

Meeting of the Council of Governors

14:00 – 16.30 on Thursday 29 February 2024

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

AGENDA – MEETING IN PUBLIC

Item 1	Time: 14:00	Welcome and Apologies for Absence To note	Verbal	Presenter: Chair Alan McCarthy
Item 2	14:00	Quoracy of Council of Governors Meetings	Verbal	Presenter: Chair Alan McCarthy
		<i>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.</i>		
Item 3	14:00	Declarations of Interests To note and agree any required actions	Verbal	Presenter: All
Item 4	14:00	Minutes of Council of Governors Meeting in PUBLIC held on 23 November 2023 To approve	Enclosure	Presenter: Chair Alan McCarthy
Item 5	14:05	Matters Arising from the Minutes of the Public meeting held on 23 November 2023 None	N/A	Presenter: Chair Alan McCarthy
		<u>ACCOUNTABILITY</u>		
Item 6	14:05	Chief Executive Report to Council To receive and agree any necessary actions	Enclosure	Presenter: Andy Heeps
Item 7	14:25	Quality and Safety Improvement Programme To note	Enclosure	Presenters: Darren Grayson
Item 8	14.35	Workforce Diversification To note	Presentation	Presenter: Katie Urch / David Grantham
Item 9	14:45	Report from the Patient Engagement & Experience Committee Meeting held on 14 December 2023 To note	Enclosure	Presenter: Frances McCabe as Committee Chair

Item 10	14.50	Report from the Membership Engagement Committee Meeting held on 16 January 2023 To note	Enclosure	Presenter: John Todd as Committee Chair
Item 11	14.55	Update on Chair Recruitment To note	Verbal	Presenter: Glen Palethorpe

		LISTENING AND REPRESENTING		
Item 12	15.00	Lead Governor's Report To receive and agree any necessary actions	Enclosure	Presenter: Lindy Tomsett
Item 13	15.10	Public Governors' Update To receive and agree any necessary actions	Verbal	Presenter: Those public Governors in attendance
Item 14	15:20	Staff Governors' Update To receive and agree any necessary actions	Verbal	Presenter: Miranda Jose
Item 15	15.30	Appointed Governors' Update <ul style="list-style-type: none"> • Brighton & Hove City Council • University of Brighton • West Sussex County Council • Voluntary Sector - Age UK • Inclusion To receive and agree any necessary actions	Verbal	Presenter: Those appointed Governors in attendance
		OTHER ITEMS		
Item 16	15.50	Patient & Quality Committee- Chair Feedback To receive and agree any necessary actions	Presentation	Presenter: Lucy Bloem
Item 17	16.10	Company Secretary Report To note	Enclosure	Presenter: Glen Palethorpe
Item 18	16:20	Any Other Business <ul style="list-style-type: none"> • Approval of the Minutes of the Council of Governors meeting held in Private on 23 November 2023 To receive and action	Verbal Enclosure	Presenter: Chair Alan McCarthy
Item 19		Questions from the public 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	Date and time of next meeting: The next meeting in public of the Council of Governors is scheduled to take place at 14:00 – 16:30 on Thursday 16 May 2024	Verbal	Presenter: Chair Alan McCarthy

Minutes



University Hospitals Sussex

NHS Foundation Trust

Minutes of the Council of Governors meeting held in Public at 2pm on Thursday 23 November 2023 in the Boardroom, Second Floor, Washington Suite, Worthing Hospital, Lyndhurst Road, Worthing, BN11 2DH and virtually via Microsoft Teams Live Broadcast.

Alan McCarthy MBE DL	Chairman
George Findlay	Chief Executive Officer
Maggie Davies	Chief Nurse
David Grantham	Chief People Officer
Sandi Drewitt	Chief Culture & Organisational Development Officer
Paul Layzell	Non-Executive Director
Bindesh Shah	Non-Executive Director
Claire Keatinge	Non-Executive Director
Jackie Cassell	Non-Executive Director
Lucy Bloem	Non-Executive Director
David Curley	Non-Executive Director
John Todd	Public Governor – Adur
Maria Rees	Public Governor – Arun
Frances McCabe	Public Governor – Brighton & Hove
Lindy Tomsett (Lead Governor)	Public Governor - Chichester
Doug Hunt	Public Governor – Mid Sussex
Colin Holden	Public Governor – Mid Sussex
Pauline Constable	Public Governor - Worthing
Sue Shepherd	Staff Governor – Worthing Hospital
Jo Norgate	Staff Governor – St Richard’s Hospital
Miranda Jose	Staff Governor – Peripatetic
Helen Rice	Appointed Governor – Voluntary Sector
Cllr Alison Cooper	Appointed Governor – West Sussex County Council

In Attendance:

Glen Palethorpe	Company Secretary
Jan Simmons	Governor and Membership Manager

COG/11/23/1	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 introduced Sandi Drewett the Trust’s new Chief Culture and Organisational Development Officer, and was pleased to welcome back Maggie Davies, Chief Nurse after her absence from the Trust. Alan then noted the following apologies that had been received.	
1.3	Governors: Andy Cook, Staff Governor for the Royal Sussex County Hospital, Varadarajan Kalidasan, appointed Governor for the Trust Inclusion Groups, Maggie Gormley, Public Governor, Chichester, Kate Galvin, Appointed Governor, Brighton University, Claire Bewick-Holmes, Staff Governor for Princess Royal Hospital, Cllr Bruno De Oliveira, appointed Governor for Brighton and Hove City Council and Paul Wayne, Public Governor, Horsham.	

- 1.4 **Executives:** Andy Heeps, Deputy Chief Executive and Chief Operating Officer, Karen Geoghegan, Chief Finance Officer, Katie Urch, Chief Medical Officer and Darren Grayson, Chief Governance Officer.
- 1.5 **Non-Executive Directors:** Lizzie Peers and Malcolm Reed

COG/11/23/2 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/11/23/3 Declarations of Interests

- 3.1 There were no interests declared.

COG/11/23/4 Minutes of Council of Governors Meeting in PUBLIC held on 17 August 2023

- 4.1 The minutes of the meeting held in Public on 17 August 2023 were **APPROVED** as a correct record.

COG/11/23/5 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/11/23/6 Matters Arising from the Minutes of Meeting

- 6.1 There were no matters arising from the minutes of the previous meeting.

ACCOUNTABILITY

COG/11/23/7 Chief Executive Report to Council

- 7.1 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.
- 7.2 George drew out some of the key points from the report and began by reflecting how extremely challenging the previous three months had been for both staff and services, with continued industrial action, high demand and long waiting lists. George took the opportunity to thank the Trust's workforce for all their hard work during very difficult circumstances and to apologise to all patients whose care had been affected in recent months.
- 7.3 Despite the ongoing challenges George was delighted to highlight a broad selection of achievements, awards and recognition including Occupational Therapist, Amanda Cornish who won the Star of the Month award for July, Consultant Obstetrician and Gynaecologist, Dr Praneil Patel, Star of the Month for August, and the Sussex Orthopaedic Treatment Centre (SOTC) team at Princess Royal Hospital who were the winners of Star of the Month for September.
- 7.4 The Trust's Physiotherapy team's drive for improvement saw a new therapy garden at Worthing Hospital offering a dedicated outdoor space to support the mental and physical rehabilitation of patients and a pilot to create a digital pathway for orthopaedic surgery patients at the Royal Sussex County Hospital

had delivered impressive results that helped to reduce the Trust's carbon footprint.

- 7.5 During Sexual Health Week (11-17 September), the Trust celebrated its 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.
- 7.6 George went on to highlight some of the investments made across the Trust which included a newly renovated antenatal clinic at the Princess Royal Hospital. The Trust had also had significant investments approved to transform three of its emergency departments and the opening of the new Southlands Diagnostic Centre in Shoreham would support the elective care waiting times recovery programme.
- 7.7 The new Sussex Cancer Centre development at the Royal Sussex County Hospital was now underway, following the completion of stage 1 – the Louisa Martindale Building. Hundreds of people had been sharing their thoughts over the past few weeks during a public consultation on the design of the Centre that would help inform a planning application amendment to the council early next year. The building had been meticulously designed with patients and their outcomes and wellbeing at the heart of every decision. It would 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.
- 7.8 George ended his report by focussing on staff and the broad programme the Trust had to provide support for them, as well as thank, acknowledge and recognise everything they did for patients, each other and the Trust.
- 7.9 Following an enquiry from Frances McCabe regarding waiting times for cancer patients, George was pleased to report that the time to first appointment had been reduced to 13 days which had resulted in a reduction of the waiting list and faster diagnosis.
- 7.10 George went on to advise that there were 155k patients who had been waiting over a year for an appointment; it was the patient's choice whether to be treated elsewhere but the indication was that most chose not to change hospitals.
- 7.11 Responding to a further question from Frances regarding progress of the Freedom to Speak Up Guardian service changes, David Grantham advised that regular meetings were held with the Guardian at which any concerns were raised and the feedback received from the Guardian Service confirmed they had felt well supported with their engagement activities and that the majority of the issues raised with them were about operational matters where simple signposting resolved these quickly.
- 7.12 Alan asked what impact there was on the Trust following the recent media coverage of the finances of the NHS. George advised that the Trust had received a letter from NHSE early in December that made it clear that at month 6 the NHS finances were significantly off plan and the Government would not provide any additional money and that plans would need to be refocussed to achieve balanced budgets at year end. George added that the Trust had developed a plan and a meeting had been arranged next week with NHSE to review it.
- 7.13 Alan confirmed that Governors would be kept advised of the plans and progress with NHSE.

7.14 The Council **RECEIVED** the Chief Executive's report.

COG/11/23/8 Quality and Safety Improvement Programme

- 8.1 George presented this item informing the Governors it was being presented to keep them informed of this work. George reminded the Governors that the Trust had entered into undertakings with NHSE that addressed a series of performance, quality and safety metrics and processes that had been identified by the regulators as requiring improvement. Whilst there existed a number of improvement projects currently underway in the Trust through its True North methodology, these were not providing the speed of improvement required. Therefore, the Trust required a coherent single improvement plan that delivered improvements quickly and provided assurance to the Board and regulators.
- 8.2 The programme would give increased assurance that the areas identified by the CQC have enhanced governance and a focus to drive the pace of resolution and was the mechanism by which the Trust would provide evidence of improvement.
- 8.3 Given its importance the Trust has taken the significant step of commissioning an additional Board Committee – Quality and Safety Improvement Programme Committee which would take place monthly and would be chaired by a Non-Executive Director.
- 8.4 Alan commented that the Board really welcomed this piece of work and Governors would be kept informed of the progress of that Committee.
- 8.5 Doug Hunt considered Trust ambassadors as being critical contributors to improving the culture in the organisation and given there were 120 so far asked what an ideal number would be. George replied there was no target number in mind adding that there was a positive culture in the Trust although it was recognised there were small areas that required improvement.
- 8.6 It was confirmed that the Quality and Safety Improvement Programme would be a standing item on the Council of Governors agenda going forward.
- 8.7 The Council **NOTED** the Quality and Safety Improvement Programme update.

COG/11/23/9 Report from the Patient Engagement & Experience Committee Meeting held on 14 September 2023

- 9.1 Frances McCabe presented the report from the meeting held on the 14 September 2023 and advised that the function of the Committee had improved since last year, with a better understanding of areas where Governors could contribute.
- 9.2 The Committee had continued to shape its agenda to receive information on activities at the Trust that were structured to improve the patient's experience and to hear directly from governors about their experience within the Trust improvement projects. At the meeting it heard from Governors involved in the Length of Stay and Discharge along with the 3Ts stage 2 and 3 cancer centre projects.
- 9.3 The Committee had also received information on the continuing delivery of the Trust's Patient Experience Strategy and the work that was continuing for the deployment of the Trust's Welcome Standards, along with an update on the Trust's Patient-Led Assessment of the Care Environment (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.

- 9.4 Maggie Davies offered to share data relating to the Welcome Standards and the training undertaken in the Louisa Martindale Building (LMB) which had resulted in almost a 30% increase in members of the public who felt it had been a positive experience in being welcomed to the organisation. This information would flow to the next Committee meeting.
- 9.5 George provided a brief update on reducing the Length of Stay (LOS) of patients in hospital and thereby improving flow and capacity. The Council was informed that since the beginning of the year the average LOS had reduced by 2 days (currently 8 days) with the aim to reduce to 6 days. This had been aided by the introduction of a standard discharge pack to be given to patients on admission.
- 9.6 The Council **NOTED** the report of the Patient Engagement & Experience Committee Chair.

COG/11/23/10 Report from the Membership Engagement Committee Meeting held on 20 July 2023

- 10.1 John Todd presented the report from the Membership Engagement Committee advising that the Committee had met on 19 October 2023 and was quorate with seven Governors attending, four of which were publicly elected, one staff Governor and two appointed Governors and the Head of External Affairs from the Trust's Communications Team.
- 10.2 The Committee received a report on the Trust's membership and recruitment activities undertaken during the second quarter of 2023/24 along with an update from NHS Sussex Health and Care Partnership on their engagement activities, recognising those which offered an opportunity for the Trust to link into to extend its membership. 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 and had included the engagement with members on the plans for the Sussex Cancer Centre development.
- 10.3 The Committee had noted that the second in the programme of online Expert Talks had been held on 26 September 2023 presented by Dr Wayomi Perera, Consultant in Respiratory Medicine and entitled Collapsing Walls and Shrinking Tennis Courts – COPD in action and was very well attended.
- 10.4 Responding to a question from Jackie Cassell, Glen Palethorpe reported that the membership team were actively working with the ICB Inclusion team to reach and recruit members for the Trust from minority groups and had recently recruited 50 new members from a younger cohort from an event at Brighton University.
- 10.5 Maggie Davies suggested that linking with the Maternity Voices Partnership could provide a useful route to recruiting members from more diverse groups.
- 10.6 The Council **NOTED** the report of the Membership Engagement Committee Chair.

COG/11/23/11 Update on NED recruitment

- 11.1 Alan provided the Council with an update on the Non-Executive Director (NED) recruitment and was delighted to announce the appointment of Phillip Hogan who would be joining the Trust in the New Year to replace Lizzie Peers when her term as a NED ends in May next year. Phillip had a finance background and good experience of working at senior level in the private sector.
- 11.2 The Trust also had a preferred candidate for the appointment of another NED but this post had not yet been finalised.

COG/11/23/12 Lead Governor's Report

- 12.1 Lindy Tomsett presented the Lead Governor's report and began by reiterating the Governors' complete support for the Executive team who were working tirelessly during the industrial action to ensure the public received expert care and that the safety of patients was maintained.
- 12.2 Lindy reflected on several topics in the National headlines including the recent Letby case and the use of RAAC in public buildings, noting that the Trust had quickly responded with surveys undertaken to identify any areas where RAAC was present and then survey these to be confident over its structural integrity.
- 12.3 The Governors welcomed the briefing on the Quality and Safety Improvement Programme (QSIP) that had been developed by the Executive team setting out a comprehensive plan to address concerns raised by the CQC during their recent inspection. The Governors wholeheartedly endorsed the QSIP programme and felt optimistic about the Trust's future.
- 12.4 Lindy reported that the public Governors had been very active since her last report having attended NHS Providers workshop sessions and, along with Non-Executive Directors as part of the Hospitals alignment group, undertook the first of the regular working together group visits at St Richard's Hospital.
- 12.5 The Council heard that Governors had been invited to attend a variety of meetings including the stakeholder panel to hear from the prospective new Non-Executive Director candidates, the planning group for the new Sussex Cancer Services in Brighton and the Staff Conference that was held in October.
- 12.6 As Lead Governor, Lindy had attended the Sussex Community Foundation Trust Governors' Day to meet Governors within the Sussex Community Trust during which Stephen Lightfoot, Chair of the ICB gave a presentation on 'Improving Lives Together' aimed at providing a seamless service to all the people of Sussex.
- 12.7 The Governors continued to receive briefings and updates on new projects that were scheduled or underway. Recently these had included the new Urgent Treatment Centre (UTC) at Worthing Hospital, the redevelopment of the Emergency Department at the Royal Sussex County Hospital, Brighton and the first phase of the Community Diagnostic Centre (CDC) at Southlands.
- 12.8 Lindy ended her report with an update on the Trust's commitment to the National Blood and Transplant Service, the full report on which was available in the November Board pack on the Trust's website.
- 12.9 Alan enquired if good feedback had been received from the recent Governor and NED site visits that had taken place at St Richard's and Worthing Hospitals and if staff had responded well. Lucy Bloem replied that the visits had been

welcomed and well received by staff in Outpatients and the new fracture clinic at St Richard's Hospital as well as giving the Governors and NEDs an opportunity to develop relationships. Further site visits would take place in the new year. Arrangements were being progressed for similar visits to take place at Princess Royal and the Royal Sussex County Hospitals.

12.9 Responding to a comment from Frances McCabe, Maggie Davies confirmed that the Peer reviews were about to be relaunched on all hospital sites and training would be provided to Governors and NEDs.

12.10 Alan thanked Lindy for her report.

12.11 The Council **NOTED** the Lead Governor's report.

COG/11/23/13 Public Governors' Update

13.1 Maria Rees advised that following a catering Patient-Led Audit of the Care Environment (PLACE) at Donald Wilson House, she had been invited to visit the kitchens on the St Richard's Hospital site and had been surprised by how small the facility was given the capacity it served. Maria had been impressed by the teamwork, organisation and high standards they achieved. Maggie Davies would provide feedback to the Catering team.

COG/11/23/14 Improvement Groups Retail Catering Steering Group

14.1 John Todd presented the report on the governor involvement within the Retail Catering Steering Group. After meeting with many potential suppliers, the Trust had appointed Peabody's Coffee Co who had been running a very successful café in the Louisa Martindale Building (LMB) since it opened and would shortly open the restaurant area on the 6th floor of LMB.

14.2 The Council was informed that other retail catering suppliers were now being sought for the future at Worthing and St Richard's hospitals and the café in the Worthing Health Education Centre. At the same time the restaurant areas at both Worthing and St Richard's hospitals would be revamped with a more sociable and friendly layout.

14.3 Alan thanked John for his update.

14.4 The Council **NOTED** the public Governor's update.

14.5 End of Life & Mortality

14.6 Frances McCabe provided the Council with an update on recent meetings she had attended in respect of end of life care and mortality.

14.7 Frances referenced a recent Board report on end of life care and drew out a number of interesting areas from the report including recognition of the different types of care required and some of the issues encountered with communication with patients and families during what were difficult times.

14.8 The Council was informed that a toolkit on comfort care for end of life patients was being produced and rolled out highlighting the need to focus on comfort, the correct pain relief and regular observations to ensure any deterioration was addressed.

- 14.9 Frances added that a standardisation initiative was being progressed to look at standardising data to enable learning and action to be taken from one area into another.
- 14.10 Finally, Frances added that within the meeting the role of the Medical Examiners was discussed recognising that it was a legal requirement to refer a death to the Coroner where there was any uncertainty. George added that had recently met with the Coroner who had confirmed that when referrals were received from Medical Examiners they were correct to have been referred and caused less anxiety to families for those being referred incorrectly.
- 14.11 The Council **NOTED** the update on End of Life and Mortality
- 14.12 **3Ts – Second Stage/Cancer Centre**
- 14.13 Maria Rees provided an update on the investment in the Sussex Cancer Centre at the Royal Sussex County Hospital which would bring oncology and haematology inpatient and outpatient services together allowing the Trust to care for more patients. It would provide space and specialist facilities that were required to take advantage of the latest groundbreaking diagnostics, treatment and pioneering research to provide world class cancer care.
- 14.14 A number of engagement events had been organised to ensure the voice of the patient was included in the design of the new facilities and had involved feedback from Healthwatch, the participation of patients and the needs of less heard groups.
- 14.15 The first workshop had been held in September 2023 with the main areas highlighted being parking and clear drop off areas, reflecting the differing cultural needs and privacy. There had been lots of rich discussion and feedback and a further engagement workshop had been held in October.
- 14.16 The Council **NOTED** the update on the 3Ts Second Stage Cancer Centre.

COG/11/23/15 Staff Governors' Update

- 15.1 Jo Norgate presented the update on behalf of the staff Governors and began by recognising the hard working and dedicated staff across the Trust despite the daily difficulties being faced.
- 15.2 The staff Governors had concerns about the continuing rise in pressure on the Emergency Departments and the significant increase in patients who had mental health diagnoses arriving at those departments. Following a meeting and conversation with George Findlay the staff Governors awaited details of the Winter Plan and how it would be implemented and supported.
- 15.3 A number of topics were raised by the staff Governors including the scope to improve the uptake and completion of the staff survey, the impact on the recruitment of new staff as media coverage had increased in respect of Operation Bramber and accessing Manual Handling and Resus training in person.
- 15.4 Jo ended the report by recognising the establishment of the new staff forums which had taken place offer an opportunity for staff to engage with the Trust.
- 15.5 The staff Governors extended their thanks to George for meeting with them and for discussing many of the topics raised in their report.

The Council **NOTED** the Staff Governors' update.

COG/11/23/16 Appointed Governors' Update

- 16.1 **Brighton University**
- 16.2 Professor Kate Galvin was unable to attend the meeting but had provided an update which Glen Palethorpe shared with the meeting on Kate's behalf.
- 16.3 The University had noted that people were waiting slightly later to determine if they wished to attend colleges and was having an impact on when they registered.
- 16.4 Adult nursing applications had dropped nationally while at the University of Brighton they had managed to largely maintain similar recruitment levels as last year.
- 16.5 The University was seeing strong requests for child nursing, Physiotherapy, Paramedic Science and Diagnostic Radiography. These are particular areas in which there was a great deal of student interest, and where greater placement capacity could facilitate increased numbers. This year the in-year retention for courses had been positive.
- 16.6 A range of Apprenticeships was also offered by the University and they would be starting a new Physiotherapy Degree Apprenticeship in Sept 2024 with 20 places available.
- 16.7 The Council noted that the University was working closely with the ICS placement team to roll out a Sussex wide allocation system based on a model designed by UHSussex and continued to promote a range of placement models to encourage new placements.
- 16.8 **West Sussex County Council**
- 16.9 Alison Cooper presented an update and highlighted the following key areas.
- 16.10 In preparation for a CQC assessment on Adult Social Care the County Council had undertaken a self-assessment and produced a plan for continual improvement. The plan had been taken to Cabinet and the Health and Social Care Scrutiny Committee and would be regularly reviewed.
- 16.11 Alison advised that the County Council had announced that it would be looking to recruit its own CEO as currently the role had been shared with East Sussex.
- 16.12 The Council noted that the County Council was actively promoting a Government consultation on creating a smoke free generation, the results of which would help shape the way forward for public health.
- 16.13 Alison advised that a new 16 – 20 year old discount scheme on bus services had been introduced. The scheme had been publicised on social media and posters and would be of benefit to young people irrespective of being in employment or education.
- 16.14 The Council **NOTED** the report from the Appointed Governor for West Sussex County Council.
- 16.15 **Voluntary Sector - Age UK**
- 16.16 Helen Rice provided an update to the Council from the voluntary sector explaining that the charity sector was struggling with budgeting to be part of the real living wage. Although the charity was committed to it and working hard to bring budgets in to achieve it, it remained a massive challenge as there were

no financial uplifts on contracts to meet the cost of living pressure within the charity sector.

- 16.17 The charity sector was also finding it difficult to gain any funding for digital inclusion and providing support for people to access things digitally was a massive challenge and had fallen off the agenda of a lot of funders. Consequently, the charity was raising that profile again and hoping to raise funds to support the many initiatives that were happening.
- 16.18 Helen advised that, as a member of the Adult Safeguarding Board, its main focus this year was on self-neglect with the aim to develop and improve how organisations, including the Trust, worked together to support older people.
- 16.19 With regard to the winter surge, Helen commented that in previous years the charity has been asked to help and support the plans but this year the requests had been less than usual, possibly as a result of reduced budgets. Helen anticipated an increase in requests for the charity to support.
- 16.20 George added that there would be no late funding announced by the Government for winter funding. It was very clear in the planning guidance this year that it would not be available and advised that the Trust had allocated their budgets.
- 16.21 The Council **NOTED** the report from the Appointed Governor for the voluntary sector.
- 16.22 **Trust Inclusion Groups**
- 16.23 This item was deferred as there was no representative at the meeting.

OTHER ITEMS

COG/11/23/17 Audit Committee - Chair Feedback

- 17.1 As Chair of the Audit Committee, David Curley gave a presentation and an overview on the role and work of the Committee during the year, explaining that the purpose of the Committee was to scrutinise the governance, risk management and internal control arrangements put in place to ensure achievement of the organisation's objectives.
- 17.2 David described the four mechanisms used to test on behalf of the Trust Board, whether it was a well-run organisation that delivered what it planned.
- 17.3 In relation to External Audit the Council was advised that Grant Thornton had performed the audit work and provided the opinions on the Financial Statements, Annual Report and Value for Money Conclusion. They had worked in an open and proactive way with the Trust in delivering their audit, and flagging areas early to allow for Trust engagement.
- 17.4 With regard to Internal Audit, BDO had a team of internal auditors who independently assessed the areas that the Audit Committee were most interested in as part of an annual plan. The assessment identified how well designed the processes and controls were and how well they were being carried out. Overall the Trust performed well.
- 17.5 David explained that Counter Fraud helped the Trust to deter, prevent and hold to account anyone who tried to commit fraud against the Trust.
- 17.6 David concluded his presentation by highlighting the areas where the Audit Committee had sought assurance from management.

- 17.7 Responding to a question from Colin Holden if there was any relationship between the CQC and Grant Thornton David advised there was a very clear demarcation between the Auditors and the regulators and that the report on the Trust from the Auditors was completely different to that of the CQC.
- 17.8 In answer to a query raised by Frances McCabe as to whether a recent IT incident within the Trust would have been scrutinised by the Audit Committee, it was explained that this would have been overseen initially by the Executive, followed by the Sustainability Committee who had responsibility for Digital and then, if necessary, the Audit Committee for assurance of the Trust's processes. Glen added that Chairs of all the Trust's Committees were members of the Audit Committee to facilitate the flow of assurance received at a Committee to the Audit Committee as the Audit Committee Chair was not a member of any other Committee.
- 17.9 The Council went on to discuss elements of the internal and external audit processes and the risks carried by the Trust as shown in the Board Assurance Framework (BAF).
- 17.10 Alan thanked David for his presentation and for his explanation of the Audit process.
- 17.11 The Council **NOTED** the Audit Committee Chair Feedback.

COG/11/23/18 Company Secretary Report

- 18.1 Glen presented the Company Secretary report advising that the Governors had agreed to commence the recruitment early for the replacement of Lizzie Peers who was retiring having served her full term of office in May 2024 to enable a structured handover. The Governors had also agreed to test the market to determine if there were potential Non-Executive Directors (NEDs) who could bring wider skills to the Board.
- 18.2 Glen informed the Council that following a round of interviews the Governor Appointment and Remuneration Panel had approved the appointment of Phillip Hogan as the replacement NED for the retiring Lizzie Peers. The required pre-employment checks were underway and it was anticipated that Phillip would join the Trust early in the new year allowing for the structured hand over to take place.
- 18.3 During the recruitment process the interview panel identified a further candidate who would bring wider and complementary skills to those held within the current NEDs and the Governor Appointment and Remuneration Panel approved that an offer be made to this person. This person was considering the offer and had been speaking with the Chair to ensure they could meet the demands of the role and could make a full contribution to the Trust.
- 18.4 The Council **NOTED** the Company Secretary's Report.

COG/11/23/19 Any Other Business

- 19.1 John Todd drew attention to the social prescribing programme that had been set up by four GP practices in Adur and Southwick in partnership with the ICB and NHS Sussex. Knitting, walking and gardening groups had been established and patient groups had also been set up to discuss specific areas.

19.2 Alan advised that Non-Executive Director, Claire Keatinge would be resigning from her role at the end of March 2024 and work is underway to secure a replacement.

19.3 There was no other business to discuss.

COG/11/23/20 Questions from the public

20.1 The Council **NOTED** that no questions had been received from the public.

COG/11/23/21 Date of Next Meeting

21.1 The next meeting of the Council of Governors was scheduled to take place at 14.00 – 16.00 on Thursday 29 February 2024

Jan Simmons
Governor & Membership Manager
November 2023

Signed as a correct record of the meeting

.....

Chair

.....

Date

Agenda Item:	6	Meeting:	Council of Governors	Meeting Date:	February 2024
Report Title:	Chief Executive's Report				
Sponsoring Executive Director:	Dr George Findlay, Chief Executive				
Author(s):	Dr Andy Heeps, Deputy Chief Executive and Chief Operating Officer				
Report previously considered by and date:					
Purpose of the report:					
Information	Yes	Assurance	N/A		
Review and Discussion	N/A	Approval / Agreement	N/A		
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality	N/A	Staff confidentiality	N/A		
Patient confidentiality	N/A	Other exceptional circumstances	N/A		
Link to ICB (Integrated Care Boards) / Trust Annual Plan					
Link to ICB Annual Plan	N/A	Link to Trust Annual Plan	N/A		
Implications for Trust Strategic Themes and any link to Board Assurance Framework risks					
Patient	Yes				
Sustainability	Yes				
People	Yes				
Quality	Yes				
Systems and Partnerships	Yes				
Research and Innovation	Yes				
Link to CQC Domains:					
Safe	Yes	Effective	Yes		
Caring	Yes	Responsive	Yes		
Well-led	Yes	Use of Resources	Yes		
Regulatory / Statutory reporting requirement					
Communication and Consultation:					
N/A					
Executive Summary:					
<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>					
Key Recommendation(s):					
<p>The Council of Governors is asked to NOTE this report.</p>					

CHIEF EXECUTIVE REPORT

To: Council of Governors

Date: February 2024

From: Deputy Chief Executive – Dr Andy Heeps

1. THANK YOU

- 1.1 The past three months has once more been characterised by extreme pressures, industrial action, staff working exceptionally hard, and our unrelenting focus to reduce waiting times. I wish to take this opportunity to put on record once more my heartfelt thanks to all my colleagues for everything they do for patients, and each other, in such challenging circumstances.
- 1.2 Prolonged strike took place before and after Christmas, adding yet more pressure and disruption to the challenging festive period. Without the exemplary dedication of our staff, and with many working extra shifts and longer hours, 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.
- 1.3 Unfortunately, to ensure we could protect life and limb, it was necessary to reschedule many routine appointments and procedures. These decisions are never taken lightly, and we do all we can to continue with as much activity as possible, 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 we are doing our absolute best to reschedule patients and reduce waiting lists as swiftly as we can.
- 1.4 Addressing the time patients are waiting for our services, both routine and emergency, has been front and centre of all our plans for many months now. Thankfully, the commitment of teams, extra hours worked, innovations and new ways of working that have been introduced have borne fruit.
- 1.5 For example, in the run up to Christmas we reduced our total patient waiting list by 11,000 patients in 11 weeks. This is the first time such a continued reduction has been achieved since the pandemic and, despite strikes and extraordinary winter pressures, we have sustained this trend throughout January.
- 1.6 We have seen significant improvements in our A&E performance against the national standard, which challenges emergency departments to see, treat, admit, or discharge patients within four hours. At the time of writing, our average performance in January is 73% - while lower than we want, it is more than ten percentage points higher than this time last year. In fact, our A&E performance was significantly better for every month in 2023, compared to 2022.
- 1.7 We know this is cold comfort to patients who are still waiting too long to receive emergency care in our hospitals, or to our staff working in overcrowded and highly challenged A&E departments. But the 4-hour standard is a key measure of how the entire hospital is operating, and it is important to acknowledge and thank colleagues for everything they are doing to admit patients onto wards and treat and discharge them in a safe and timely way.

- 1.8 While we have seen good year on year improvements, the day-to-day reality for our front-line teams, and the patients they care for, remains in stark contrast. The past few weeks in particular have been extraordinarily difficult and the toughest of the winter to date. Each of our main hospitals has been operating at more than 100% capacity with all escalation beds open at times and we have had to declare several business continuity incidents to urgently reprioritise our resources and rally additional support from our Sussex Health and Care partners. I want to thank them for their assistance, both when urgently needed and everyday as we work together as a system to serve people in Sussex.
- 1.9 In August we also welcomed the CQC who inspected predominantly Surgery and Medicine and the results have been published this month. Princess Royal, RSCH, St Richard's and Worthing are all now rated as Requires Improvement. This represents a downgrade from Outstanding for SRH and Worthing, but an improvement from Inadequate for the County. PRH is unchanged, while Southlands and the Alex weren't inspected so their ratings stay as they were. The overall rating remains as Requires Improvement.
- 1.10 We also commissioned an inspection from the Royal College of Surgeons, after we invited them into the Royal County Hospital last May. We were seeking assurance that our improvement plans for the division were the right ones, and an independent assessment of progress being made, and areas where further progress was still required. The report gives us confidence that we have the right plans in place, whilst providing valuable feedback – both from the RCS and our staff – regarding the extent of the work that remains ahead of us, led by the Surgery division.
- 1.11 Despite the relentless demands upon our staff and hospitals, 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 three months ago. On behalf of the board, I wish to commend and thank all colleagues involved.

2. ACHIEVEMENTS, AWARDS AND RECOGNITION – CONGRATULATIONS!

- 2.1 Chief Nursing Officer awards were presented to four nursing and midwifery colleagues from in January, recognising outstanding and compassionate care that exceeds everyday expectations. **Pip Hale**, Ward Manager at Chilgrove Ward, St Richard's, and **Terrie Whiteside**, Ward Manager, Burlington Ward, Worthing, were both awarded, as were **Claire Harris**, Matron, Midwifery at Worthing and St Richard's and **Shailendrasingh Soobhug**, an Advanced Clinical Practitioner working across the Trust.
- 2.2 **Jane Cleary**, Consultant Midwife, has been honoured with the prestigious Chief Midwifery Officer award for her significant and outstanding contribution to midwifery practice. The Chief Midwifery Award is one of the highest accolades for maternity staff to receive. It is awarded to healthcare staff for going beyond the expectations of their everyday role, demonstrating excellence in clinical practice, education, research, leadership and focusing on diversity and health inequalities.
- 2.3 Consultant Vascular & Endovascular Surgeon, **Professor Syed Waqar Yusuf** has received a lifetime achievement award from the Vascular Society for Great Britain and Ireland. Prof Yusuf joined UHSussex more than 20 years ago and specialises in endovascular surgery that treats conditions affecting blood vessels (vascular system) without making large incisions in the

vascular system. He has dedicated his career to improving endovascular surgery and educating others in this specialty.

- 2.4 **Surgeon Gianluca Colucci from Worthing Hospital** and has been teaching surgical procedures in Ukraine to help doctors treat soldiers injured on the front line in the war with Russia. Since the full-scale invasion of Ukraine began, Gianluca has been working with the *SmartMedicalAid* charity, delivering teaching, training, medical supplies, ambulances, medical evacuations and many more activities in the war-torn country. One of the life-saving projects involved creating 10 medical imaging phantoms, which are objects as stand-ins for human tissues to ensure that systems and methods for imaging the human body are operating correctly. Gianluca, who is also a senior lecturer at Brighton and Sussex Medical School then took the models with him and trained Ukrainian medics in Kharkiv, so they can use the surgical techniques to save lives of wounded soldiers.
- 2.5 **Professor Mahmood Bhutta**, consultant ENT (Ear Nose and Throat) surgeon, is setting the national agenda to reduce the environmental impact of surgical care for a greener NHS. He recently led the national committee for a collaborative project which has resulted in the 'Green Surgery' report being published. The report gives a detailed account of how to reduce the environmental impact of surgical care while maintaining high quality patient care and potentially saving the NHS money. Professor Bhutta is also the Trust's clinical lead for environmental sustainability.
- 2.6 The **Worthing A&E nursing team won our Star of the Month award** for their outstanding commitment, professionalism and teamwork in getting ambulances back out on the road in a record-breaking time. When an ambulance arrives at a hospital, the national target for clinically handing over patients is within 15 minutes of arrival. However, operational challenges including significant peaks in demand can lengthen handover times and cause delays. In the South-East, the average ambulance handover times are performing at 44% across 18 local hospitals, however, thanks to a series of improvements that the team have made over the last six months, using the Trust's Patient First improvement programme Worthing's emergency department is currently above national performance target at 70%.
- 2.7 **The Audiology Department at Royal Sussex County Hospital won Star of the Month** for improving patient care whilst navigating a series of immense challenges. The Brighton team, which provides care to both adults and children, were commended for their resilience and hard work by the Head of Audiology, Manuel Loureiro, during a period that saw the team relocate into the new Louisa Martindale Building and open a brand-new Paediatric Audiology Department at the Royal Alex.
- 2.8 The team at **The Sussex Orthopaedic Treatment Centre (SOTC) at Princess Royal Hospital have been awarded Star of the Month** for their exceptional demonstration of UHSussex values and commitment to providing the best care to patients. The team were nominated by Cindy Cruzado, Theatre Practitioner, for their dedication and resilience, consistently showing empathy towards patients and fostering a culture of inclusion and respect within their team and beyond' – embodying the values of UHSussex. The SOTC provides planned surgery and rehabilitation and has a key role in how the NHS in Sussex is working to reduce the number of people waiting for care and help patients to get the operation or procedure they need as quickly as possible. Last year, the centre was one of just eight elective surgical hubs in the country to receive national recognition for the care provided to patients.
- 2.9 In December, we held more **Long Service Awards** to celebrate a further 200 colleagues who have achieved 20, 30 and 40+ years' service with the Trust, giving a combined length of service of 4,750 years. Funded by our MyUHSussex charity, colleagues were invited to special events held away from our hospitals, at Fontwell Park Racecourse and The Hilton Brighton Metropole.

Attendees included 17 members of staff with more than 40 years of Trust service; 26 had 30 years; and 165 have achieved 20 years.

- 2.10 In recognition of her work with international nurses, **Netce Sia**, Senior Clinical Practice Educator for the International Recruitment Team, was invited to Buckingham Palace in November to attend a reception hosted by King Charles III to celebrate the contribution of internationally educated nurses and midwives working in the UK's health and social care sector. Netce and her team welcome new nurses at the start of their career within the Trust and ensure colleagues adjust to their new environment by teaching and training them to become qualified UK registered nurses.
- 2.11 The **International Recruitment Team** at University Hospitals Sussex has been honoured with the Pastoral Care Quality Award for their commitment, compassion and support to the recruitment of nurses and midwives from outside of the UK. The team offer a wide-ranging induction, which includes knowledge of the local areas, airport transfers, accommodation and 24/7 contact time. They make significant efforts to ensure their new colleagues feel welcome, making sure their needs are met, including finding places of worship, and registering at GPs. The dedication from the team does not stop at recruitment, the team strive for a sense of community where the new recruits feel comfortable and safe.
- 2.12 One of our clinical research teams has had their emergency airway management study published in a top anaesthesia journal. **Dr Jamie Gibson** and **Dr Todd Leckie**, Anaesthetics and Intensive Care Medicine Trainees, and **Dr James Hayward** and **Dr Luke Hodgson**, Intensive Care Consultants, have explored the current UK practice for emergency airway management that happens outside of operating theatres, including simple airway techniques which are non-invasive and advanced airway techniques which are invasive and require specialised medical equipment including intubation and cardiac arrests. Cases involving children were also included and this work has since been published in the same journal.
- 2.13 Colleagues from Royal Sussex County Hospital contributed to a global study revealing the benefits of delaying umbilical cord clamping for premature babies. Together with her team, **Professor Heike Rabe**, an Honorary Consultant Neonatologist at University Hospitals Sussex and Professor of Perinatal Medicine at Brighton and Sussex Medical School, provided research data to the study, which was published in The Lancet.
- 2.14 Three new Deputy Chief Medical Officers (CMO) have been appointed, taking on managing roles within our hospital leadership teams. **Mrs Suzie Venn**, **Mr Tosin Ajala** and **Dr Madhava (Bob) Dissanayake** will each join our local hospital directors and hospital directors of nursing to form a leadership triumvirate for our three main sites. The role of the deputy CMO is to focus on patient safety and compliance for their designated hospital sites, supporting the delivery of efficient high quality patient care. Working closely with the Hospital Director of Nursing, they will support all clinical areas to meet Quality and Safety Improvement Programme (QSIP) and Care Quality Commission (CQC) standards and will have a particular focus on junior doctor responsibilities and consultant engagement.

3. INVESTING IN OUR HOSPITALS AND SERVICE IMPROVEMENTS

- 3.1 A new state-of-the-art **Community Diagnostic Centre** (CDC) was officially opened at Southlands Hospital by guest of honour and radiology patient Christine Heels from Ashington on 25 January. Designed to speed up diagnosis and improve patient experience, the CDC has provided quick access to medical tests for more than 14,000 patients since phase one of the CDC opened in October last year. Served by a team of around 50 colleagues, the CDC houses world-class CT and MRI scanners, alongside three cutting-edge X-ray rooms, all in one dedicated space. Work has now begun on phase two of the CDC development which will provide further

diagnostic services, including echocardiography, gynaecological and respiratory procedures, expected to be finished in Autumn 2024. Once complete, the CDC will embody a true 'one-stop' model of care, enhancing efficiency and further improving the overall patient experience and reducing diagnosis and time to treatment time for people in Sussex.

- 3.2 A new **Urology Investigation and Treatment Centre at Princess Royal Hospital**, Haywards Heath, is improving patient outcomes and transforming healthcare. The new £8m building opened in October and features a newly refurbished reception and large waiting rooms with scenic views of the hospital's natural surroundings. The expert hub is helping to reduce the number of hospital visits that many urology patients experience, and it enables staff to diagnose potentially life-threatening conditions such as cancer more swiftly. Since opening, more than 4,000 patients have been treated at the new facility.
- 3.3 People in West Sussex will be able to access state of the art hospital-based stroke services at a **new Acute Stroke Centre at St Richard's Hospital** in Chichester, following approval of the stroke improvement programme by the NHS Sussex board on 30 November 2023. If proposals are agreed next week. The decision follows five years of work, led by leading health professionals at University Hospitals Sussex, to review current services, and develop proposals, based on evidence and clinical best practice, that would further improve outcomes for the local population and ensure our services are meeting national guidelines. The Acute Stroke Centre to be developed at St Richard's will work as part of a network with the Comprehensive Stroke Centre at Royal Sussex County Hospital in Brighton. The Acute Stroke Centre would improve care and outcomes for patients by providing access to specialist stroke services 24 hours a day, seven days a week.
- 3.4 The **demolition of Barry Building at Royal Sussex County Hospital** is now underway, to prepare the site for our **new Sussex Cancer Centre** which is phase 2 of the hospital's 3Ts redevelopment. Over the next few months, the old hospital estate and surrounding buildings will be carefully dismantled, and a revised planning application submitted for the £155m new centre. 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 for our radiotherapy, oncology, and haematology departments.
- 3.5 University Hospitals Sussex is the first in the country to use a new economical and environmentally friendly sterilisation machine. The new machine, based at the Royal Sussex County Hospital's Ear, Nose and Throat (ENT) department, sterilises small telescopes that doctors use to look inside a patient's ear, nose, or throat faster and more efficiently than before. This is helping to cut the department's carbon output by more than tonnes a year, which is the same as planting 200 trees.
- 3.6 The neonatal intensive care unit – also known as the Trevor Mann Baby Unit (TMBU) – at the Royal Sussex County Hospital is now using an innovative genetic test that can help identify newborn babies at risk from hearing loss if treated with a common antibiotic. The test, which involves taking a gentle cheek swab, takes just 26 minutes to determine whether a critically ill baby has a single gene change that could cause permanent hearing loss if they are treated with the first-choice antibiotic, Gentamicin. If the genetic change is detected, babies are given a different antibiotic with life-changing effects for them and their families.
- 3.7 Parents of babies in the Trevor Mann Baby Unit can now use an app designed by medical professionals that supports families of premature babies receiving care in the neonatal unit, featuring UHSussex tailored content. The free app provides parents with easy access to information that can help them to understand their baby's journey, medical terminology they may hear used, as well as specific information about the Trust and key contact details. Parents can track their baby through their neonatal journey, including what each developmental stage means,

a diary section to monitor their baby's weight and suggestions of what they can do to help with each week of development.

- 3.8 A newly Memorial Garden was opened for staff at Worthing Hospital in November with a ceremony led by lead chaplain Rachel Bennett. At the opening, the hard work, compassion and sensitivity demonstrated by several colleagues, including Tony Leggatt, Stuart Cox, Luc Harvengt, Rachel Bennett and Katrina Hawkes, was commended by Trust leaders. Hospital Director Stephen Mardlin planted a rose to commemorate colleague Bessy James, who was a Staff Nurse in Endoscopy, before dying from cancer in September 2022.
- 3.9 New food and drink options for visitors and staff are on the horizon as the Trust's retail catering team continues to improve what is available at University Hospitals Sussex. Throughout January, restaurateurs, caterers, and café operators were invited to tender to run the hospital restaurants at St Richard's Hospital and Worthing Hospital and the café facility in the Worthing Health Education Centre. Meanwhile, at the Royal Sussex County Hospital, a new café on Level 6 in the Louisa Martindale Building will be opening this year. With seating both inside and outside offering incredible sea views, the space will be run by the popular Peabodys team that already have a coffee bar in The Welcome Space. Currently, its opening date is awaiting a decision from a new agency responsible for high-rise structures, the Building Service Regulator.
- 3.10 Our first Volunteers' Conference took place at the Charmandean Centre in Worthing, kindly funded by the dedicated charity for the Trust, My University Hospitals Sussex. This was the first time volunteers from all our hospitals were able to come together to hear news about the future of our voluntary services and celebrate another incredible year of volunteering in our hospitals – even our brilliant *Pets as Therapy* (PAT) volunteer dogs made an appearance! Steve Crump, Director of Charities and Voluntary Services, opened the conference and gave a presentation on the importance of volunteers to the NHS' vision for the future of health and social care. An update on the progress of modernising the service was also given, along with information on how we are looking to maximise the impact of volunteering across the Trust.

4. SUPPORTING OUR PEOPLE

- 4.1 Our staff are our most precious resource, and we have a comprehensive, broad-ranging and growing programme to provide support for them, as well as thank, acknowledge, and recognise everything they do for our patients, each other, and the Trust. Full details are available on our website at www.uhsussex.nh.uk/Wellbeing and below are some recent examples:
- 4.2 During Race Equality Week (5-11 February), free workshops and virtual sessions are being held for staff to share lived experiences, provide support, improve understanding of discrimination, and help colleagues become more confident in challenging inappropriate behaviour and actions. All staff are being encouraged to take time each day next to participate in five activities posted on the staff intranet, to help everyone better reflect on our own attitudes and behaviours towards race equality – and help us act on what we learn.
- 4.3 A new Women's Network has been launched to create a safe environment for members to come together, make connections and share experiences, and provide support and opportunities to improve the experiences of women and to promote equity. Applications to chair the network are currently sought, supported by Professor Katie Urch and Karen Geoghegan who are the network's executive sponsors.
- 4.4 We have welcomed two Health Checks Nurses, Rachel Gardiner and Rafael Lontoc, to provide staff with check-ups where blood pressure, BMI and pulse checks will be offered as standard,

along with advice and signposting for lifestyle changes, such as weight loss, stopping smoking, alcohol reduction and mental wellbeing.

- 4.5 The first meeting of our new Health and Wellbeing Staff Network was attended by 68 members of staff. The next meeting will feature guest speaker Jane Mitchell from the Staff Psychological Support Service.
- 4.6 New training events for staff called Neurodiversity Talks are taking place with colleagues invited to three sessions of awareness talks around neurodiversity in the workplace. Working in partnership with an organisation called Differing Minds, the aim is to provide enlightening insight around neurodiversity.
- 4.7 Quit smoking events have taken place in our hospitals, with staff invited to attend free 1:1 sessions with a qualified smoking cessation adviser. A free 12-week programme that includes weekly support and free nicotine replacement therapy is also being promoted to all colleagues who smoke.
- 4.8 Colleagues have been invited to benefit from The Roffey Park Development Programme's Experience Cube. The training is designed for both non-managers and managers who would benefit from its use to explore a situation and understand what might be going on at a deeper level.
- 4.9 The Aquatic Activity and Swimming for Health e-learning programme is being promoted to staff. The resource, developed in partnership with Swim England, Aquatic Therapy Association of Chartered Physiotherapists (ATACP) and the University of Nottingham, raises awareness of the benefits of aquatic activity on health and wellbeing and aims to enhance learners' confidence in identifying patients who would benefit most.
- 4.10 A new 'Walk and Talk' group has been set up at St Richard's Hospital, open to all colleagues, friends, family and dogs who would enjoy a walk in nature, take in the beautiful views, and connect with people from work and local community. The group has been set up by member of staff Jazz Tatem-Harrison to support colleagues.
- 4.11 For Disability History Month 2023, we focused on how to 'lead the change' to tackle discrimination and support disabled people working across the health and care sector. Disability affects 23 per cent of the NHS workforce, with 83 per cent of disabilities acquired during working life. The month provided an important opportunity to raise awareness, share learning and improve experience for colleagues.
- 4.12 Our staff Crisis Fund has helped more than 600 staff during its first year. Thanks to funding from *MyUHSussex* charity, we have been able to provide cost of living support to staff who find themselves in financial hardship.

5. INTERESTED TO FIND OUT MORE?

- 5.1 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. 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 - thank you.

6. RECOMMENDATIONS

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



Agenda Item:	7	Meeting:	Council of Governors	Meeting Date:	29 February 2024
Report Title:	Quality and Safety Improvement Programme				
Sponsoring Executive Director:	Darren Grayson, Chief Governance Officer				
Author(s):	Darren Grayson, Chief Governance Officer				
Report previously considered by and date:	N/A				
Purpose of the report:					
Information	N/A	Assurance	Yes		
Review and Discussion	N/A	Approval / Agreement	N/A		
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality	N/A	Staff confidentiality	N/A		
Patient confidentiality	N/A	Other exceptional circumstances	Yes		
Link to ICB / Trust Annual Plan					
Link to ICB Annual Plan	N/A	Link to Trust Annual Plan	Yes		
Implications for Trust Strategic Themes and any link to Board Assurance Framework risks					
Sustainability	Yes	QSIP impacts on all aspects of Trust business			
People	Yes	QSIP impacts on all aspects of Trust business			
Patient & Quality	Yes	QSIP impacts on all aspects of Trust business			
Systems and Partnerships	Yes	QSIP impacts on all aspects of Trust business			
Research and Innovation	Yes	QSIP impacts on all aspects of Trust business			
Link to CQC Domains:					
Safe	Yes	Effective	Yes		
Caring	Yes	Responsive	Yes		
Well-led	Yes	Use of Resources	Yes		
Regulatory / Statutory reporting requirement					
QSIP enables the Trust to discharge its obligations as set out in the undertakings given to NHSE.					
Communication and Consultation:					
Workstream in QSIP					
Executive Summary:					
Introduction					
<ol style="list-style-type: none"> The Trust has established a Quality and Safety Improvement Programme (QSIP) to discharge its obligations as set out in the undertakings given to NHS England (NHSE). These undertakings require the Trust to develop and implement a comprehensive improvement plan (QSIP) with Board level accountabilities. This report provides assurance on the mobilisation of QSIP. As well as satisfying the undertakings the purpose of QSIP is to make sustained improvements in the quality and safety of our services and to develop improved systems, processes and culture that provide assurance to the Board. In doing so the Trust will also be better placed to provide assurance to the Integrated Care Board (ICB), the Care Quality Commission (CQC), patients families and the communities we serve. An explicit outcome from QSIP 					

QSIP

will be to comply with the regulatory requirements of all our regulators including the CQC, and where we are not able to assure compliance, the programme will enable the Trust to identify the risks, to mitigate those risks, to produce a plan to achieve compliance and to deliver that plan.

Context

3. Since establishment through merger in 2021 the Trust has been subject to substantial regulatory intervention from the CQC. The impact of these interventions has seen downgraded ratings for several services and hospitals as well as an 'inadequate' rating for Well-Led. The themes prevalent in these inspections have included some staff reporting feeling that they were afraid to speak up or that when they did speak up nothing changed, a detached Executive and systems of quality governance and a culture that do not assure the safety and quality of services. These themes have informed the development of QSIP.
4. The Trust remains in segment 3 of the National Outcomes Framework and the Trust entered into the undertakings referenced above. The latest inspection by the CQC was in August 2023 and the report is expected imminently.

Programme Mobilisation

5. The programme was conceived and established in October and mobilised in November and December. It should also be noted that action that QSIP builds on work that has been established and delivering results for some time in areas such as quality governance and general surgery and RSCH/PRH both of which were Corporate Projects.
6. **Governance.** A Steering Group to lead the programme has been established, it meets monthly and in addition to the attendance of all Executives it is chaired by the Chief Executive. At its meeting in October, the Steering Group agreed its terms of reference and at its meeting in November it signed-off the draft programme and project charters.
7. There are four delivery workstreams and two enabling workstreams each with an Executive lead and a director level Senior Responsible Officer. The Executive Lead for the programme is the Chief Governance Officer (CGO). The workstreams are:
 - a. Improving quality governance, risk management and assurance: Executive leads CMO and CNO.
 - b. Well-Led: Executive lead CGO
 - c. Improving access to surgery: Executive lead COO/DCEO
 - d. Improving safety culture: Executive Lead CEO
 - e. Engagement: Executive leads CPO and CGO
 - f. Communications: Executive Lead CGO
8. See the appendix for the key deliverables in each workstream. It should be noted that the work on the delivery workstreams enables the workstreams on engagement and communications to be mobilised in January and February.
9. **Assurance.** The Board has established a new committee to assure the delivery of the programme. A report from the Chair of the committee on its January meeting is also provided to the Board.

QSIP

- 10. In addition, assurance is provided to the ICB and NHSE through the established quality review process as set out in the appendix.
- 11. **Programme plan (timeline).** The agreement of the programme and project charters (see appendix) has enabled the production of a detailed programme plan setting out key milestones and timelines.
- 12. **Programme Resourcing.** Executive and director level leadership has been established and programme management support is being provided by the Programme Management Office. The Executive is working with divisional and corporate leaders to identify aspects of the strategy that may be re-prioritised to create capacity to deliver QSIP.

Summary

- 13. The mobilisation of a programme of the scale and complexity of QSIP is a major undertaking particularly in the context in which the Trust is working. Nonetheless, the Trust has successfully mobilised the programme in October and November and has moved into the delivery phase from December.

Key Recommendation(s):

- 14. The Council of Governors is asked to note the assurance that programme has been successfully mobilised.

QSIP





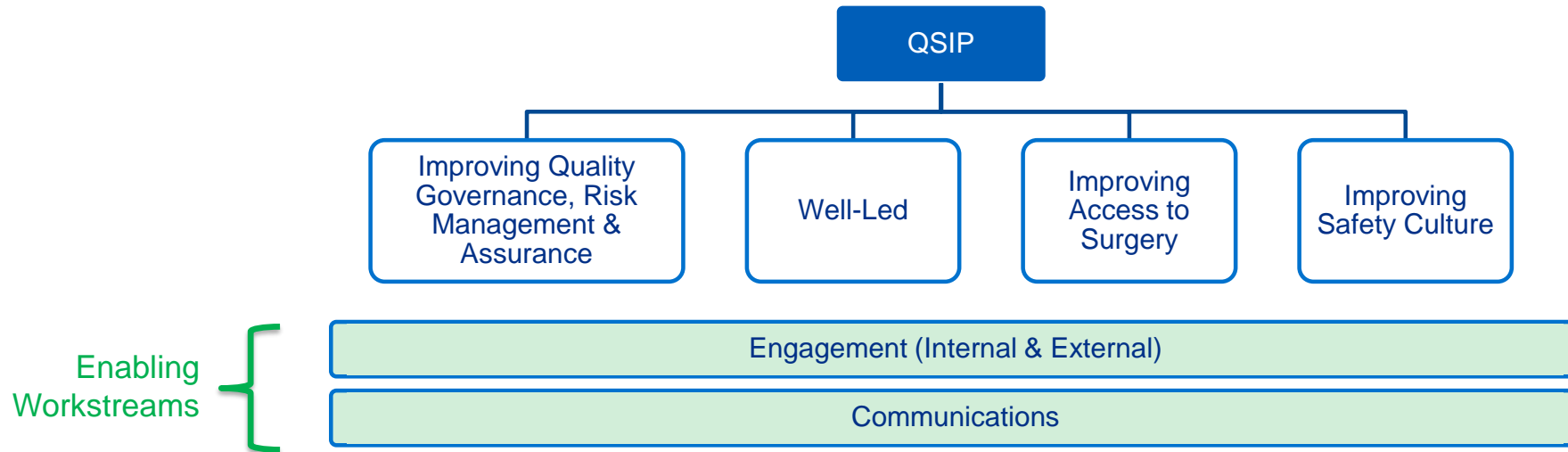
University Hospitals Sussex
NHS Foundation Trust

Quality & Safety Improvement Programme (QSIP)

Council of Governors

February 2024

QSIP - Programme Structure

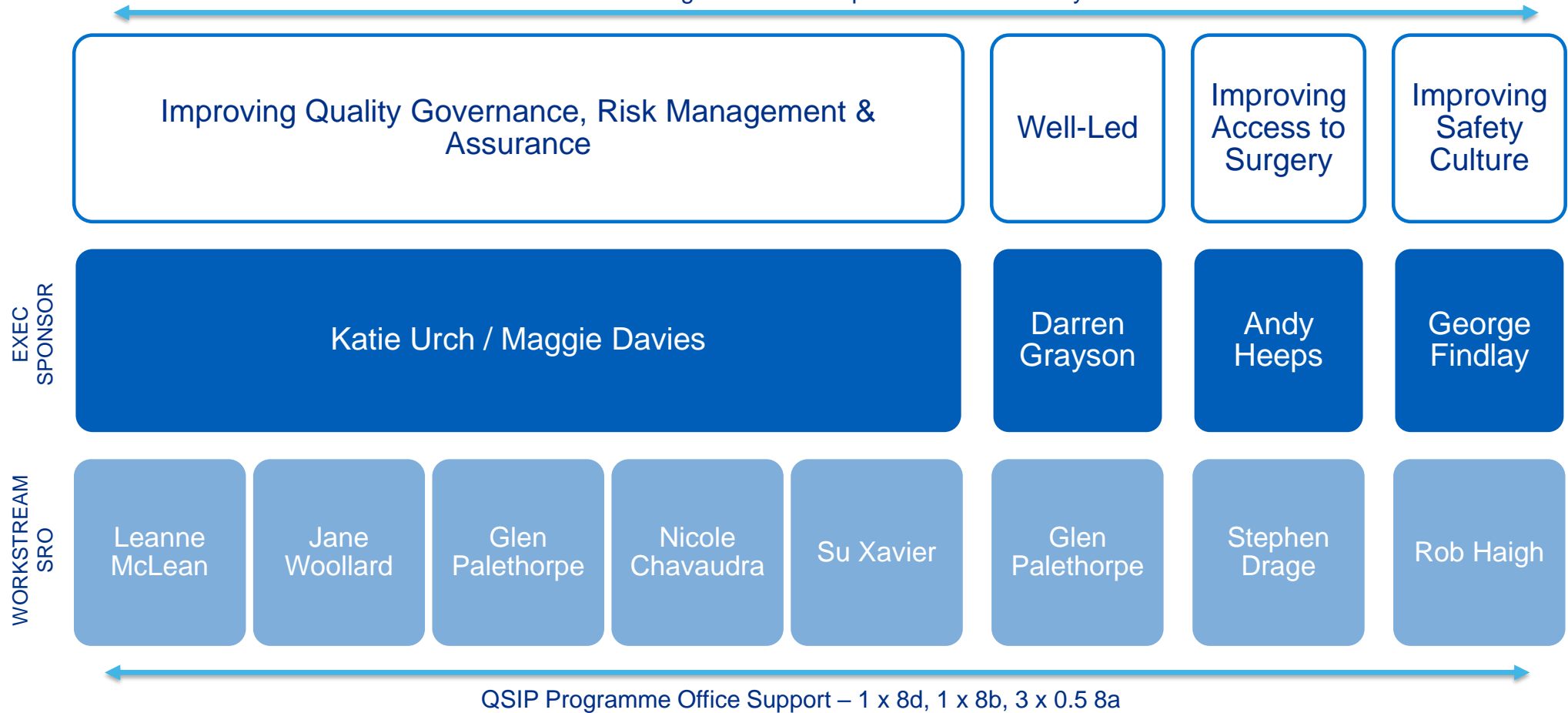


Key deliverables in each workstream:-

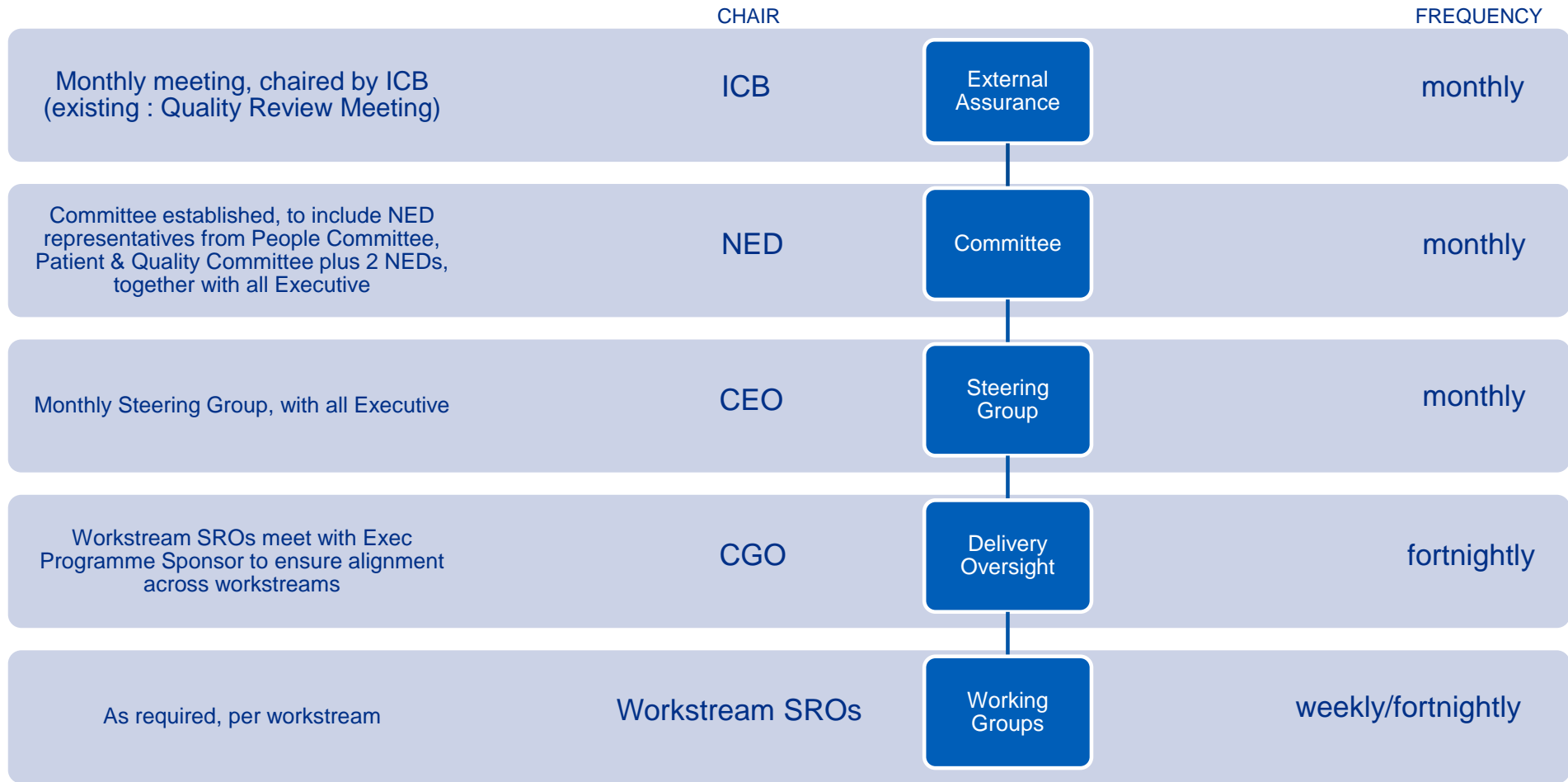
Improving Quality Governance, Risk Management & Assurance	Well-Led	Improving Access to Surgery	Improving Safety Culture
<ul style="list-style-type: none"> The standards that need to be delivered The policies that support this The measurement of how well we are doing How we need to improve our gaps The provision of assurance 	<ul style="list-style-type: none"> Overseeing the delivery of well-led improvements, based on CQC requirements and best-practice 	<ul style="list-style-type: none"> Focus supporting divisions with onward improvements, many initiated through the Improving General Surgery corporate project Right-sizing theatre capacity across the Trust Ensure the provision of surgery is maximised across the Trust 	<ul style="list-style-type: none"> Improve safety culture in the Trust, ensuring that relevant training is embedded Delivery of a framework tool to help effectively measure safety culture Enhance the effectiveness of reporting and feedback, and embed an open, learning culture

QSIP - Programme Resourcing

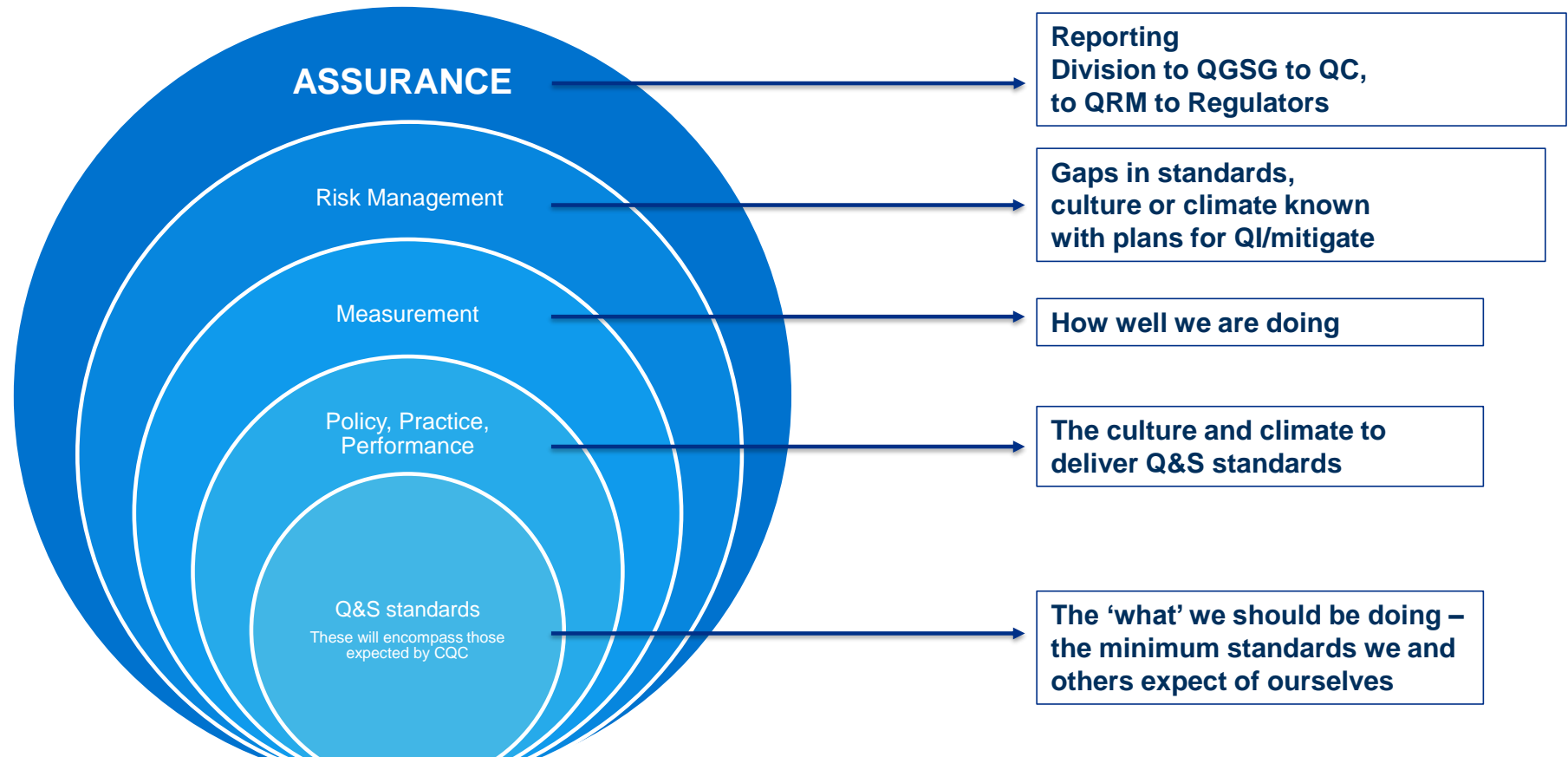
QSIP Programme Exec Sponsor – Darren Grayson



QSIP - Programme Governance

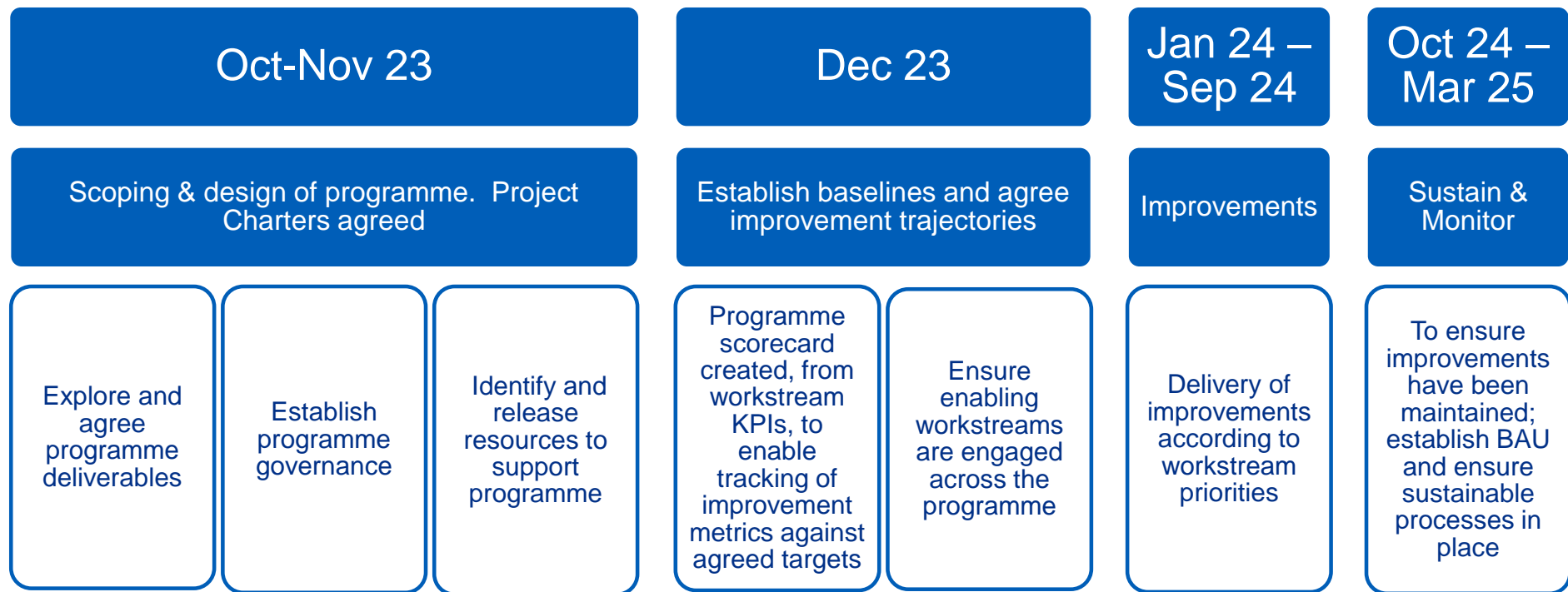


QSIP – how we ensure this becomes our BAU



OUTCOME: the creation of ward-to-board evidence bank that provides necessary assurance to all parties at the touch of a button

QSIP – Top-Level Programme Plan



Agenda Item:	8	Meeting:	Council of Governors	Meeting Date:	29/2/24
Report Title:	Workforce Diversification				
Sponsoring Executive Director:	David Grantham, Chief People Officer				
Author(s):	Martyn Clark, Director of Integrated Education David Vincent, Director of Workforce Planning & Deployment				
Report previously considered by and date:	N/A				
Purpose of the report:					
Information	Yes	Assurance	N/A		
Review and Discussion	Yes	Approval / Agreement	N/A		
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality	N/A	Staff confidentiality	N/A		
Patient confidentiality	N/A	Other exceptional circumstances	N/A		
Link to ICB / Trust Annual Plan					
Link to ICB Annual Plan	Yes	Link to Trust Annual Plan	Yes		
Implications for Trust Strategic Themes and any link to Board Assurance Framework risks					
Sustainability	N/A				
People	Yes				
Patient & Quality	Yes				
Systems and Partnerships	N/A				
Research and Innovation	N/A				
Link to CQC Domains:					
Safe	Yes	Effective	Yes		
Caring	N/A	Responsive	N/A		
Well-led	Yes	Use of Resources	Yes		
Regulatory / Statutory reporting requirement					
N/A					
Communication and Consultation:					
N/A					
Executive Summary:					
<p>The workforce at UHSussex is changing, in addition to doctors and nurses, healthcare is now provided by a range of professionals in an acute clinical setting.</p> <p>The diversification of roles can help support the delivery of high-quality patient care. On occasion, alternative roles are necessary to mitigate the shortage of medical or nursing staff or, in many cases, may present a more appropriate option based on patient need and how care can be most effectively provided. Such roles include Advanced Clinical Practitioner, Nurse Practitioner, Physician Associate and Nursing Associate. Workforce diversification remains a key component of the UHSussex workforce plan and education strategy including the use of apprenticeships to support the development of our future workforce.</p> <p>The paper provides a brief context, overview of the key alternative clinical roles at UHSussex, current numbers employed and confirms how workforce diversification features in our 24/25 workforce plan.</p> <p>The paper also includes details regarding how the Trust assesses the appropriateness of alternative roles at divisional level.</p>					

Key Recommendation(s):
The Council of governors are asked to accept this report for information and discussion.



Workforce Diversification – Council of Governors briefing

February 2024

Context - a changing workforce

- ▶ The workforce at UHSussex is changing, in addition to doctors and nurses, healthcare is now provided by a range of professionals in an acute clinical setting
- ▶ The diversification of roles can help support the delivery of high-quality patient care.
- ▶ On occasion, alternative roles are necessary to mitigate the shortage of medical or nursing staff or, in many cases, may present a more appropriate option based on patient need and how care can be most effectively provided
- ▶ Such roles include ***Advanced / Enhanced Clinical Practitioners, Physician Associates and Nursing Associates***
- ▶ Workforce diversification remains a key component of the UHSussex workforce plan and education strategy including the use of apprenticeships to support the development of our future workforce



Nationally the [NHS long term workforce plan](#) expects workforce diversification as part of the plan to ‘train, retain and reform’ the NHS workforce.

New roles are similarly being used in other parts of the health system.

Nursing Associates

Education and Training:

- ▶ The Nursing Associate is a clinical support role that bridges the gap between healthcare support workers and registered nurses. Created to deliver hands-on, person-centred care as part of nursing teams.
- ▶ Nursing Associates undertake a two-year foundation degree programme /apprenticeship that focuses on theoretical knowledge and practical skills. Their training encompasses a range of healthcare topics, including anatomy, physiology, clinical skills, communication skills, and fundamentals in nursing care.
- ▶ The Nurse Associate facilitates the advancement of healthcare support workers' careers, allows Registered Nurses to concentrate on more intricate clinical tasks, and contribute to expanding the nursing workforce by offering a pathway towards becoming a qualified nurse.

Scope of Practice:

- ▶ The scope of practice for Nursing Associates is narrower compared to that of registered nurses. They are primarily involved in providing direct patient care, carrying out fundamental nursing tasks, and supporting the nursing team. Nursing associates may assist with activities of daily living, administer medication, perform routine observations, monitor care and provide emotional support to patients.

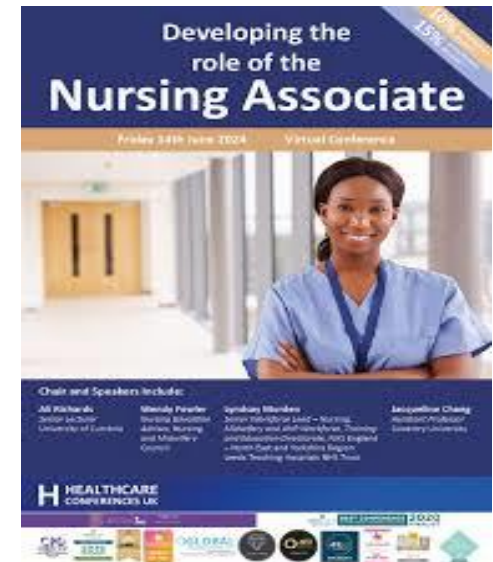
Nursing associate	Registered nurse
6 platforms	7 platforms
Be an accountable professional	Be an accountable professional
Promoting health and preventing ill health	Promoting health and preventing ill health
Provide and monitor care	Provide and evaluate care
Working in teams	Leading and managing nursing care and working in teams
Improving safety and quality of care	Improving safety and quality of care
Contributing to integrated care	Coordinating care
	Assessing needs and planning care

- UHSussex employs 83 qualified Nursing Associates
- 50 Trainee Nursing Associates commenced their education in 23/24



Future strategy for deploying Registered Nursing Associates

- ▶ At UHSussex Nurse Associates provide an improved service delivery and enhanced patient care quality, a boost in staff retention due to expanded career growth prospects and the opportunity to cultivate and grow an internal nursing workforce
- ▶ Commit to training for TNAs - 40 to commence training in 2024/2025, blend of internal and external
- ▶ Planned increase to 80 TNAs in 2025/2026
- ▶ Develop training posts on all inpatient ward areas – convert band 3 HCA to TNA within establishment
- ▶ Cohort registered role to achieve defined RNA in roster deployed alongside RN
- ▶ Target wards based on patient acuity, skill mix and appetite for the role
- ▶ Review of scope of practice to include administration of low-risk IV medication
- ▶ Standardising deployment in the current rosters – upcoming reviews
- ▶ Develop career pathways as top up from NA to Registered Degree Apprentice



Advanced Clinical Practitioners

What is advanced clinical practice?

- Advanced Clinical Practitioners (ACPs) come from a range of professional backgrounds such as nursing, pharmacy, paramedics and occupational therapy.
- ACPs are healthcare professionals, educated to Master’s level or equivalent, with the skills and knowledge to allow them to expand their scope of practice to better meet the needs of the people they care for.
- ACPs are deployed across all healthcare settings and work at a level of advanced clinical practice that pulls together the four ACP pillars of clinical practice; leadership and management, education and research”, (NHS England).
- Advanced Practice provides a greater focus on prevention, holistic and personalised care, efficient teams, faster response to patient needs that all result in better patient care.
- UHSussex is committed to the expansion of the ACP workforce, this supports plans to diversify our ED workforce at Worthing and St Richards Hospitals.



- UHSussex employs 189 Advanced Clinical Practitioner role (175 from a nursing background)

Physician Associates

Physician Associates are healthcare professionals who work as part of a multidisciplinary team with supervision from a named senior doctor (a General Medical Council registered consultant or general practitioner), providing care to patients in primary, secondary and community care environments. PAs are part of the government's medical associate professions (MAPs) grouping in the health and care workforce and have been working in the UK since 2003.

The Physician Associate workforce is likely to increase as the Trust supports the PA education programme and provides placements for students. The role of PAs will also become increasingly regulated.

The growth in the role needs to be planned alongside the expected growth in medical training placements and ACP roles (and the Trust's training placement capacity).

There is a degree of suspicion amongst some doctors that PAs are a 'lesser' replacement for traditional medical training roles. The history is that the role was developed as a support and to work alongside medical practitioners, not to replace appropriate medical decision making. Alongside ACPs PAs can pick up some of the more routine work a doctor may traditionally have performed.



- UHSussex employs 13 Physician Associates

How has workforce diversification been incorporated into 2024/25 workforce planning?

- ▶ **Changes to models of nursing care are prominent in 24/25 planning:**
 - ▶ Review of the unregistered nursing workforce with a view to creating a sustainable band 2/3 skill mix
 - ▶ Further development of the Nursing Associate role in targeted areas (40 trainees in 24/25 and 80 in 25/26) where the role can be most effective in providing care
 - ▶ The overarching plan is to ensure that the Trust has a career pathway from band 2 Healthcare Assistant to band 5 registered nurse and beyond, and that for those who opt for a vocational model of education are supported to reach their full potential at UHSussex
 - ▶ The strategy is to broaden the organisation's talent pipeline, in the case of nursing to ensure that there are university, apprenticeship and direct recruitment channels for registrants to ensure a healthy workforce supply

- ▶ **Other work includes:**
 - ▶ To review the registered clinical workforce creating more Enhanced and Advanced Clinical Practitioner roles across the organisation
 - ▶ The Trust is piloting an enhanced healthcare support worker (HCSW) role to support patients with mental health needs whilst attending the emergency department or being treated as an inpatient. 28 support workers have been recruited and deployed, the initiative is designed to reduce reliance on agency registered mental health nurses and deliver consistent support for patients with mental health needs.
 - ▶ Guidance has been developed to help managers and clinical leaders determine the appropriateness of alternative roles at UHSussex and to inform the selection of roles and developments in skill mix.

Guidance for assessing the appropriateness of alternative roles at UHSussex

Clinical divisions are asked to consider how the diversification of roles will help support the delivery of high-quality patient care. On occasion, alternative roles are necessary to mitigate the shortage of medical or nursing staff or, in many cases, may present a more appropriate option based on patient need and how care can be most effectively provided. Such roles include Advanced Clinical Practitioner, Nurse Practitioner, Physician Associate and Nursing Associate.

The below should be considered by managers to help determine the appropriateness of role diversification.

- ✓ Is there a clear driver for considering role diversification? This is likely to relate to a shortage of traditional healthcare staff including medical, nursing and AHP, financial constraints or a rationale regarding improved patient care or clinical quality. Your HR Business Partner can help with this thinking.
- ✓ Has a quality impact assessment been completed regarding any change to workforce?
- ✓ Have any restricting factors been considered including the commissioning arrangements i.e. how we are paid for activity that relates to services being delivered by a specific job role?
- ✓ Are you aware of the clinical scope of practice of the available clinical roles? How will this impact on other roles? Is there a professional registration/revalidation/job planning requirement? Guidance is available from the respective clinical leads.
- ✓ What are the recruitment and education factors that will influence the availability of the new roles? For this, managers will need to assess the potential for direct recruitment of qualified staff or the lead time for education to be completed where the development of the existing workforce is required.
- ✓ How will the education for the new staff be funded? Do CPD funds exist? The education team can discuss the available options including apprenticeships.
- ✓ Has supernumerary time been considered as part of decision making?
- ✓ How will clinical supervision be provided for the role? Is there appropriate senior clinical sponsorship and champions for the proposed roles within the department? Have line management arrangements been agreed?
- ✓ How will the new roles be funded? Your Finance Business Partner can support you with this. Any change to budgeted establishment will require an amendment form sent to workforce services to action the change and have financial approval.
- ✓ Is a new job description required? Does this require evaluation? Is there a requirement for cross site working?
- ✓ Has the Head of Workforce Planning & Systems been advised of the change from a planning perspective?

Agenda Item:	9	Meeting:	Council of Governors	Meeting Date:	29 February 2024
Report Title:	Report from Patient Engagement and Experience Committee Meeting Chair				
Responsible Governor:	Maria Rees, Public Governor, Arun				
Author(s):	Jan Simmons, Governor & Membership Manager				
Report previously considered by and date:	N/A				
Purpose of the report:					
Information	Yes	Assurance	Yes		
Review and Discussion	N/A	Approval / Agreement	N/A		
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality	N/A	Staff confidentiality	N/A		
Patient confidentiality	N/A	Other exceptional circumstances	N/A		
Link to ICB / Trust Annual Plan					
Link to ICB Annual Plan	N/A	Link to Trust Annual Plan	N/A		
Implications for Trust Strategic Themes and any link to Board Assurance Framework risks					
Patient	Yes				
Sustainability	N/A				
People	N/A				
Quality	Yes				
Systems and Partnerships	N/A				
Research and Innovation	Yes				
Link to CQC Domains:					
Safe	Yes	Effective	Yes		
Caring	Yes	Responsive	Yes		
Well-led	Yes	Use of Resources	N/A		
Regulatory / Statutory reporting requirement					
Communication and Consultation:					
Executive Summary:					
<p>The Patient Engagement and Experience Committee met on 14 December 2023. The meeting was quorate with four 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 the Director of Nursing for Princess Royal Hospital, the Deputy Director of Facilities & Estates for an item on Patient Led Assessments of the Care Environment (PLACE) and the Communication Team's Head of External Affairs. Apologies were received from the NHS Integrated Care Board and Healthwatch representatives.</p> <p>The Committee received information on the Emergency Department and In-Patient National Survey reports and an update on the approach being taken to relaunch the Trust's Peer Reviews to be led by the Hospital Directors of Nursing.</p> <p>The Committee also received the Register of Governors Activities which provided information on the Governors' involvement and experience in the Trust's improvement projects.</p>					

An update was received on the weekly Trust PLACE audits along with the Quarter 2 Patient Experience Report. The Committee also reflected on the new format and focus the Committee meeting to consider any changes that may be required.

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

Meeting:	Patient Engagement & Experience Committee	Meeting Date:	14 December 2023	Chair:	Maria Rees on behalf of Frances McCabe	Quorate: Yes
Declarations of Interest Made						
There were no declarations of interest made.						
Assurances received at the Committee meeting						
<p>ED and In-Patient National Survey Reports</p> <p>The Committee received a presentation from the Director of Patient Experience, Engagement and Involvement on the results of the National Inpatient Care Patient Surveys 2022. For UHSussex surveys were undertaken with users of the Accident & Emergency Departments and Urgent Treatment Centres (UTC) and explored key areas including arrival at A&E, tests, respect and dignity, environment and facilities, care and treatment, doctors and nurses, waiting and overall experience.</p> <p>The A&E results showed that out of 950 people invited to take part only 227 had completed the survey with the comparative performance against other Trusts being better than expected for A&E and the overall experience in the middle.</p> <p>The survey results for UTCs indicated they had performed less well and a couple of areas where the Trust had performed worse than expected. Areas where patient experience could improve included waiting, care and treatment and respect and dignity but there were also areas where the patient experience was good. The next steps would be to identify the actions for improvement and instigate the welcome standards training for receptions in UTCs and EDs. Engage with the ICB about the UTC model.</p> <p>The Committee also received the results of the National Inpatient Survey 2022 which highlighted the best and worst performing areas. Overall, the Trust achieved a positive score for performance when compare with other Trusts but it was noted that a number of areas had been identified as improvement priorities, some of which were already included in the Trust's Patient Experience Strategy.</p> <p>Peer Reviews – Outcomes and Learning</p> <p>The Director of Nursing for Princess Royal Hospital presented the plans for relaunching the Peer Reviews explaining the methodology and approach that would be used. They would include both internal and external colleagues as well as Governors who were encouraged to attend.</p> <p>Patient Lead Assessments of the Care Environment (PLACE) Audits – Outcomes and Learning</p> <p>The Committee was informed that the National PLACE audits had now been completed and that dates and times for the weekly audits to take place across the whole Trust had been scheduled and training packs created. The Deputy Director of Facilities and Estates advised that the PLACE audits would be managed by the 3Ts Facilities Lead who would contact the Governors to ensure they were given the opportunity to attend.</p> <p>Register of Governor Activities</p> <p>The Committee also received a brief overview of the register kept of the Governors' involvement in the various improvement groups within the Trust.</p> <p>Governor Feedback / Contact with Public</p> <p>The Committee was advised that there was no additional feedback to report from that recently presented at the Council of Governors meeting.</p>						

Stakeholder Feedback

The Committee **noted** that this item would be deferred to the next meeting as there was no representative from the ICB present at the meeting to give feedback.

Healthwatch Update

The Committee **noted** that this item would be deferred to the next meeting as there was no representative from the ICB present at the meeting to give feedback.

Patient Experience 2023/24 Quarter 2 Report

The Committee **received** the Trust’s 2023/24 Quarter 2 Patient Experience Report. The Committee **noted** that during the reported quarter patient feedback had maintained a broadly positive rating for their experiences.

The Committee **noted** that within Q2 the level of complaints received by the Trust had increased and were increasingly difficult to manage. The Friends and Family Test had remained largely stable but had reduced during September and October with the main areas of concern being the waiting time in the Emergency Department and issues with inpatients.

Focus of PEEC

The Committee reflected on the new format of the Committee meeting which now focussed more on Governor engagement around improvement projects and activities and to consider any changes to the structure of the meeting that may be beneficial. Following a brief discussion it was suggested that a questionnaire be circulated to members of the meeting early in the New Year to determine if any adjustments were required.

Actions taken by the Committee within its Terms of Reference

The Committee did not take any specific decisions at this meeting other than the approval of the previous minutes.

Items to come back to Committee / Group (Items Committee / Group keeping an eye on)

PLACE

To receive results of National audits noting that this is to be scheduled for the March Committee meeting.

Median Hour of Discharge

SRO to attend and explain Corporate Project

Q3 Patient Experience Report

To note progress

Patient Access Corporate Project update

To receive an update on this key project, noting this may not be until the March Committee

Research and Innovation activities

To note how the work supported by the Trust’s R&I Strategy is aligned to improved patient experience of healthcare.

Patient Safety Incident Response Framework

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 March Committee meeting.

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

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

Agenda Item:	10	Meeting:	Council of Governors	Meeting Date:	29 February 2024
Report Title:	Report from Membership and Engagement Committee Meeting Chair				
Sponsoring Executive Director:	John Todd, Public Governor for Adur and meeting chair				
Author(s):	John Todd, Public Governor for Adur and meeting chair				
Report previously considered by and date:	N/A				
Purpose of the report:					
Information	Yes	Assurance	Yes		
Review and Discussion	N/A	Approval / Agreement	N/A		
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality	N/A	Staff confidentiality	N/A		
Patient confidentiality	N/A	Other exceptional circumstances	N/A		
Link to ICB / Trust Annual Plan					
Link to ICB Annual Plan	N/A	Link to Trust Annual Plan	N/A		
Implications for Trust Strategic Themes and any link to Board Assurance Framework risks					
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.			
Link to CQC Domains:					
Safe	Yes	Effective	Yes		
Caring	Yes	Responsive	Yes		
Well-led	Yes	Use of Resources	N/A		
Regulatory / Statutory reporting requirement					
Communication and Consultation:					
Executive Summary:					
<p>The Membership and Engagement Committee met on 16 January 2024. The Committee was quorate with five Governors attending, three of which were publicly elected, one staff Governor and a member of the Trust's Communications Team, the Assistant Director of Communications & Engagement.</p> <p>The Committee received a report on the Trust's membership and recruitment activities undertaken during the third quarter of 2023/24 along with an update from NHS Sussex Health and Care Partnership on their engagement activities and the development of future event plans and targeted engagement work.</p> <p>The Assistant Director of Communications and Engagement provided an overview of the current communication and engagement activities that had been taking place in the organisation and with external colleagues.</p>					
Key Recommendation(s):					
The Council is asked to NOTE the actions of the Committee and NOTE that the Committee referred no matters to the Council for their action.					

COMMITTEE HIGHLIGHTS REPORT TO BOARD

Meeting:	Membership and Engagement Committee	Meeting Date:	16 January 2024	Chair:	John Todd	Quorate:	Yes
Declarations of Interest Made							
There were no declarations of interest							
Assurances received at the Committee meeting							
<p>The Committee RECEIVED a report on the Trust's membership and NOTED that the current levels of membership were above the minimum levels of membership per constituency as set out within the Trust's 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 NOTED that recruitment events across the quarter had seen an increase of some 67 members recruited across all constituencies since the last report in October all gained from attendance at Brighton University and the Trust's Careers Day.</p> <p>The Committee NOTED that during the year the team had forged a good relationship with the ICB and were regularly invited to join their events which included the NHS Sussex Improving Lives event that was aimed at young people from across Sussex and which resulted in the recruitment of 15 members. With the focus on recruiting a diverse and younger cohort, the final event for the year was that of Improving NHS Services for Black, Asian and minoritized ethnic people. This event, held in Brighton, was a joint venture of different organisations alongside NHS Sussex and where the Trust recruited a further 10 new members.</p> <p>The Committee NOTED that members of the Trust had been informed by email of ways in which they could participate in the public consultation on the plans for a new Sussex Cancer Centre at the Royal Sussex County Hospital in Brighton.</p> <p>The Committee NOTED that the third in the programme of online Expert Talks was held on the 5 December 2023, entitled Demystifying and simplifying the world of data protection and presented by Heidi Doubtfire-Lynn, Group Head of Information Governance and Data Protection Officer at UHSussex. The event was well attended and, as previously, a recording of the talk had been placed on the Trust's website.</p> <p>The NHS Sussex Public Involvement Lead for West Sussex provided an update on their activities and the development of future event plans and targeted engagement work that would be taking place during February and which the membership team and governors would be welcome to attend.</p> <p>The Assistant Director of Communications and Engagement provided an overview of the current communication and engagement activities that had been taking place in the organisation and with external colleagues. This included not only a vast amount of reactive work but also Staff and STAR awards, building the Trust's new intranet service and promoting the organisation's brand and values to staff. The Committee NOTED that the Trust's Communications Team were reviewing ways to better manage future stakeholder engagement.</p>							
Actions taken by the Committee within its Terms of Reference							
The Committee made no specific decisions at this meeting.							

Items to come back to Committee / Group (Items Committee / Group keeping an eye on)

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.

Agenda Item:	12	Meeting:	Council of Governors	Meeting Date:	29 February 2024
Report Title:	Lead Governor's Report				
Sponsoring Executive Director:	Lindy Tomsett, Lead Governor				
Author(s):	Lindy Tomsett, Lead Governor				
Report previously considered by and date:					
Purpose of the report:					
Information	Yes	Assurance	N/A		
Review and Discussion	N/A	Approval / Agreement	N/A		
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality	N/A	Staff confidentiality	N/A		
Patient confidentiality	N/A	Other exceptional circumstances	N/A		
Link to ICB / Trust Annual Plan					
Link to ICB Annual Plan	N/A	Link to Trust Annual Plan	N/A		
Implications for Trust Strategic Themes and any link to Board Assurance Framework risks					
Sustainability	N/A				
People	N/A				
Patient & Quality	N/A				
Systems and Partnerships	N/A				
Research and Innovation	N/A				
Link to CQC Domains:					
Safe	N/A	Effective	N/A		
Caring	N/A	Responsive	N/A		
Well-led	Yes	Use of Resources	N/A		
Regulatory / Statutory reporting requirement					
Communication and Consultation:					
Executive Summary:					
This report provides the Council with an update of activities up to February 2024					
Key Recommendation(s):					
The Council is asked to NOTE this report.					

6th Report of the lead governor

We are now well into the New Year but it has been a very tough start for the Trust with the effects of the Doctors strikes remaining with us for some time to come, and another round scheduled for the later part of February unless a resolution can be found quickly. Coupled with the unresolved Consultants pay award it continues to have a substantial effect on all those who work within the Trust.

Thus said the effort to maintain a proficient service at the point of need by all levels of staffing is commendable. The Governors understand the Government's stance of no additional winter funding for the NHS, which has resulted in the Trust's budget becoming even tighter, and increased financial restraint becoming inevitable. Despite this the Trust's determination to protect patient safety and ensure emergency care will not be compromised, which demonstrates the calibre of the leadership of this Trust.

The role of Governors is to support, promote and enhance the reputation of the Trust by endorsing at every opportunity the Trust's aims and objectives of 'Patient First', coupled with the operational plans for 2024/25 (soon to be published, a detailed plan for the Trust's future operational activity and how this will be achievable through a close working relationship with the ICB and NHS England). The Governors will be receiving a briefing on this Operational Plan as it develops.

It has also been very challenging for everyone to read the adverse media coverage of the recent Coroner's Inquest into the death of Melissa Zoglie. The coroner emphasised the rare circumstances of this case and accepted that the medical care was given in good faith and to the best of their abilities of the staff, it reminds us of the impact such events have on families. The governors, along with the Trust, extend their deepest sympathies to the family. As Governors our role is to robustly respond to any public concerns and to push the Trust to remain open and responsive to all opportunities to learn, which is happening from this particular case.

We have had some very valuable briefing sessions that have provided us with substantial information and increased our understanding on different operational areas within the Trust. One such briefing was on Data Protection and electronic communications. Explaining how this is a huge responsibility for the Trust to monitor and maintain such systems.

The next briefing was an update on the Stroke Reconfiguration and the Director of Strategy and Planning explained following the formal approval how there are now clear pathways and protocols to enhance this service. This is all very exciting news about this trust-wide enhanced service for the whole local community.

Following the presentation of the Royal College of Surgeons' report to the Board, the Governors received a specific briefing on the actions being taken following the receipt of the review the Trust had initiated, in May 2023. The Trust made clear in the Board that the established improvement work will also ensure there are changes in behaviour, as supported by the Chair, who stated that poor behaviour is not acceptable in the working environment. The report did identify a number of positive comments especially about the structure of the improvement work. The Governors are supportive of the work planned in order to ensure that good local leadership will help to build a strong patient pathway through the surgical department, which will restore patient confidence and the Governors of course endorse this.

Whilst the detail of the staff survey have yet to be released it was pleasing to hear that the number of staff responding had increased and that the overview was that for each of the people promises the staff responses have shown improvement compared to last year.

The Governors have been briefed on the developed Quality and Safety Improvement Programme and how this supports the response to the CQC's recommendations, this was picked up within the briefing the Governors received in respect of the latest CQC reports issued earlier this month.

One of the Hospital Directors of Nursing has produced a framework for the NEDS/Governors Peer Reviews to give the process a much enhanced

evidence base of quality assurance, each led by the Hospital Directors for each site. A number of virtual training sessions have been held and several Governors and NEDS have attended these, which has given a lot more understanding and satisfaction to this joint activity.

Six Governors attended the official opening of the Community Diagnostic Centre at Southland's Hospital and we couldn't help being totally inspired by the 'state of the art' equipment. This is a fantastic new development offering so much more scope for Community treatment, and reducing the pressure on local hospitals, whilst ensuring GPs can give a more beneficial service to their patients. The tour and accompanying information was extremely useful and will enable the Governors to share this knowledge with the wider Public. The fact that 'Patient Experience' was at the heart of the design and this influence on the functionality of the whole unit was very evident.

The Governors are presently very focused on the task of replacing our current Chairman Alan, who plans to retire in a few months' time. This is a very prestigious role and the process of recruitment for this post is very complex. The Governors have been actively involved from the commencement of this process, with the first stage being the selection of the right recruitment partner.

Following on from this choice the Governors have been very proactive in surveying the documentation that is going to be available to the prospective candidates and that this, along with the role advert, contains the correct tone and message. The Governors took this very seriously and the inclusion of our desire to promote EDI throughout this process was ensured. Our comments were collated by the Trust Company Secretary and Senior Independent Director, and we have been reassured that the agency has placed the information about this specifically in areas which are followed by diverse candidates, which demonstrates that they have listened to our concerns in respect of EDI.

The Company Secretary has been consistent in ensuring the Governors receive all the recruitment pack information and had the opportunity to make comments regarding any of its content. Once the advert went live

the Governors now receive weekly updates on any progress and possible interest in the position. We now look forward to meeting prospective candidates at the 'Stakeholders' meeting, which will follow on to the individual candidate interviews and then the appointment of a new Chairman.



University Hospitals Sussex
NHS Foundation Trust

Patient and Quality Committee

Council of Governors
29 February 2024

History

- 2021 / 22 -Quality Committee in line with other committees -1 committee + 2 strategic development reviews (SDR's) quarterly
- 2022 / 23 - In recognition of the workload of Quality Committee it was agreed to in Committee format no less than 10 times a year. The work and focus of the Quality Governance Steering Group was reviewed to enable it to better support the Committee
- 2023 / 24 – Monthly Committee:
 - Affords the committee time to identify areas of concern and gain assurance on key topics
 - Timely updates on any quality issues and plans including regulatory reports
 - Receive the mandated maternity reports
 - Smooth the receipt of Quarterly and Annual reports
 - Receipt of Quality Governance Steering Group chair's report plus receipt of supporting divisional and corporate updates
- Significant development in Divisional assurance as well as Quality and Safety Domain assurance

Terms of Reference for 23/24

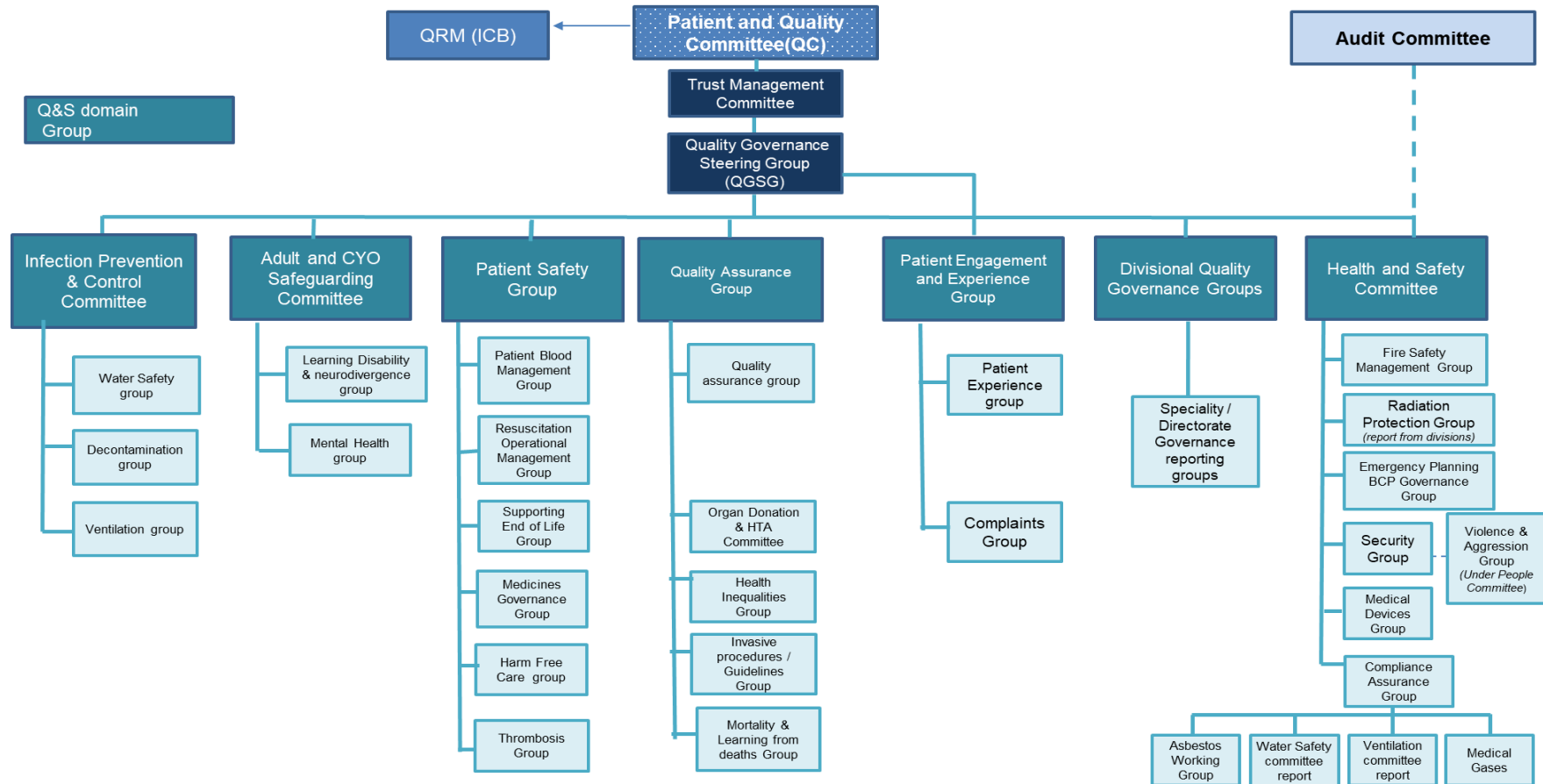


University Hospitals Sussex
NHS Foundation Trust

- Updated to enable new format & to exercise enhanced oversight flagged by NHS in Dec 21 "*Enhanced board oversight – a new approach to non-executive director champion roles.*" Including:
 - Annual Quality Report (Quality Audit)
 - Annual Mental Health Act Compliance Report
 - Adult Safeguarding Annual Report & Quarterly Reports
 - Child Safeguarding Annual Report & Quarterly Reports
 - Learning Disability and Neurodivergence - Quarterly
 - Infection Prevention and Control Annual & Quarterly Report
 - Learning from Deaths Quarterly & Annual report
 - Patient Safety (Incident Reporting) Quarterly & Annual report
 - Duty of Candour Quarterly & Annual report
 - ~~Annual Complaints Report~~
 - Patient Experience & Engagement – Annual & Quarterly Reports
 - ~~Annual Research and Innovation Report~~
 - Quality Dashboards – Monthly
 - Maternity Dashboard- Monthly
 - Dementia Strategy & Quarterly Reports
 - Children & Young People
 - Supportive End of Life Care & Resuscitation
 - Medicines Management – Quarterly
 - VTE/Blood Transfusion - Quarterly
 - External Reviews Report
 - CQC Reports
 - Risk Reports – Monthly
 - Quality Strategic Risks – Quarterly



Trust Quality Governance



Quality Reporting Schematic

April 23 onwards

- Membership - Chair plus 4 NEDs
Chief medical officer, Chief Nurse & Chief Governance officer +core corporate directors(non-voting)
- 86% attendance
- Quality Governance Steering Group
- Quality Dashboard every committee
 - Significant work done and data set defined but incomplete & some inaccuracies.
 - Will seek external assurance on data quality to enable committee to use this as a cornerstone & basis for exception reporting
- Evidence based assurance or identifying gaps in compliance and assurance
- Learnings & improvements

Quality Governance Steering Group Divisional Report

Division:	Women's & Children	Date of Q&S meeting	19th February 2024	Reporting month:	January 2024
------------------	-------------------------------	--------------------------------	--------------------------------------	-------------------------	---------------------



University Hospitals Sussex
NHS Foundation Trust

Patient Safety (incidents; DoC; Harm reviews (Ca, RTT, diagnostics, ED, MH); falls- timely obs, pressure ulcers / SSI)					
New Serious Incidents (SI) (including Never Events):	>=mod. harm – no. new	No of overdue no / low harm incidents	Closed SIs:	Overdue SIs:	DOC % compliance from 1/4y pst audits
Key learning and actions:					
Key actions from Harm reviews:					
Key CQC risks:					

Risk management (TOP FIVE RISKS)			
Risk (Title and ID)	KEY Mitigations (in place / to be developed)	Current risk score	Target risk score

Quality Assurance				
% NICE guidance compliant:	NICE % Overdue:	% NICE with outstanding action plans	% clinical guidelines past due date	% clinical audits past due date
Technology appraisals div. role required			Complete:	
GIRFT reviews:	Key action plans:			
Quality assurance visit (date) outcome (please include future known visits):				
Mortality LID: M&M % complete		Key actions from LID and M&Ms		

Patient Experience				
FFT % good/ very good	Total open complaints: new in month		% <60 days	
Improvement priorities – patient feedback				

Other: key reports, successes, learning points etc

Quality Governance Steering Group Domain Report

Quality Domain Summary for QGSG: Clinical Outcomes & Effectiveness February 2024

<p>Key performance headlines</p> <ul style="list-style-type: none"> • The NICE Technology Appraisals have been completed and will be added to the Tracker by 31st March 2024. • Clinical Document Approval Group Launched. • Learning from Deaths Implementation Group Launched. • A programme of revisiting the implementation of the GIRFT National Recommendations commenced in February beginning with Medicine (West) 	<p>Key developments</p> <ul style="list-style-type: none"> • SJR backlog reduced from 321 to 269 a reduction of 52 in month. • Clinical Document Library launched January 24 • 14 specialties participating in the GIRFT Further Faster Pilot Programme. • 3 SHMI Mortality Alerts – Five diagnostic Groups have been identified as SHMI outliers. Three of these groups have been reviewed.
<p>Top risks</p> <ul style="list-style-type: none"> • No identified NatSSips 2 Lead for the Trust. • 97 NICE guidance publications have not been assessed within 3 months since the publication date – this position 	<p>Escalations</p> <ul style="list-style-type: none"> • A lack of resources is impacting on the Divisions ability to update clinical documents, guidelines, national audits and NCEPOD.

Non-Exec Maternity Safety Champion

- Ockenden recommendation to support Board Maternity Safety Champion:
 - bringing a degree of independent, supportive challenge to the oversight of maternity services;
 - ensuring that they are resourced to carry out their role;
 - challenging the board to reflect on the quality and safety of its maternity services; and
 - ensuring that the views and experiences of patients & staff are heard.
- Ward walkarounds -Monthly
- Maternity Safety Champion Listening events - Monthly
- HSIB (Health Safety Investigation Branch) Meetings - Quarterly
- NED's Regional Safety Champion Meetings - Quarterly
- Women & Childrens Division Clinical Governance Meetings - Quarterly
- Maternity Voices Partnership Meetings - Quarterly
- Ockenden, CQC, LMNS (Local Maternity & Neonatal Systems) Reviews/ Feedback
- Quality Committee



University Hospitals Sussex

NHS Foundation Trust

Agenda Item:	17	Meeting:	Council of Governors	Meeting Date:	29 February 2024
Report Title:	Company Secretary Report				
Author(s):	Company Secretary				
Report previously considered by and date:					
Purpose of the report:					
Information	N/A	Assurance	N/A		
Review and Discussion	Yes	Approval / Agreement	N/A		
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality	N/A	Staff confidentiality	N/A		
Patient confidentiality	N/A	Other exceptional circumstances	N/A		
Link to ICB / Trust Annual Plan					
Link to ICB Annual Plan	N/A	Link to Trust Annual Plan	Yes		
Implications for Trust Strategic Themes and any link to Board Assurance Framework risks					
Patient	N/A				
Sustainability	N/A				
People	N/A				
Quality	N/A				
Systems and Partnerships	N/A				
Research and Innovation	N/A				
Link to CQC Domains:					
Safe	N/A	Effective	N/A		
Caring	N/A	Responsive	N/A		
Well-led	Yes	Use of Resources	N/A		
Regulatory / Statutory reporting requirement					
Foundation Trust's are required to establish and maintain an effective Board and systems of governance.					
Communication and Consultation:					
Report:					
<p>Non Executives</p> <p>Two of the Trust's Non Executive Directors retire in the next few months, these are Claire Keatinge who retires on the 31 March 2024 and Lizzie Peers who retires on the 10 May 2024. The Council of Governors agreed to seek to appoint their replacements early to allow for a period of handover to occur, following interview and the agreement of the Governors two new NEDs were appointed. Philip Hogan commenced with the Trust on 1 January 2024 and Wayne Orr commenced with the Trust on 19 February 2024.</p> <p>Schedule of meetings for 2024/25</p> <p><u>Board Meetings held in public</u></p> <p>The main Board meetings for 2024/25 are scheduled to continue to be held quarterly on a Thursday, and these will continue to be a week behind the supporting Committee meetings, this is to allow for the efficient flow of assurance from these Committees to the Board.</p> <p>The table below shows the dates and times of these meetings which are all open to the Public, these will continue to be held in the Board Room at Worthing. The Trust will continue to live stream these meetings</p>					



to allow the public to watch these in real time.

To allow for the efficient answering of any questions at the Board the Trust will continue to seek questions be emailed two days before the meeting to uhsussex.cosecteam@nhs.net

	May 2024	Aug 2024	Nov 2024	Feb 2025
Board of Directors	Thurs 2 May 10.00-13.30	Thurs 1 Aug 10.00-13.30	Thurs 7 Nov 10.00-13.30	Thurs 6 Feb 10.00-13.30

Council of Governors meetings

For 2024/25 there will continue to be four Council of Governors meetings held in public. These are to be held a couple of weeks after each Board meeting thus ensuring the reports to the Council reference the same data set used for the Board and as the Board papers are sent to each governor given the close proximity of the meetings then the provision of duplicate reporting can be removed.

As with the Board meetings the table below shows the dates and times of these meetings which are all open to the Public, as with the Board meetings these are to be held at Worthing but will be live streamed. Questions for the Council can be emailed to uhsussex.cosecteam@nhs.net, again the Trust is seeking 2 days notice of any question to ensure responses can be given at the meeting.

	May 2024	Aug 2024	Nov 2024	Feb 2025
Council of Governors	Thurs 16 May 14.00 – 17.00	Thurs 15 Aug 14.00 – 17.00	Thurs 21 Nov 14.00 – 17.00	Thurs 20 Feb 14.00 – 17.00

Annual General Members Meeting

The Trust is provisionally targeting the Tuesday 30 July 2024 for its AGM noting this date is subject to the final year end reporting requirements that have yet to be finalised by NHS Improvement. The location for this meeting has yet to be determined.

Governor elections

There are a number of governors whose terms of office will end in 2024/25, with 5 public and 1 staff governors term ending on 30 June and then a further 2 public ending 30 September and a further staff governor's term ending 31 October. We intend to run elections for all these seats at one time, thus reducing our costs of this process but those successful for the later positions these will not commence until the end of the current governor's term of office.

We will be sending out information to all the members within the respective constituencies in early April 2024, with nominations closing mid May and then voting concluding by mid June. As we did last year, we will be offering sessions for interested members to attend to allow them to better understand the role of a governor.

The positions with terms of office that ends on the 30 June, are Brighton and Hove 2 positions: Horsham 1 position, Mid Sussex 1 position and for East Sussex / Out of Area 1 position and the RSCH staff governor. The positions with terms of office that ends on the 30 September are Chichester 2 positions and the SRH staff governor from 31 October.

Appointed Governors



The Terms of Office for three of the five appointed governors end on 31 March 2024 (3 years since merger). West Sussex County Council have confirmed that their nomination remains with Alision Cooper until the Local Authorities own elections in May 2025. Varadarajan Kalidasan (Kali) has indicated that he would seek to remain an appointed governor as he still works with the Trust's inclusion groups. The third appointed governor representing the voluntary sector has been Helen Rice, we have contacted Voluntary & Community Sector Infrastructure Alliance which links to the various Voluntary / Community Action Groups across our communities. The Alliance have indicated that they act as a collective forum but that any route for nominations of one governor would need to be considered through requests to the various Voluntary / Committee Action Groups. To allow us to engage with the various locality Groups we are seeking an extension of Helen Rice as an appointed governor for a second term.

Governor Induction

Based on feedback from a relatively new governor we intend to review and improve our current governor induction handbook with the aid of this governor and then test the revisions out with others especially those who were new to the Trust in the last election round. The feedback provided has reflected that the handbook contains lots of very useful material, but this would be enhanced with information on some of the practical matter's governors need to get to grips with from the use of the provided IT, navigation of MS Teams and site tours etc.

Recommendations

The Council of Governors is recommended to:-

NOTE the commencement of the two newly recruited Non Executives, Philip Hogan and Wayne Orr.

NOTE the dates of the Board and Council of Governors meetings open to the public and the proposed date for the AGM. The Board and Council meeting dates will be publicised on our web site as will the AGM date once agreed.

NOTE that the Trust will be running governor elections in 2024/25 for a number of public and staff constituencies.

AGREE the appointment of appointed governors for WSCC (Cllr Alison Cooper), Inclusion (Varadarajan Kalidasan (Kali)) and Voluntary Sector (Helen Rice from Age UK)