary patient care and communications skills.

- 2.3 Congratulations to the *Sussex Orthopaedic Treatment Centre (SOTC) team at Princess Royal Hospital* who were the winners of Star of the Month for September for their “exceptional demonstration of the Trust's values and unwavering commitment to patient care.” The team was nominated for their dedication and resilience during the pandemic, and more recent embodiment of Trust values such as inclusivity, compassion, communication, and professionalism.
- 2.4 Thanks to our physiotherapy team's drive for improvement, a new therapy garden at Worthing Hospital will offer a dedicated outdoor space to support the mental and physical rehabilitation of patients, particularly those who have brain injuries, dementia, have had a stroke or are in the Intensive Care Unit (ICU). Physiotherapy technician, Julie Harris, was instrumental in the garden's creation after recognising patients with these types of conditions could benefit from other forms of therapy away from the busy hospital environment.
- 2.5 A pilot to create a digital pathway for orthopaedic surgery patients at Royal Sussex County Hospital has delivered impressive results that help to reduce the Trust's carbon footprint. Led by trauma and orthopaedic surgeon Sandeep Chauhan, the goal was to reduce the need for face-to-face visits from referrals to discharge and go paper-free wherever possible. After six months, impressive results included reducing face-to-face appointments and pre-assessment visits by 80% and more than 7.5 tonnes CO<sub>2</sub> was saved.
- 2.6 During Sexual Health Week (11-17 September), we celebrated our HIV and sexual health and contraception ‘green team’ who were awarded the Cathy Harman Award at the British Association of Sexual Health and HIV national conference. The team, made up of doctors, nurses, health advisors, pharmacists, administrators, and patients, meet regularly to promote environmental sustainability. During the Trust's last Environment Week, they all made green pledges, such as cutting down on printing, introducing re-usable cups and eating no meat on Mondays, and now 90% of staff in department feel they have made a permanent lifestyle change as a result.

### 3. INVESTING IN OUR HOSPITALS

- 3.1 A newly renovated antenatal clinic at Princess Royal Hospital now provides a dedicated space for antenatal care and offers more services to pregnant women and people. As well as providing a lighter and brighter space, this busy clinic which can see up to 120 people a day, has additional consultation rooms, more areas for them to be seen privately and is wheelchair and pushchair accessible. With extra space, the clinic can offer more services, including a vaccination hub and additional community midwifery clinics.
- 3.2 We have had significant investments approved to transform three of our emergency departments. This includes Worthing Hospital with a new Urgent Treatment Centre, including a Same Day Emergency Care unit (£4.5m); and a reconfiguration of the Acute Floor (including A&E) at Royal Sussex County Hospital (£48m). Unfortunately, the presence of RAAC at St Richard's Hospital has led to a delay of an approved scheme to develop a new Same Day Emergency Care (SDEC) unit (£4.5m) in Chichester. We are currently awaiting national guidance on this scheme. Separately, at Princess Royal Hospital we are piloting a GP-led Urgent Treatment Centre model of care which is already reducing waiting times and enabling our medics to focus on those most in need of their specialist skills.

- 3.3 The opening of our new Southlands Community Diagnostic Centre in Shoreham is supporting our elective care waiting times recovery programme. It provides patients with access to diagnostic and testing services in a purpose-built facility, away from our busy acute hospitals. The centre has opened with brand-new CT and MRI scanners, which will see 45,000 patients per year. There are also three new x-ray rooms, all in one dedicated space. The project is being managed in two phases, with the next phase expanding the facilities to include ultrasound, gynaecological investigations, lung function and echo services.

#### **4. NEW SUSSEX CANCER CENTRE**

- 4.1 Stage 2 of the 3Ts development at the Royal Sussex County Hospital is now underway, following the completion of stage 1 – the Louisa Martindale Building. Stage 2 is a new Sussex Cancer Centre to be built on the south-west corner of the site where the Barry Building is currently situated. Hundreds of people have been sharing their thoughts over the past few weeks during a public consultation on the design of the centre that will help inform a planning application amendment to the council early next year.
- 4.2 The building has been meticulously designed with our patients, their outcomes and wellbeing at the heart of every decision. It will bring state of the art purpose-built facilities, employing novel treatments and technologies, expertise, and research together in an environment that supports improved patient and staff experience. Stage 1 has completely transformed the clinical environment for more than 30 wards and departments since it opened for patients a few months ago. Stage 2 will do the same for our radiotherapy, oncology, and haematology departments too and provide state-of-the-art facilities for patients receiving treatment for cancer when it opens in 2027.

#### **5. NEW RESEARCH AND INNOVATION STRATEGY 2023-28**

- 5.1 Our new Research and Innovation Strategy, published in October, sets out our five-year ambitions for healthcare research and innovation within the Trust and for the people of Sussex. The strategy supports our overarching Patient First vision of providing excellent care, every time for all our patients, and broader improvement strategy.
- 5.2 From expanding access to research to offering new treatments, our research and innovation strategy is informed by what our patients, public and staff have told us, what our clinical and academic leaders think, and the health and wellbeing needs of our local population.
- 5.3 Through the strategy, we aim to:
- Engage with patients and staff to ensure our research is driven by their needs
  - Embed research and innovation in the organisation and in the daily lives of our patients and staff
  - Offer research and innovation career opportunities for our staff
  - Develop high-quality research and innovation support services and facilities
  - Develop partnerships across Sussex with other NHS organisations, our medical school, other academic partners, charities, and commercial partners
  - Improve care for our patients, the NHS and beyond

## 6. SUPPORTING OUR PEOPLE

- 6.1 Our staff are our most precious resource, and we have a broad programme to provide support for them, as well as thank, acknowledge, and recognise everything they do for our patients, each other, and the Trust. Below are some recent example:
- 6.2 The Staff Psychological Support Service has supported more 430 colleagues so far in 2023/24. The Trust's counselling rooms are currently being refurbished, with Princess Royal and Worthing Hospital rooms the first to receive a face-lift. Additionally, Jane and Kelly from the service facilitated Breakout Rooms at our staff conference, focusing on personal resilience and mental wellbeing techniques for more than 150 staff.
- 6.3 Nearly 400 members of staff are now trained in Mental Health First Aid. The first peer support continuous professional development session was held on 11 October, providing trained staff with an opportunity to check-in, receive a knowledge and skills update, and share resources. Five more sessions have been organised during the next 12 months.
- 6.4 Nearly 100 colleagues from across the Trust have become the first to sign up for our refreshed Trust Ambassador scheme. Our ambassadors are members of staff who want to go above and beyond to help promote our Patient First improvement programme and our values, as well as provide support to other colleagues and for Trust initiatives. New ambassador badges will be provided to staff in-person during 'meet and greet' sessions with our hospital directors.
- 6.5 A virtual Menopause Café was held on World Menopause Day (18 October), focusing on hormone replacement therapy. With guest speaker Dr Rhianydd McGlone, a practicing GP with an Advanced Certificate in Menopause Care, the welcomed 65 staff attendees. The menopause group has nearly 200 members receiving information and providing peer support. The Trust is signed up to the Menopause Pledge.
- 6.6 The Heritage Space in the Louisa Martindale Building opened to staff in September, with a new timetable of classes including yoga, Pilates, and meditation. Massage, discounted activities and other classes are also available to staff at Princess Royal, Worthing, St Richard's and Southlands with offers being added to the intranet every month.
- 6.7 Our *Cost of Living* support service, launched in January, has continued to help colleagues. To date, the panel has allocated more than £84,000 to support around 450 staff with cost-of-living rises, a sudden drop in income or help with an unexpected expense which has caused hardship. Additionally, Tracy Cox-Horton, our dedicated Financial Wellbeing Support Officer from Wave Community Bank started July 2023, offering 1:1 appointments to help staff with money management, budgeting, debt advice and saving and loan advice. So far, she has supported 241 staff with their finances. Both initiatives are being supported by *My University Hospitals Sussex Charity*.
- 6.8 The Guardian Service launched in August with Trish Marks appointed as the Trust's first independent Freedom to Speak Up Guardian. 52 staff have reported a concern the service launched with 24 cases already resolved. Highest reported issues were around systems and processes, followed by management issues and other relationship breakdowns or behaviour. October was 'Speak Up Month'. New 'Speak Up' banners are now displayed across the Trust outside Wellbeing Hubs and Education Centres.

## 7. INTERESTED TO FIND OUT MORE?

- 7.1 The news section of our website provides more detail and great images related to some of the events and achievements I have referenced above. Please visit [www.uhsussex.nhs.uk/news](http://www.uhsussex.nhs.uk/news). We are also very active on social media. Please join the conversation, comment, like and share by searching for @UHSussex on your favourite platform or use the hashtag #UHSussex. We also invite people living locally to join UHSussex as a member, volunteer in our hospitals or develop their career with us. With seven hospitals across Sussex and numerous satellite services, we are proud to be at the heart of the communities we serve. We wish to welcome others to our UHSussex family too. Visit [www.uhsussex.nhs.uk/join-us](http://www.uhsussex.nhs.uk/join-us) - thank you.

## 8. RECOMMENDATIONS

- 8.1 The Council of Governors is asked to **NOTE** the Chief Executive Report.

<b>Agenda Item:</b>	7.	<b>Meeting:</b>	Council of Governors	<b>Meeting Date:</b>	23 November 2023
<b>Report Title:</b>	Quality and Safety Improvement Programme				
<b>Sponsoring Executive Director:</b>	Darren Grayson, Chief Governance Officer				
<b>Author(s):</b>	Darren Grayson, Chief Governance Officer				
<b>Report previously considered by and date:</b>					
<b>Purpose of the report:</b>					
Information	N/A	Assurance	Yes		
Review and Discussion	N/A	Approval / Agreement	N/A		
<b>Reason for submission to Trust Board in Private only (where relevant):</b>					
Commercial confidentiality	Yes / N/A	Staff confidentiality	Yes / N/A		
Patient confidentiality	Yes / N/A	Other exceptional circumstances	Yes / N/A		
<b>Link to ICB / Trust Annual Plan</b>					
Link to ICB Annual Plan	N/A	Link to Trust Annual Plan	N/A		
<b>Implications for Trust Strategic Themes and any link to Board Assurance Framework risks</b>					
Patient	Yes				
Sustainability	Yes				
People	Yes				
Quality	Yes				
Systems and Partnerships	Yes				
Research and Innovation	Yes				
<b>Link to CQC Domains:</b>					
Safe	Yes	Effective	Yes		
Caring	Yes	Responsive	Yes		
Well-led	Yes	Use of Resources	Yes		
<b>Regulatory / Statutory reporting requirement</b>					
This report relates to undertakings on its FT licence entered into by the Trust					
<b>Communication and Consultation:</b>					
QSIP will be enabled by wide engagement and communications within the Trust and with system partners and regulators.					
<b>Executive Summary:</b>					
<p>The undertakings recently entered into require the Trust to develop and deliver a comprehensive improvement plan that gives assurance to the Board, system partners and regulators that the improvements identified by the CQC as 'must and should dos' are being delivered in a timely way. This includes those identified in the CQC Well-Led inspection report February 2023. The undertakings also require the Trust have an open and transparent reporting framework and ensure effective Board oversight.</p> <p>The slides attached summarise the approach being taken by the Trust.</p> <ul style="list-style-type: none"> <li>A draft charter for the programme has been developed that sets out the problem statement, the scope of the programme, the goals it is aiming to achieve, the key performance indicators, exit criteria etc.</li> <li>Governance has been established including the creation of a new Board committee for QSIP and a Chief Executive Chaired Steering Group both to meet each month.</li> <li>The Terms of reference for the committee have been drafted and will be presented to a future Board meeting for approval.</li> <li>External oversight is provided through established processes with the ICB and NHSE.</li> </ul>					

- Four delivery workstreams have been established: improving quality governance and risk management, improving RSCH and PRH surgery, improving safety culture and improving quality assurance.
- Two enabling workstreams have been identified: internal and external staff engagement and communications.
- All the workstreams have Executive leads and director lever Senior Responsible Officers.
- Project charters for each delivery workstream have been developed enabling work on charters for the enabling workstreams to progress.
- A high-level timeline is in place that envisages that the programme will be fully articulated by the end of November.
- A summary of progress across all the CQC 'should and must dos' including Well-Led is attached in the appendices.
- Work continues to address areas for improvement whilst the plan is being developed. These include improving training and appraisal compliance.
- The Steering Group is reviewing the consequences of QSIP on the delivery of the plan for this year with a view to identifying aspects that might be managed differently to create capacity across the Trust.

**Key Recommendation(s):**

The Council of Governors is asked to **NOTE** the reporting to the Trust Board.





University Hospitals Sussex  
NHS Foundation Trust

# Quality & Safety Improvement Programme (QSIP)

Council of Governors  
November 2023



## Background – NHS Undertakings

NHS England and the ICB are supportive of University Hospitals Sussex remaining in the National Oversight Framework segment 3 if undertakings focussing on actions to reduce the risk of breaching elements of its Licence were agreed with UHSx. The Board considered this, and undertakings were agreed with NHS England that cover two key areas - quality and governance.

### QUALITY

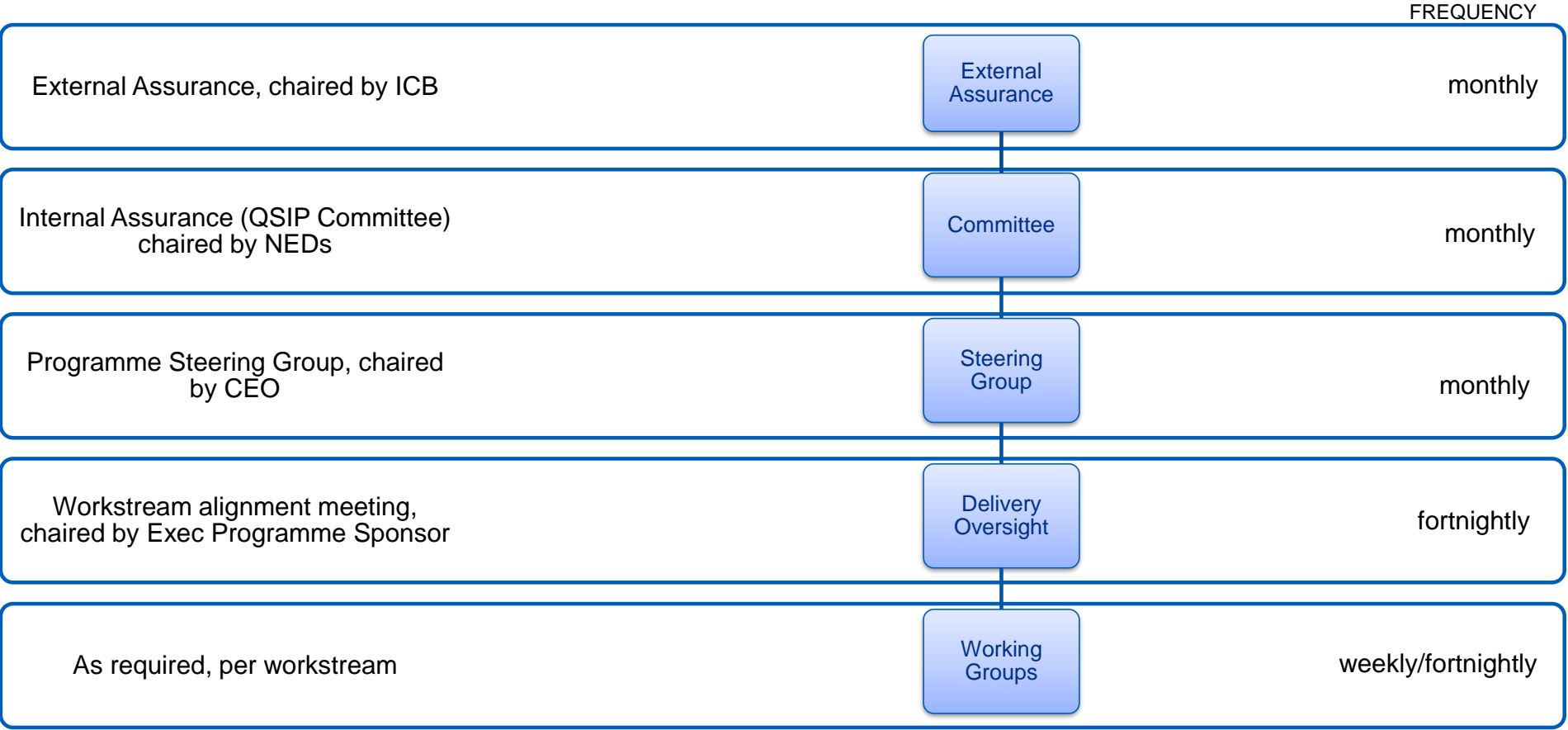
- ▶ Development of a comprehensive improvement plan with Board level accountabilities, incorporating feedback from NHSE and any external reviews commissioned as part of its improvement work
- ▶ The improvement plan will include:-
  - ▶ Priorities and actions in relation to all previous CQC inspection reports
  - ▶ Delivery improvement to four-hour performance and planned care
  - ▶ Engage and support staff in the improvement plan
  - ▶ Transparent internal processes and reporting is available to provide staff with confidence to raise concerns
  - ▶ Ensure effective mechanisms for all staff to provide feedback and respond effectively to this feedback including staff survey, complaints, grievances and whistleblowing concerns
  - ▶ Ongoing triangulation of the impact of improvement actions with wider quality metrics including patient and staff feedback, incidents and complaints
- ▶ Demonstrate ongoing delivery of the comprehensive improvement plan through an open and transparent reporting framework

### GOVERNANCE

- ▶ Ensure sufficient capacity and capability to lead and oversee successful delivery of the plan and ensure Board oversight and accountability for incidents, clinical harm, complaints and patient feedback
- ▶ Ensure effective Board-level governance arrangement to oversee planned delivery, including response to whistleblowing cases, complaints, staff feedback and serious incidents

Project Charter		DRAFT Quality & Safety Improvement Programme (QSIP) – PARENT CHARTER		Date Agreed	October 2023 v3 DRAFT
Problem Statement					
The Trust has entered into undertakings with NHSE that address a series of performance, quality and safety metrics and processes that have been identified by regulators as requiring improvement. Whilst there exists a number of improvement projects currently underway in the Trust – including corporate projects, strategic initiatives and business-as-usual management of safety, quality and risk – these are not providing the speed of improvement required. The Trust requires a coherent single improvement plan that delivers improvements quickly and provides assurance to the Board and regulators.					
Scope		Project Goal		Exit Criteria	
<p><b>In scope</b></p> <ul style="list-style-type: none"><li>Priorities and actions in relation to all previous CQC inspection reports, and anticipated new reports due end 2023</li><li>Delivery of NHS Undertakings</li><li>Improvement of safety culture in the Trust</li></ul> <p><b>Out of scope</b></p> <ul style="list-style-type: none"><li>Patient First Improvement Programme (although there will be formal links between PF tools/capability to deliver elements of this programme)</li><li>BAU activities to deliver ongoing Quality and Safety in the Trust</li><li>Deliver improvement to four-hour performance and planned care</li></ul>		<ul style="list-style-type: none"><li>Deliver sustainable improvement to the quality and safety of our services</li><li>Engage and support staff in the improvement plan</li><li>Transparent internal processes and reporting is available to provide staff with confidence to raise concerns</li><li>Ensure effective mechanisms for all staff to provide feedback and respond effectively to this feedback including staff survey, complaints, grievances and whistleblowing concerns</li><li>Ongoing triangulation of the impact of improvement actions with wider quality metrics including patient and staff feedback, incidents and complaints</li></ul>		<ul style="list-style-type: none"><li>Key quality and safety metrics achieving Trust standard</li><li>Clear and robust processes embedded into BAU resources</li><li>Achieve minimum GGI Maturity level 3 (out of 6) across all clinical divisions</li><li>External stakeholders (NHSE and ICB) are comfortable that sufficient progress has been made</li><li>The Trust’s reporting of incidents has reached sufficient maturity to ensure improved awareness of risk and safety in the organisation</li><li>Staff are comfortable raising concerns related to safety and quality</li></ul>	
Sponsor & Project Team		Governance Structure		Project Roadmap & Timescales	
<p>Executive Programme Sponsor – Darren Grayson SRO – tbc</p> <p>Programme Management Office – Jo Smith / 2 x project managers All Executives Identified SROs for workstreams Additional resources as identified to support workstream completion, to be agreed with relevant Exec leads as programme progresses</p> <p>BAU processes that remain under existing resource structures</p>		<div><div>Committee</div><div>Steering Group</div><div>Delivery Oversight</div><div>Workstreams</div></div> <div><div>QSIP Committee</div><div>QSIP Steering Group</div><div>Delivery Oversight Group</div><div><div>Improving Quality and Patient Safety</div><div>Improving Safety Culture</div><div>Improving Patient Safety</div><div>Improving Quality Assurance</div><div>Engagement (Internal)</div><div>Engagement (External)</div><div>Comms</div></div></div>		<ul style="list-style-type: none"><li>Phase 1 – Scoping and design of programme. Project charter/s signed off with programme resources identified and in place, alongside agreed programme governance. Plan articulated (end Nov 23)</li><li>Phase 2 – Understanding the as-is and getting started. Baseline assessment of current state. Set KPIs and trajectories. Implement quick wins (end Dec 23)</li><li>Phase 3 – Make improvements (to end Sep 24 – 9 months)</li><li>Phase 4 – Sustain Improvements (to end March 25 – 6 months)</li></ul>	
Critical Success Factors & Key Risks		Project KPIs (Target)		Benefits Realisation	
<p><b>Critical Success Factors</b></p> <ul style="list-style-type: none"><li>Review of Trust strategic priorities - both BO/SI/CP as well as Patient First priority projects – to create capacity in organisation to deliver speed of improvements</li><li>Maintaining relationship with external parties to ensure expectations are managed and delivered against</li><li>Quality of data produced and reported (links to BI)</li></ul> <p><b>Risks</b></p> <ul style="list-style-type: none"><li>Continued and changing priorities from external authorities, including upcoming CQC reports and potential future inspections</li><li>Identified improvement may require business cases and source of funding</li><li>Limited internal SME resources to deliver programme</li></ul>		<ul style="list-style-type: none"><li>Key safety and quality metric delivery (to be defined through workstreams)</li><li>Delivery of all Must do/should do actions within agreed timelines</li><li>GGI Maturity of Level 3 (minimum) across all clinical divisions</li><li>100 Datix reports per 1000 bed days</li></ul>		<ul style="list-style-type: none"><li>tbc</li></ul>	

# Governance of Quality & Safety Improvement Programme



## Problem Statement

The Trust has entered into undertakings with NHSE that address a series of performance, quality and safety metrics and processes that have been identified by regulators as requiring improvement. Whilst there exists a number of improvement projects currently underway in the Trust – including corporate projects, strategic initiatives and business-as-usual management of safety, quality and risk – these are not providing the speed of improvement required. The Trust requires a coherent single improvement plan that delivers improvements quickly and provides assurance to the Board and regulators.

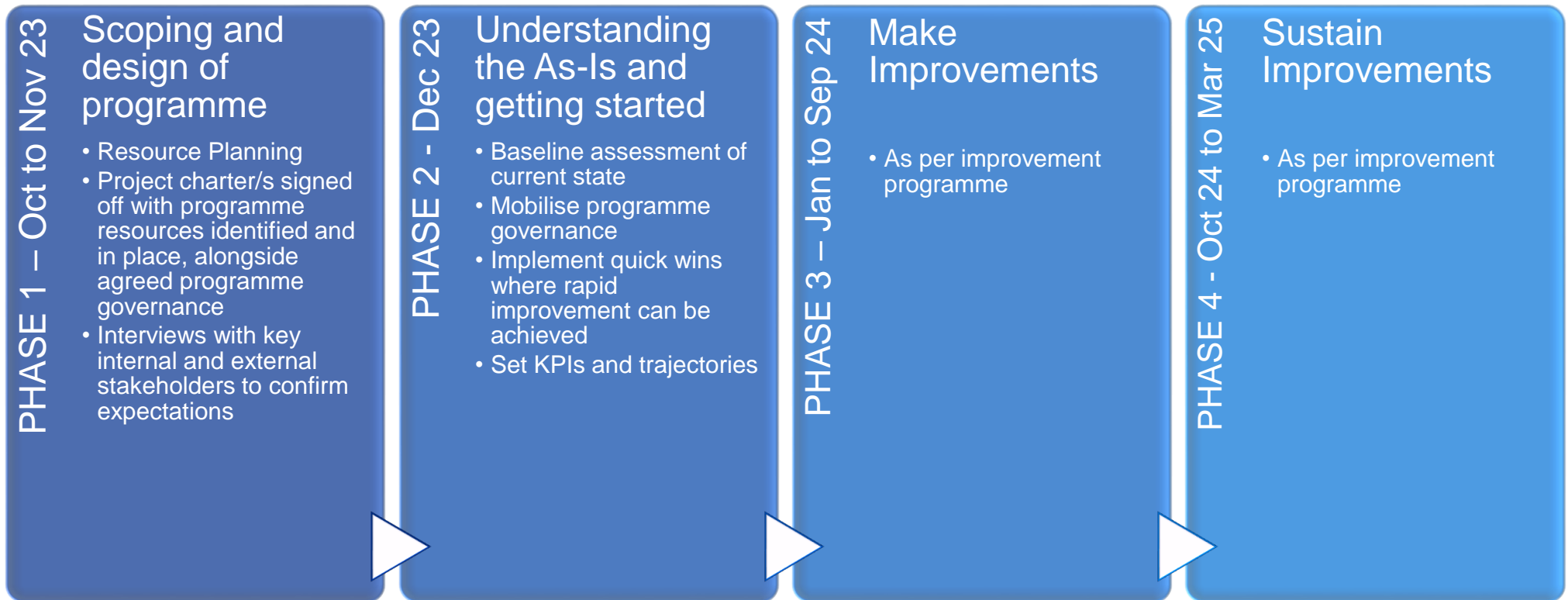
## Project Goal

- Deliver sustainable improvement to the quality and safety of our services
- Engage and support staff in the improvement plan
- Transparent internal processes and reporting is available to provide staff with confidence to raise concerns
- Ensure effective mechanisms for all staff to provide feedback and respond effectively to this feedback including staff survey, complaints, grievances and whistleblowing concerns
- Ongoing triangulation of the impact of improvement actions with wider quality metrics including patient and staff feedback, incidents and complaints

## Exit Criteria

- Key quality and safety metrics achieving Trust standard
- Clear and robust processes embedded into BAU resources
- Achieve minimum GGI Maturity level 3 (out of 6) across all clinical divisions
- External stakeholders (NHSE and ICB) are comfortable that sufficient progress has been made
- The Trust's reporting of incidents has reached sufficient maturity to ensure improved awareness of risk and safety in the organisation
- Staff are comfortable raising concerns related to safety and quality

# Project Roadmap & Timescales



# Improvement Workstreams

Alongside 3 enabling workstreams (Internal Engagement, External Engagement and Communications), there are four key improvement workstreams:-

## Improving Quality Governance & Risk Management

- Achievement of Trust quality standards
- Standardised speciality & divisional processes
- Improved maturity of divisional quality governance
- Standardised roles and responsibilities
- Systems used to manage quality and risk are fully operational
- Effective quality governance and risk management processes to enable timely response to risk and safety issues

## Improving RSCH & PRH Surgery

- Development and operationalisation of new model of care and workforce model for general surgery in Brighton & Haywards Heath
- A sustained improvement in leadership, where effective leaders are nurtured and supported to deliver improvements in departmental culture and staff engagement
- Increased confidence in provision of high quality surgical training
- Improvement performance against key quality and safety KPI

## Improving Safety Culture

- Improved safety culture in the Trust
- Delivery of a framework tool to help assess and measure safety culture
- Develop roles, responsibilities and processes to enhance the effectiveness of reporting and feedback, and embed an open, learning culture
- Ensure that safety culture training is embedded into organisation and considered core to staff

## Improving Quality Assurance

- Design the system that provides assurance of completion of must do/should do
- Assure delivery against must do / should do action plans
- Ensure standard work is in place to embed future requests into streamlined ways of working that deliver required assurance to internal and external parties





**University Hospitals Sussex**  
NHS Foundation Trust

# Well-Led Action Plan - Update

Appendix A

## Well-Led Action Plans

Action plans related to our previous Well-Led inspection continue to be progressed, with the current status shown below of the 8 Must Do and 5 Should Do recommendations:-

	RED	AMBER	GREEN	BLUE
	Significant Risk	Progressing with risk	In Progress / On Track	Completed
Must Do	-	3	4	1
Should Do	-	1	1	3

Status @ 26 October 2023



Of the four items showing at amber risk:-

Recommendation	Status	Next steps
Reporting via Trust systems	Behind schedule due to delays with launch of Datix IQ Incident module launch.	System anomalies currently being addressed with Provider. Oversight of incidents currently remains through Quality Governance Steering Group
Ensure staff of black and minority ethnic backgrounds are not disproportionately disadvantaged	Work is scheduled to take place throughout the year	Work is underway to cascade the delivery of the EDI plan into the clinical and corporate operating divisions
Review medical staffing in RSCH Surgery to ensure service can deliver safe and responsive care	Business case prepared	Due to be presented to Business Case Scrutiny Panel November 2023
Ensure staff with long-term health conditions are protected in line with Equality Act 2010 ( <i>should do</i> )	Work in progress, including 'Lived experience' videos and workshops launched to help raise awareness.	Need to conclude on central budget to fund support with reasonable adjustments; cascade EDI plan into clinical and corporate divisions



**University Hospitals Sussex**  
NHS Foundation Trust

# Divisional Action Plan - Update

Appendix B

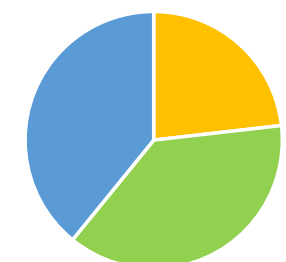
## Divisional Action Plans

The Trust has received action plans relating to eight different inspection visits, taking place between September 2021 and October 2022. There were 69 must do/should do improvements identified, and the Trust has been managing these through action trackers owned and maintained by the relevant clinical divisions, reporting up through divisional quality meetings, through Quality & Governance Steering Group and into Quality Committee.

Of the 69 improvements identified, 27 have been completed:-

	RED	AMBER	GREEN	BLUE
	Significant Risk	Progressing with risk	In Progress / On Track	Completed
Must Do	-	10	17	11
Should Do	-	6	9	16

Status @ 26 October 2023



■ Risk ■ On Track ■ Completed

Among the 27 items complete, this includes a variety of improvements including:-

- Significant improvements in STAM compliance
- 100% compliance to WHO '5 steps to safer surgery' checklist
- Increased use of Tendable (software) to enable daily oversight on key equipment checks
- Improved physical environment for patients with Dementia in the emergency department at Brighton

## Divisional Action Plans

Of the 16 items shown at risk, all have action plans in place with many due to complete by end Q3:-

Division	Must Do	Should Do	Comments
Surgery (2022)	3	0	<ul style="list-style-type: none"> <li>• Cancellations: Project underway to right-size theatre capacity at across the whole of UHSx, to create emergency and elective capacity where it is required</li> <li>• Staffing: Business case due to be presented November 2023 to increase funding for medics</li> <li>• Delays: Corporate Project underway to deliver RTT performance. Progress has been impacted by operational pressures and doctor/nurse strikes</li> </ul>
Maternity RSCH	1	0	<ul style="list-style-type: none"> <li>• Triage RAG: an audit tool is now in usage to ensure compliance across all four sites and is being monitored regularly</li> </ul>
Maternity WTG	0	3	<ul style="list-style-type: none"> <li>• Telephone Triage delivered by midwives: Working group in place across 4 sites</li> <li>• Meds Mgmt annual training: new starters receive training, with annual refresher being discussed through Medicines Optimising committee</li> <li>• Triage area: physical environment identified with minor works being completed</li> </ul>
ED RSCH	3	3	<ul style="list-style-type: none"> <li>• Lifesaving Training: being delivered through study days, education days and B7 PBLS/ABLS</li> <li>• Safeguarding Training: being delivered through study days</li> <li>• Mental Health skills: multiple actions in progress</li> <li>• STAM/Appraisals: in progress, with improved visibility and oversight</li> </ul>
Upper GI	3	0	<ul style="list-style-type: none"> <li>• OOO Staffing: Business case due to be presented November 2023</li> <li>• MDT: moving to regional MDT hosted by Guildford Hospital, with job plans being updated to support</li> </ul>

<b>Agenda Item:</b>	8	<b>Meeting:</b>	Council of Governors	<b>Meeting Date:</b>	November 2023
<b>Report Title:</b>	Report from Patient Engagement and Experience Committee Meeting Chair				
<b>Responsible Governor:</b>	Frances McCabe, Public Governor, Brighton and Hove				
<b>Author(s):</b>	Frances McCabe, Public Governor, Brighton and Hove				
<b>Report previously considered by and date:</b>	N/A				
<b>Purpose of the report:</b>					
Information	Yes	Assurance	Yes		
Review and Discussion	N/A	Approval / Agreement	N/A		
<b>Reason for submission to Trust Board in Private only (where relevant):</b>					
Commercial confidentiality	N/A	Staff confidentiality	N/A		
Patient confidentiality	N/A	Other exceptional circumstances	N/A		
<b>Link to ICB / Trust Annual Plan</b>					
Link to ICB Annual Plan	N/A	Link to Trust Annual Plan	N/A		
<b>Implications for Trust Strategic Themes and any link to Board Assurance Framework risks</b>					
Patient	Yes				
Sustainability	N/A				
People	N/A				
Quality	Yes				
Systems and Partnerships	N/A				
Research and Innovation	Yes				
<b>Link to CQC Domains:</b>					
Safe	Yes	Effective	Yes		
Caring	Yes	Responsive	Yes		
Well-led	Yes	Use of Resources	N/A		
<b>Regulatory / Statutory reporting requirement</b>					
<b>Communication and Consultation:</b>					
<b>Executive Summary:</b>					
<p>The Patient Engagement and Experience Committee met on 14 September 2023. The meeting was quorate with six Governors in attendance. It was also attended by the Director of Patient Experience, Engagement and Involvement, the Assistant Director of Patient Experience, Strategy and Improvement as well as a representative from Healthwatch and for an item on Patient Led Assessments of the Care Environment (PLACE) the Deputy Director of Facilities and Estates. Apologies were received from the NHS Integrated Care Board representative.</p> <p>The Committee continued to shape its agenda to receive information on activities at the Trust that are structured to improve the patient's experience and to hear directly from governors about their experience within Trust improvement projects. At this meeting it heard from Governors involved in the Length of Stay and Discharge along with the stage 2 and 3 projects.</p> <p>The Committee received information on the continuing delivery of the Trust's Patient Experience Strategy and the work continuing to deployment of the Trust's Welcome Standards along with an update on the Trust's PLACE audits and the 2023/24 Quarter 1 Patient Experience Report. The Committee also received feedback from Healthwatch on their patient and community engagement projects.</p>					

Key Recommendation(s):

The Council is asked to **NOTE** that there were no matters from this meeting that were referred to the Council for action.

## COMMITTEE HIGHLIGHTS REPORT TO BOARD

<b>Meeting:</b>	<b>Patient Engagement &amp; Experience Committee</b>	<b>Meeting Date:</b>	<b>14 September 2023</b>	<b>Chair:</b>	<b>Frances McCabe</b>	<b>Quorate:</b> Yes
<b>Declarations of Interest Made</b>						
There were no declarations of interest made.						
<b>Assurances received at the Committee meeting</b>						
<p><b>Patient Experience Strategy</b></p> <p>The Committee <b>received</b> an update on the progress made on the addressing inequalities – the voice of the least heard section of the Trust's patient experience strategy. The Committee <b>received</b> information on work undertaken covering the areas of improving accessibility through the deployment of accessible information meeting the accessible information standards, reviewing patient information leaflets through a structured project to test their accessibility, the use of universal logos in support of wayfinding and having accessible translation and interpretation services. The Committee also <b>received</b> information on the work the Trust has undertaken to ensure within the welcome standards training this covers inclusion and how the Trust is embedding within its improvement work a process to consider who could be impacted and then build this into the work programme including securing user representatives of less heard groups, the use of population health stratified data when considering change.</p> <p><b>Patient Lead Assessments of the Care Environment (PLACE) visits</b></p> <p>The Committee was <b>updated</b> that these have now commenced across the whole Trust, however it was clear that work needed to be undertaken to ensure governors are given the opportunity to attend these audits.</p> <p>The Committee was informed that the Annual PLACE visits are required to be undertaken by the beginning of November 2023. The Deputy Director of Facilities and Estates informed the meeting that she is working with various partners such as healthwatch but also internal teams including house-keeping, IP&amp;C, and Governors to formulate a visit plan. The Committee was informed that as had been noted previously work will be undertaken to ensure governors are made aware of the planned timing for these visits to allow them to take part.</p> <p>The Committee <b>received</b> information on actions being considered by the Trust to improve the wider ward environment for patients.</p> <p><b>Welcome Standards Update</b></p> <p>The Committee <b>received</b> an update on the delivery of the Welcome Standards programme. Staff working on the Emergency Department receptions and main receptions are all scheduled to be trained by end of October. Stakeholder engagement has been undertaken providing awareness of the programme along with providing a high-level summary of the programme itself and how this programme is aligned to the Trust's values. Assistance Director of Patient Experience, Strategy and Improvement informed the meeting that the training being provided utilises prior patient feedback relevant to that area to bring the training scenarios to life for the staff being trained. The Committee <b>noted</b> the work being undertaken on the development of a validation programme of the areas application of these standards which will incorporate a review of patient feedback pre and post training along with observations of the welcomes given in practice. The Committee welcomed the progress in rolling out these standards to staff and the training offered to support staff to provide the best welcome possible.</p>						



### **Register of Governors' Activities**

The Committee also **received** a brief overview of the register kept of the Governors' involvement in the various improvement groups within the Trust.

### **Improvements Group Attendees' Feedback**

The Committee was provided with an update on two improvement groups that had met recently, the Length of Stay and Discharge and 3Ts Phase 2.

The Committee **received** an update from the public governor on the Discharge workshop that was undertaken on the 6 June. The meeting **noted** the workshop was well attended and provided the Trust with an abundance of feedback on what within the Trust's patient information resonated well and what could be improved to communicate with patients on what to expect especially for patients and their family when the patient may not return to their previous level of ability post discharge and to commence discussions early if extra help is needed along with improved bed boards showing clear information on discharge planning.

Health Watch commented on message they hear from patients correlates that good communication between staff and patients helps patients and families to plan for discharge. Heathwatch flagged that the provision of contact information for other organisations who may be able to help as the person transitions to out of hospital care could be helpful to patients and their families.

The Committee also **received** an update on the recent workshop in respect to the design of the 3Ts stage 2 and 3 cancer centre. The meeting heard how the workshop was productive in providing information on what design elements were considered valuable by patients. The Architect designs are being shaped by this feedback.

### **Healthwatch Update**

The Committee **received** feedback from Healthwatch on their patient and community engagement projects. Heathwatch confirmed that they are working well with the ICB and valued their recent visit to the Community Diagnostic Centre at Southlands and were pleased to hear about the project had been designed after listening to the views of the patients.

Heathwatch added that like many organisation working within healthcare they are working to improve the diversity of their group of volunteer assessors to bring other perspectives based on their experiences into these assessments.

### **Patient Experience 2023/24 Quarter 1 Report**

The Committee **received** the Trust's 2023/24 Quarter 1 Patient Experience Report. The Committee **noted** that during the reported quarter patient feedback had maintained a broadly positivity rating for their experiences especially within the various Emergency Departments. The Committee **noted** that within Q1 the level of complaints received by the Trust has increased as had the level of engagement with PALs. The relocation of the PALs team into LMB has improved with accessibility to this service.

The Director of Patient Experience, Engagement and Involvement informed that the Trust is expecting to receive the outcome of the national A&E survey and that of in patients from 2022. The Committee requested a report on the outcome of these surveys and the actions being taken. The Committee noted that the outcome national maternity survey will follow.

The Committee discussed the ways the Trust learns from datix incidents and feedback and noted that the Trust is deploying the new Patient Safety Incident Response Framework tools to improve the ways the Trust's learns.

Actions taken by the Committee within its Terms of Reference
The Committee did not take any specific decision at this meeting over the approval of the previous minutes.
Items to come back to Committee / Group (Items Committee / Group keeping an eye on)
<p><b>National Survey reports</b> To receive and understand the improvements being made as a result of the survey feedback (ED and In-Patient surveys should be released by the next meeting)</p> <p><b>Patient Access Corporate Project update</b> To receive an update on this key project, noting this may not be until the February Committee</p> <p><b>Research and Innovation activities</b> To note how the work supported by the Trust's R&amp;I Strategy is aligned to improved patient experience of healthcare</p> <p><b>Patient Safety Incident Response Framework</b> To receive an update on how the Trust's application of this framework is improving the Trust's learning processes. Noting this is to be scheduled for the February Committee meeting.</p>
Items referred to the Board or another Committee for decision or action
The Council is asked to <b>NOTE</b> that there were no matters from this meeting that were referred to the Council for action.

<b>Agenda Item:</b>	9	<b>Meeting:</b>	Council of Governors	<b>Meeting Date:</b>	23 November 2023
<b>Report Title:</b>	Report from Membership and Engagement Committee Meeting Chair				
<b>Sponsoring Executive Director:</b>	John Todd, Public Governor for Adur and meeting chair				
<b>Author(s):</b>	John Todd, Public Governor for Adur and meeting chair				
<b>Report previously considered by and date:</b>	N/A				
<b>Purpose of the report:</b>					
Information	Yes	Assurance	Yes		
Review and Discussion	N/A	Approval / Agreement	N/A		
<b>Reason for submission to Trust Board in Private only (where relevant):</b>					
Commercial confidentiality	N/A	Staff confidentiality	N/A		
Patient confidentiality	N/A	Other exceptional circumstances	N/A		
<b>Link to ICB / Trust Annual Plan</b>					
Link to ICB Annual Plan	N/A	Link to Trust Annual Plan	N/A		
<b>Implications for Trust Strategic Themes and any link to Board Assurance Framework risks</b>					
Patient	Yes	A vibrant membership will support the Trust with its engagement activities in support of enhancing patient experience of the Trust's services.			
Sustainability	N/A				
People	Yes	A vibrant membership will support the Trust's Staff with their drive to learn from our patients and their family.			
Quality	Yes	A vibrant membership will support the Trust with its engagement activities in support of enhancing the quality of the Trust's services			
Systems and Partnerships	Yes	A vibrant membership will support the Trust as it seeks to engage within the system.			
Research and Innovation	N/A	A vibrant membership will support the Trust as it seeks to engage within the local population in respect of research activities.			
<b>Link to CQC Domains:</b>					
Safe	Yes	Effective	Yes		
Caring	Yes	Responsive	Yes		
Well-led	Yes	Use of Resources	N/A		
<b>Regulatory / Statutory reporting requirement</b>					
<b>Communication and Consultation:</b>					
<b>Executive Summary:</b>					
<p>The Membership and Engagement Committee met on 19 October 2023. The Committee was quorate with seven Governors attending, four of which were publicly elected, one staff governor and two appointed governors and a member of the Trust Communications Team the Head of External Affairs.</p> <p>The Committee received a report on the Trust's membership and recruitment activities undertaken during the second quarter of 2022/23 along with an update from NHS Sussex Health and Care Partnership on their engagement activities recognising those which offer an opportunity for the Trust to link into to extend our membership. The Committee received an update on the wider Trust engagement activities.</p>					
<b>Key Recommendation(s):</b>					
The Council is asked to <b>NOTE</b> the actions of the Committee and <b>NOTE</b> that the Committee referred no matters to the Council for their action.					

### COMMITTEE HIGHLIGHTS REPORT TO BOARD

<b>Meeting:</b>	<b>Membership and Engagement Committee</b>	<b>Meeting Date:</b>	<b>19 October 2023</b>	<b>Chair:</b>	<b>John Todd</b>	<b>Quorate:</b> Yes
<b>Declarations of Interest Made</b>						
There were no declarations of interest						
<b>Assurances received at the Committee meeting</b>						
<p>The Committee <b>RECEIVED</b> a report on the Trust's membership and <b>NOTED</b> that the current levels of membership were above the minimum levels of membership per constituency as set out within our constitution.</p> <p>The Committee discussed the Trust's performance within each of the key membership strategy themes of, recruiting; welcoming; engaging and enhancing membership communication. The Committee <b>NOTED</b> that recruitment events across the quarter has seen an increase of some 51 members recruited across all constituencies up to the end of September and the value gained from Trust's membership administrator attendance at fresher's week at Chichester University, Worthing College and Haywards Heath College. This attendance was in partnership with colleagues from the Sexual Health and My University Hospitals Sussex Charity teams.</p> <p>The Committee <b>NOTED</b> that the team now use an iPad to show prospective members the Health Service discounts they can enjoy by becoming members and had attended the staff conference offering the opportunity to remind staff to encourage friends and family members to join the Trust.</p> <p>The Committee <b>NOTED</b> that the second in the programme of online Expert Talks was held on the 26 September 2023, which was given by Dr Wayomi Perera, Consultant in Respiratory Medicine and entitled Collapsing Walls and Shrinking Tennis Courts – COPD in action. This event was well attended with over 40 people attending which was an increase from the first event in June. A recording of these two events have been placed on the Trust's website allowing people to either watch back or those who were not able to attend to watch these.</p> <ul style="list-style-type: none"> <li>• <a href="#">Collapsing walls and shrinking tennis courts: COPD in action</a></li> <li>• <a href="#">Let's talk about Diabetes</a></li> </ul> <p>The Head of External Affairs provided an overview of the current communication and engagement activities that had been taking place in the organisation and with external colleagues. These included the engagement with the members on the plans for the Sussex Cancer Centre development. The Committee <b>NOTED</b> that the Trust Communication's Team are reviewing the Trust physical media use to extend the reach of the Trust information.</p> <p>The Committee <b>RECEIVED</b> an update from the Public Involvement Lead for NHS Sussex detailing the engagement activities that are planned for forthcoming quarter allowing the Trust's membership team and governors to attend. The Committee also received a short update on the work the NHS Sussex has co-produced with many of the seldom heard communities to improve access to NHS Services.</p>						
<b>Actions taken by the Committee within its Terms of Reference</b>						
The Committee made no specific decisions at this meeting.						
<b>Items to come back to Committee / Group (Items Committee / Group keeping an eye on)</b>						

The Committee continues through the Member Engagement Report (received at each meeting) to monitor the low risk that membership would fall below a constitutional minimum in any one of the Trust governors' constituencies.

**Items referred to the Board or another Committee for decision or action**

The Committee referred no matters to the Council of Governors, Board or other Committee for action.

<b>Agenda Item:</b>	11	<b>Meeting:</b>	Council of Governors	<b>Meeting Date:</b>	23 November 2023
<b>Report Title:</b>	Lead Governor's Report				
<b>Sponsoring Executive Director:</b>	Lindy Tomsett, Lead Governor				
<b>Author(s):</b>	Lindy Tomsett, Lead Governor				
<b>Report previously considered by and date:</b>					
<b>Purpose of the report:</b>					
Information	Yes	Assurance	N/A		
Review and Discussion	N/A	Approval / Agreement	N/A		
<b>Reason for submission to Trust Board in Private only (where relevant):</b>					
Commercial confidentiality	N/A	Staff confidentiality	N/A		
Patient confidentiality	N/A	Other exceptional circumstances	N/A		
<b>Link to ICB / Trust Annual Plan</b>					
Link to ICB Annual Plan	N/A	Link to Trust Annual Plan	N/A		
<b>Implications for Trust Strategic Themes and any link to Board Assurance Framework risks</b>					
Sustainability	N/A				
People	N/A				
Patient & Quality	N/A				
Systems and Partnerships	N/A				
Research and Innovation	N/A				
<b>Link to CQC Domains:</b>					
Safe	N/A	Effective	N/A		
Caring	N/A	Responsive	N/A		
Well-led	Yes	Use of Resources	N/A		
<b>Regulatory / Statutory reporting requirement</b>					
<b>Communication and Consultation:</b>					
<b>Executive Summary:</b>					
This report provides the Council with an update of activities up to November 2023					
<b>Key Recommendation(s):</b>					
The Council is asked to <b>NOTE</b> this report.					

Lead Governors 5<sup>th</sup> Report  
November 23<sup>rd</sup> 2023

Once again I start my report with the knowledge that the Doctors and Consultants as of yet, have not been able to find a resolution to their pay demands and so the concerns of more strikes continues to hang over us all. We recognise the strain this has on every single member of staff within the Trust and the Governors want to reiterate our complete support as we have every confidence in the Executive Team and CEO who are working tirelessly to ensure the Public receive expert care at the point of need and these services maintain the safety of the patient first and foremost.

However, challenges are never far away and since I last reported there has been several topics in the National headlines. The recent Letby case has caused a lot of public concern, which was swiftly acknowledged by the Executive team and a general communication was put out to the Staff as a recognition of the situation and help allay any fears and concerns.

The next National headline was regarding the defects in some buildings due to the use of RAAC. The Trust has been busy investigating its own buildings and through the surveys undertaken has been able to confirm that RAAC does not exist in either the Royal Sussex County Hospital and Princess Royal Hospital sites. The survey for Worthing Hospital has identified the potential for RAAC in one small plant room and a more detailed investigation is underway to determine what action may be needed. At St Richard's hospital RAAC has been confirmed within a few areas and following a more detailed investigation by a structural engineer and NHS England it has been confirmed that the RAAC does not present any immediate concerns. The Trust is working with NHS England to eradicate all RAAC and the Trust is currently placed in Phase 3 of this national programme. The pace with which the Trust responded to this, with surveys undertaken quickly to identify any challenges is testament to the values of providing high quality care in a safe environment and whilst RAAC has been identified it is pleasing to note this has not resulted in any disruption to the services the Trust provides.

An extraordinary meeting was arranged so that Alan (Chairman) could give the Governors a briefing on the 'Quality Improvement Programme' which has been developed by the Executive team. Together they have worked diligently to formulate this plan as a result of the CQC's inspection and the conditions they imposed after finding serious concerns in safety and leadership issues. The Plan sets out a comprehensive time schedule via establishing a series of work streams. These were comprehensively explained to the Governors. This plan is well underway through an open and transparent framework and the Governors wish to wholeheartedly endorse it and we all feel incredibly optimistic about the Trusts' future.

The Governors have been very active since my last report. All the Public Governors have attended NHS providers workshop sessions. These workshops give a clearer insight into the functioning, recent progress and future planning of the NHS. It also provides a unique opportunity for Governors from the attending Trusts to discuss how they function and exchange views on their role as a Governor within their own establishments. This is an extremely useful exercise in exchanging ideas and learning more about the wider experiences of other Trust Governors.

Lucy Bloem and Lizzie Piers, Maria Rees and I met on the 25<sup>th</sup> September as members of the Governors Alignment group for St Richards Hospital together with Charlotte Freeman the Hospital Director and 3 other members of staff for the first of our regular working together group, using a peer review process.

It was a very informative morning and culminated in a strategy document whereby the aim will be on each occasion that we meet, to highlight any celebrations within the operational areas we visit and note any areas for improvement needing action. During this review we were shown where the new



7 days per week 12 hours per day SDEC Unit will be situated and this £45m project. Each subsequent meetings will start with a feed back on the previous peer reviews. Further meeting dates have been agreed and all those in attendance felt it will be an extremely beneficial arrangement and look forward to it continuing.

Six Public Governors attended the 'Stakeholders' Panel to meet and hear from the prospective candidates who wish to become a NED of this Trust as we need to replace two NEDS whose term of office has expired. It was a very useful opportunity for questions from both the Candidates and the Governors.

It is important for any new NED to understand that the Governors wish to maintain a solid and robust alignment with the NEDS and the Executive Team as the Governors are in a unique position in developing such a partnership within the realms of their own perimeters.

One of our Public governors (Maria Rees) was invited to attend the planning group for the new Sussex Cancer Services in Brighton. This is the 2<sup>nd</sup> phase of the 3T's redevelopment, and Maria will be presenting an update with more information later in the meeting today.

Three Governors attended the Staff Conference in October. This offered them a great opportunity to network with Staff members, which afforded a dual purpose of informing staff of the Governors commitment within the Trust and demonstrating how Governors value being involved with promoting the Conference theme of '*Patient First is what makes UHSussex a great place to work*'. We also took the opportunity to encourage the Staff to take part in the 'staff survey' which can provide some much needed information in assisting the Trust to take the Conferences theme forward and improve the Staffs' day to day working experiences

Some Governors are also involved with the ongoing monthly star nominations which will culminate in the yearly prestigious star awards ceremony

As Lead Governor, I was invited to attend the Sussex Community Foundation Trust Governors day and meet Governors within the Sussex Community Trust. Stephen Lightfoot from the ICB gave a presentation on 'Improving Lives Together' the aim of this is to provide a seamless service to all the people of Sussex. This is another great initiative for the future of community services, and he has since given this same presentation to all the Governors at a briefing a week ago.

The Governors briefings continue and provides frequent updates on new projects that are scheduled or underway. Such as a new £4.45m UTC at Worthing Hospital to work alongside the A&E department, thereby expanding the A&E operational capacity. Not forgetting the £48m redevelopment of the Emergency Department at RSCH. Also the first phase of the Community Diagnostic Centre at Southland's has been completed and handed over. The second phase will be an increase in radiology, USS, Gynaecology, lung function and Echo services.

All good news for the continuing progress of the Trust 'Where better never stops' and for the Governors to voice these developments in the Public arena at any available opportunity. Along with our continuing support for the actions to deliver the Trust's Operational Plan and our confidence in the Trusts' ability to fulfil these goals.

Also just some extra information regarding the Trust's commitment to the Nation Blood and Transplant Service. During the first 6 months of this year's reporting (April 2023 - March 2024) UHSussex have had 20 solid organ Donors resulting in 46 patients receiving a transplant and the report is well worth a read from the November Board Pack on the Trust's website. This is another example of this Trust's exceptional services to the Public and we applaud this commitment.

Lindy Tomsett  
Lead Governor  
November 2023





University Hospitals Sussex  
NHS Foundation Trust

# Audit Committee Update to Council of Governors

David Curley – Chair, Audit Committee  
23 November 2023

# The role of the Audit Committee

- To scrutinise the governance, risk management and internal control arrangements put in place to ensure achievement of organisational objectives.

In other words :

**“To test, on behalf of the Trust Board, whether this is a well run organisation that delivers what it plans”**

**And we do this in four main ways:**

1. External audits – to check statutory items (accounts & annual report)
2. Internal audits – to check whatever we choose (usually higher risk areas)
3. Counter Fraud Services – to check likely fraudulent areas
4. Executive reports and challenge – to check in person

# 1. External Audit



## Perform audit work and then provide an opinion on:

- Financial Statements (2022/23 Unqualified opinion)
- Annual Report (2022/23 No issues)
- Value for Money Conclusion (2022/23 Significant matters to report in respect of quality governance)

## Improved relationships developed between GT and the Trust

- GT have worked in an open and proactive way with the Trust in delivering their audit, flagging areas early to allow for Trust engagement.
- Partner led discussions meant there was clarity over auditor views was provided



## 2. Internal Audit



University Hospitals Sussex  
NHS Foundation Trust



### Substantial Assurance (“Stretch”)

- Key Financial Systems
- Data Security & Protection Toolkit (Design)



### Moderate Assurance (“On Target”)

- Theatre Utilisation
- Data Security & Protection Toolkit (Operational Effectiveness)
- Data Quality
- NICE Guidelines (Design)



### Area of Limited Assurance (“Threshold”)

- NICE Guidelines (Operational Effectiveness)



### No audit findings were “Below Threshold”

BDO have a team of internal auditors who independently assess the areas that the audit committee are most interested in (usually high risk) as part of an annual plan.

The assessment identifies how well designed the processes and controls are, and how well they are being carried out.

On the whole the Trust performs well. There is always room to get closer to perfection of course!

We also proactively ask Internal Audit for advice as we develop our systems of internal control to enable our system design to be robust from the start.

# 3. Local Counter Fraud Service



Counter Fraud help us to deter, prevent, detect and hold to account anyone trying to commit fraud against the Trust.

A key task for RSM is investigating referrals, often from other staff. The audit committee checks to see that these are done effectively with consequences where appropriate and look for any trends.

A total of 19 referrals were received during the year, from which all were accepted for investigation, in accordance with the NHSCFA Anti-Fraud. These reflected working whilst sick, falsification of timesheets, private work, and false documents. There had been a decrease in referrals from the previous years which in part can be attributed to the handling of cases from the prior In House LCFS and RSM service provision, with recording now reflecting those after initial triage saving counting referrals to the wrong team (eg those that are clearly HR related with no indication of possible fraud).

Referrals over time	
Year	Number of referrals
2020/21	(BSUH) 35 (WSHT) 15
2021/22	29
2022/23	19

Fraud type	Number of referrals received
Recruitment	5
Working whilst sick	7
Payroll / Timesheets	3
Private Work in NHS Time	2
Computer Misuse	1
Invoicing	1

Sanction Imposed	Number
Disciplinary	1
Civil	0
Criminal	1
Total sanctions	0



## 4. Audit Committee Scrutiny and Challenge

### Areas we have sought assurance from management:

#### Board Assurance Framework

- Development of the Trust's BAF reporting
- Oversee that Committees are securing the requisite assurance on BAF issues
- Challenge the linkages of highly scored operational and corporate risk alignment to the BAF risks.

#### Financial and Financial Controls

- Accounts Preparation - lessons learnt
- Tender Waivers
- SFI compliance

#### Standing items

- H&S Committee Chair's reports
- Information Governance / Data Security
- Declaration of Interests
- Recommendation delivery

#### Project work

The Committee seeks assurance over the delivery of specific projects / system changes



Thank you for listening



To: Board via the Audit Committee

Date: July 2023

From: Chair of the Audit Committee

## **ANNUAL REPORT FROM THE AUDIT COMMITTEE TO THE BOARD 2022-23**

### **1.0 INTRODUCTION**

- 1.01 The purpose of this report is to formally report to the Board on the work of the Audit Committee during the period 1 April 2022 to 31 March 2023 and to set out how the Committee has met its terms of reference and key priorities.
- 1.02 The Audit Committee's Terms of Reference require it to report annually to the Board outlining the work it has undertaken during the year and where necessary, highlighting any areas of concern.

### **2.00 EXECUTIVE SUMMARY**

- 2.01 The Audit Committee has the delegated authority to act on behalf of the Board in accordance with the Constitution, Standing Orders, Standing Financial Instructions and Scheme of Delegation. It follows best practice guidance as set out in the NHS Audit Committee Handbook providing a form of independent check upon the management of the Trust.
- 2.02 The Committee is responsible for providing assurance to the Board that appropriate systems of internal control and risk management are in place covering all corporate and clinical areas of the Trust. In carrying out this work the Audit Committee obtains assurance from the work of the Internal Audit, External Audit and Counter Fraud Services.
- 2.03 The Committee independently reviews, monitors, and reports to the Board on the attainment of effective control systems and financial reporting processes supported by assurance from Internal Audit, External Audit, the Local Counter Fraud Service and Management through the BAF.
- 2.04 The Committee reviews the financial year-end Annual Report, Annual Accounts and Annual Governance Statement with the External Auditor prior to Board approval and sign off.
- 2.05 The Committee continues to drive forward developments to the structure of the Trust's Board Assurance Framework to better support the work of each Board Committee with their assurance reporting to the Board.
- 2.06 The Audit Committee through the membership of the respective Committee Chairs has been able to note the continuation of a quarterly risk review of the risks pertinent to each individual Board Committee, during their quarterly Board Committee meetings.
- 2.07 The Audit Committee was presented with a clear Internal Audit plan that was aligned to the Trust's Board Assurance Framework.
- 2.08 The Audit Committee over 2022/23 has engaged with the Company Secretary to enhance the format of the Board Assurance Framework to make clearer the impact of actions of the current risk scores and the development of an in-year target risk score to allow for better focusing of attention on those risk outside the yearly target score. The adjusted format is being used from April 2023 onwards.



### 3.00 COMMITTEE MEMBERSHIP AND MEETINGS

- 3.01 The Audit Committee comprises solely of independent Non-Executive Directors in line with the Code of Governance for Foundation Trusts. There are five Non-Executive Directors who are allocated to the Committee although all Non-Executive Directors, except for the Chair who attends by invitation only, can attend the meetings.
- 3.02 The Audit Committee, who play a pivotal role in providing assurance over the risk management processes of the Trust, has a membership of only Non-Executive Directors. Through the Non-Executive Chairs and the Audit Committee membership the Committee works with the other Board Committees to allow them to challenge robustly the Trust's management of risk and through the BAF that the Committees each seek reasonable assurance over the adequacy of the respective controls.
- 3.03 In order to share learning and to ensure linkages are made across Trust Committees the membership of the Audit Committee includes the Chair of the Quality Committee (Lucy Bloem), the Chair of the People Committee (Patrick Boyle), the Chair of the Patient Committee (formerly Jackie Cassell, now Claire Keatinge), the Chair of the Systems & Partnerships Committee formerly Patrick Boyle, but at the end of year moved to Bindesh Shah) and the Chair of the Sustainability Committee (Lizzie Peers).
- 3.04 The Chief Financial Officer, Chief Governance Officer, Director of Finance, Company Secretary, Local Counter Fraud Services, Internal and External Auditors are regular attendees at meetings of the Committee. Other Executives and Senior Managers also attend Committee meetings for specific items at the Committee's request usually linked to Internal Audit activity but in the latter part of 2022/23 to also engage with the Committee's ability to enhance the review of the Trust's BAF.
- 3.05 The table below details the membership and attendance of Committee members in respect of the period 1 April 2021 to 31 March 2022.

<b>Name</b>	<b>Apr</b>	<b>*Jun</b>	<b>Jul</b>	<b>Oct</b>	<b>Jan</b>	<b>Total</b>
Jon Furmston (Non-Executive Director and Committee Chair) <i>Left the Trust 30 June 2022</i>	✓yes	✓yes	N/A	N/A	N/A	2 of 2
David Curley (Non-Executive Director and Committee Chair) <i>Joined the Trust on 1 July 2022</i>	N/A	N/A	✓yes	✓yes	✓yes	3 of 3
Lizzie Peers (Non-Executive Director)	✓yes	✓yes	✓yes	✓yes	✓yes	5 of 5
Lucy Bloem (Non-Executive Director)	✓yes	✓yes	✗ no	✗ no	✓yes	3 of 5
Joanna Crane (Non-Executive Director) <i>Left the Trust 30 June 2022</i>	✓yes	✗ no	N/A	N/A	N/A	1 of 2
Patrick Boyle (Non-Executive Director)	✓yes	✓yes	✓yes	✓yes	✓yes	5 of 5
Jackie Cassell (Non-Executive Director)	✓yes	✗ no	✓yes	✗ no	✓yes	3 of 5
Claire Keatinge (Non-Executive Director) <i>Committee Chair from January 2022</i>	N/A	N/A	N/A	N/A	✓yes	1 of 1
Bindesh Shah (Non-Executive Director) <i>Committee Chair from December 2022</i>	N/A	N/A	N/A	N/A	✗ no	0 of 1

\*Annual Accounts Audit Meeting

### 4.00 CYCLE OF BUSINESS

- 4.01 The Audit Committee agenda is based upon an agreed forward work plan which is reviewed and approved at the start of the financial year.
- 4.02 Internal Audit activity is agreed jointly by both the Executive and the Non-Executive Committee members at the start of the year and are focused on areas of perceived highest risk alongside those required by the Head of Internal Audit to formulate his opinion. The Audit Committee receives the reports of these Internal Audits and tracks the implementation of recommendations at each of its meetings.
- 4.03 In order to maintain independent channels of communication, the members of the Audit Committee hold a private meeting collectively with External Audit, Internal Audit and Counter Fraud ahead of the April Audit Committee. This provides all parties the opportunity to raise any issues without the presence of management.
- 4.04 The Committee followed its agreed annual work plan throughout the year and received a series of executive presentations around Internal Audit, External Audit and Local Counter Fraud Services and dedicated additional time at each meeting to scrutinise in detail the Board Assurance Framework, Corporate Risk Register and Risk Management Compliance

## **5.00 INTERNAL AUDIT**

- 5.01 Internal audit provide an independent and objective opinion on the degree to which risk management, control and governance support the achievement of the Trust's objectives.
- 5.02 The Trust's Internal Auditor for the year was BDO. In January 2023 the Committee approved a one-year contract extension for Internal Audit services from 01 July 2023 to 30 June 2024.
- 5.03 The Internal Audit plan for 2022/23 was approved by the Audit Committee in April 2022 as part of the wider three-year Strategic Audit Plan for 2022-2025. The plan was based upon discussions held with management and the Audit Committee and was constructed in such a way as to gain a level of assurance on the main financial and management systems reviewed.
- 5.04 The Head of Internal Audit presents a progress report to each of the Committee's meetings. The report sets out progress against the agreed audit plan, and the principal outcomes from audits completed in the period since the previous meeting. The Committee also receives a summary of all reports together with the full report of any audit with a Limited Assurance rating.
- 5.05 During the year the Audit Committee received 8 finalised Internal Audit reports, with those in draft and in progress being carried forward to 2022/23. Internal Audit Reports receive two Assurance ratings; one relates to the Design of the system being reviewed whilst the other relates to the Effectiveness of the system being reviewed. Internal Audit can provide Assurance Levels of: 'substantial', 'moderate', 'limited' or 'no' assurance. Of the audits relevant to this period four received an assurance level of either substantial or moderate, whilst one received an assurance level of limited on one aspect of effectiveness. Three of the Audit Reports were advisory in their nature and did not have an assurance rating. However, the Head of Internal Audit reflected in his opinion that UHSussex has, "a sound system of internal control, designed to meet the Trust's objectives and that controls are being applied consistently."
- 5.06 Based on work undertaken during the period of this report the Head of Internal Audit has stated in his Head of Internal Audit Opinion that "Overall, we are able to provide moderate assurance that there is a sound system of internal control, designed to meet the Trust's objectives and that controls are being applied consistently".
- 5.07 In forming their opinion Internal Audit took into account that, the Trust had delivered its revised financial outturn of £10.4m deficit in-line with the forecast position from Month 10, that the majority of audits provided moderate assurance including the key audits of Key Financial Systems & Budgetary Control, Data Quality and Data Security & Protection Toolkit. In respect of all recommendations made, the Head of Internal Audit noted that "We have closed all but three prior year (2021/22) recommendations that have fallen due" but assured the Audit Committee that management are proactive in agreeing plans to address the risks identified in the 2022/23 audits.

## **6.00 LOCAL COUNTER FRAUD SERVICE (LCFS)**

- 6.01 The Counter Fraud service was a hybrid provision combining the resources of the Trust's respective Counter Fraud Services, an internal provision, and an external provider RSM, who worked closely together and report quarterly to the Committee. In October the Committee approved the award of a 3-year contract for the period 01 November 2022 to 31 October 2025 to RSM. The team is responsible for day-to-day awareness and activities. The quarterly reports describe proactive work to prevent or deter fraud and also set out the results of reactive work undertaken in response to referrals about suspected fraud.
- 6.02 A work plan for 2023/24 was agreed with the Finance Director and approved at the Audit Committee in April 2023. The work plan outlined the core Local Counter Fraud Specialist (LCFS) activities to be undertaken during the financial year within the agreed resources. Key activities undertaken include areas of strategic governance, inform, and involve, prevent and deter and hold to account.
- 6.03 During the year the LCFS participated in a number of proactive projects to prevent or detect fraud. The LCFS also advised on improvements to policies and procedures, to reduce the risk of fraud.
- 6.04 The Local Counter Fraud Specialist reports annually on behalf of the Trust to the Counter Fraud Authority in relation to compliance against the Government Functional Standards. The Trust was rated as green for the last Self Review Tool which was fully compliant with the Standards and demonstrating the impact of work undertaken.

## **7.00 BOARD ASSURANCE FRAMEWORK**

- 7.01 The Committee continues to drive forward developments to the structure of the Trust's Board Assurance Framework to better support the work of each Board Committee with their assurance reporting to the Board.
- 7.02 During the course of the year the Committee dedicated a substantial amount of focus on ensuring that the BAF was used to structure the assurances that the Committee sought through its meetings. In conjunction with the BAF the Committee received the Risk Management Compliance report which further supported the reporting and assurances received through the BAF.
- 7.03 The Audit Committee over 2022/23 has engaged with the Company Secretary to enhance the format of the Board Assurance Framework to make clearer the impact of actions of the current risk scores and the development of an in-year target risk score to allow for better focusing of attention on those risk outside the yearly target score. The adjusted format is being used from April 2023 onwards.

## **8.00 YEAR END REPORTING**

- 8.01 The Committee reviewed and approved the Annual Report and Accounts and the Annual Governance Statement allowing the Audit Committee members to be appropriately engaged in the preparation of the Annual Report and Accounts.
- 8.02 The Committee also received information from the Chief Financial Officer and Finance Director that enabled the Committee to be assured that there were no matters that had not been disclosed to the Auditors.
- 8.03 The Committee received a report on the Trust's processes for registering declarations of interest, the receipt of gifts, hospitality, and sponsorship along with the compliance with the fit and proper persons' regime. The Committee was informed of the high return rate across the Trust with 831 of 837 consultants making a declaration, of those consultants that did not provide a return none had any budgetary responsibilities.
- 8.04 The submission of the 2022/23 Accounts and Annual Report took place on the 28 June 2023. This was in line with the national timetable.

## **9.00 EXTERNAL AUDIT**

- 9.01 External Audit report to the Trust on the findings from their audit work, in particular their review of the financial statements and the Trust's economy, efficiency, and effectiveness in its use of resources.
- 9.02 Grant Thornton reported quarterly to the Committee. These reports included approval of the approach to the audit of the financial statements. The table below summarises the key elements of external audit work undertaken during the year:

Area of Work	Conclusion
<b>Opinion on the Trust's:</b>	
Financial statements	Unqualified opinion – Grant Thornton completed their audit of the financial statements and issued an unqualified audit opinion on 28 June 2023, following the Audit Committee meeting on 21 June 2023.
Parts of the remuneration and staff report to be audited	Grant Thornton had nothing to report in this regard.
Consistency of the annual report and other information published with the financial statements	Grant Thornton recommended that the Annual Report was updated to include more detail on the findings of the recent CQC report together with the Trust's plans to address key issues raised in the report, that it was also updated to include the Trust's key actions to assist with reducing waiting lists. These changes were made and included in the final submitted annual report. Grant Thornton had nothing further to report in this regard.
<b>Reports by exception:</b>	
Value for money arrangements	For 2022/23 within the Value for Money Conclusion the External Auditors provided a conclusion within three areas these being financial sustainability, governance and improving economy, efficiency, and effectiveness. In the area of governance, the conclusion reflects there is a significant weakness in the area of quality governance. For the other two areas no significant weaknesses were identified.  The Annual Audit Report was provided at the Committee meeting on the 21 June 2023.
Consistency of Annual Governance Statement	Grant Thornton recommended that the Trust reflect on the recent CQC report upon reporting that there are no significant internal control weaknesses. The Trust updated the Annual Governance Statement. Grant Thornton had nothing further to report in this regard.
Referrals to the NHS Regulator	Grant Thornton have not referred any issues to the NHS Regulator for UHSussex.
Public interest report and other auditor's powers	Grant Thornton have not issued a Public Interest Report
Reporting to the Trust on their consolidation schedules	Grant Thornton concluded that the Trust's consolidation schedules agreed to the Trust's audited financial statements.
Reporting to the National Audit Office (NAO) in line with group instructions	Grant Thornton had nothing to report in this regard.

- 9.03 It is normal practice for there to be a full debrief to the Audit Committee following the submission of the year-end accounts. The Audit Committee noted the positive engagement and the pragmatic approach to completing the audit.

#### **10.00 Reporting to the Trust Board**

- 10.01 The Committee reported to the Trust Board after each meeting. A summary of the key points of discussion at each meeting, for example highlights of the internal audit reports or any formal recommendations were provided to the Board.

#### **11.00 Engagement with the Council of Governors**

- 11.01 The Chair of the Audit Committee is scheduled to report to the Council of Governors on the work of this Committee and the engagement made by External Audit. This reporting supported the Governors discharge their responsibility for the appointment of the Trust's External Auditors.

#### **12.00 Conclusion**

- 12.01 The Audit Committee of University Hospitals Sussex NHS Foundation Trust is of the view that it has taken appropriate steps to perform its duties as delegated by the Board and it has no cause to raise any issues of significant concern with the Board arising from its work during 2022/23.
- 12.02 In making this statement, the Committee members acknowledge the support given to it by management, in particular the Chief Financial Officer, Chief Governance Officer, the Director of Finance, and the Company Secretary, and that given by the internal and external auditors along with the local counter fraud specialist.
- 12.03 During 2023/24, the Committee will continue to drive forward the risk management and board assurance agenda with extended time being devoted within the Committee to the review of the impact of the actions to the Trust's strategic risks. Through the Audit Committee membership, the Committee will continue to use the inter committee referral processes to drive the respective Board Committee's ability to provide strengthened assurance to the Board on the Trust's risk profile. This will be supported through the introduction of a defined annual target risk allowing the Board to better understand where risk outside the Board appetite is identified.

#### **13.00 Recommendation**

- 13.01 The Board is asked to **NOTE** the activity of the Audit Committee

**David Curley**  
**Chair of the Audit Committee**  
**July 2023**



# University Hospitals Sussex

NHS Foundation Trust

<b>Agenda Item:</b>	17	<b>Meeting:</b>	Council of Governors	<b>Meeting Date:</b>	23 November 2023
<b>Report Title:</b>	Company Secretary Report				
<b>Sponsoring Executive Director:</b>	Company Secretary				
<b>Author(s):</b>	Company Secretary				
<b>Report previously considered by and date:</b>					
<b>Purpose of the report:</b>					
Information	N/A	Assurance	N/A		
Review and Discussion	Yes	Approval / Agreement	N/A		
<b>Reason for submission to Trust Board in Private only (where relevant):</b>					
Commercial confidentiality	N/A	Staff confidentiality	N/A		
Patient confidentiality	N/A	Other exceptional circumstances	N/A		
<b>Link to ICB / Trust Annual Plan</b>					
Link to ICB Annual Plan	N/A	Link to Trust Annual Plan	Yes		
<b>Implications for Trust Strategic Themes and any link to Board Assurance Framework risks</b>					
Patient	N/A				
Sustainability	N/A				
People	N/A				
Quality	N/A				
Systems and Partnerships	N/A				
Research and Innovation	N/A				
<b>Link to CQC Domains:</b>					
Safe	N/A	Effective	N/A		
Caring	N/A	Responsive	N/A		
Well-led	Yes	Use of Resources	N/A		
<b>Regulatory / Statutory reporting requirement</b>					
The Governors through their Appointments Committee ensure the Board has sufficient and appropriately skilled NEDs to ensure the Trust has an effective Board.					
<b>Communication and Consultation:</b>					
<b>Report:</b>					
<p><b>Non Executive Director (NED) Appointments</b></p> <p>The Governors agreed to commence the recruitment for the replacement of retiring Lizzie Peers (Lizzie retires having served her full term of office in May 2024) early to allow for a structured hand over. At the same time the Governors agreed to test the market to determine if there were potential NEDs who could bring wider skills to the Board than currently held within the current cadre of NED.</p> <p>Following a round of interviews the Governor Appointment and Remuneration Panel approved the appointment of Phillip Hogan as the replacement NED for the retiring Lizzie Peers. This offer is subject to the completion of the required pre-employment checks including those required under the fit and proper persons framework. These pre-employment checks are under way and it is anticipated that Phillip will join the Trust early in the new year allowing for the structured hand over to take place.</p> <p>During this process the interview panel identified a further candidate who brings wider and complementary skills to those held within the current NEDs. The Governor Appointment and Remuneration Panel approved that an offer be made to this person. This person is considering the offer and has been speaking with the</p>					

August Company Secretary Report  
November 2023

1



University Hospitals Sussex  
NHS Foundation Trust

Chair to ensure they can meet the demands of the role and that they can make a full contribution to the Trust.
<b>Recommendations</b>
The Council of Governors is recommended to  <b>NOTE</b> the appointment of Phillip Hogan as a Non-Executive Director.