

#### **Meeting of the Board of Directors**

13:30 –15.45 on Monday 31 March 2025 Board Room, Trust HQ, Worthing Hospital

#### **AGENDA - MEETING IN PUBLIC**

Item:1	13:30	Welcome and Apologies for Absence Apologies: Professor Gordon Ferns	To note	Verbal	Presenter: Philippa Slinger
	13:30	Confirmation of Quoracy A meeting of the Board shall be quorate and shall not commence until it is quorate. Quoracy is defined as meaning that at least half of the Board must be present this being eight Board members. With a minimum of two Executives and two Non-Executive Directors.	To agree	Verbal	Presenter: Philippa Slinger
Item:2	13:30	Declarations of Interests	To determine if any action is required	Verbal	Presenter: All
Item:3	13:30	Minutes of UHSussex Board Meeting held on 06 February 2025	To approve	Enclosure	Presenter: Philippa Slinger
Item:4	13.35	Matters Arising from the Minutes	None	Verbal	Presenter: Philippa Slinger
Item:5	13.35	Questions from the public To receive and respond to questions submitted by the public at least 48 hours in advance of the meeting.	To respond	Verbal	Presenter: Philippa Slinger
Item:6	13.55	Chief Executive Update	To receive	Enclosure	Presenter: Dr George Findlay
Item:7	14:15	Update on General Surgery at the RSCH site (including stock take on RCS actions.)	To provide assurance over progress and improvements made	Enclosure	Presenters: Andy Heeps Katie Urch
		PLANNING			
Item:8	14:45	2025/2026 Operational, Efficiency and Capital Plan	To note	Enclosure	Presenters: Nigel Kee Jonathan Reid

Public Board Agenda 31 March 2025

Item:9	15.00	Single Improvement Plan Update Report	To approve progression to closure of the separate programme	Enclosure	Presenter: Katie Urch
Item:10	15.15	NHS Staff Survey Results	To receive and discuss actions to be taken	Enclosure	Presenter: David Grantham
Item:11	15.35	Board Assurance Framework	To approve feed into AGS	Enclosure	Presenter: Glen Palethorpe
Item:12	15.45	Company Secretary Report For information only	To approve	Enclosure	Presenter: Glen Palethorpe
		OTHER			
Item:13	15.45	Any Other Business To receive any notified urgent business and action	To receive any notified urgent business and action	Verbal	Presenter: Philippa Slinger
Item:14		Date and time of next meeting: The next meeting in public of the Board of Directors is scheduled to take place at 10.00 on Thursday 08 May 2025		Verbal	Presenter: Philippa Slinger
APPENDI	CES				
Item 7:		Royal College of Surgeons invited review: Update	To note		
Item 10:		NHS Staff Survey: UHSussex Benchmarking Report	To note		
Item 11:		UHSussex Constitution	To approve		





Minutes of the Board of Directors meeting held in Public at 10.00am on Thursday 06 February 2025, held in the Washington Suite Boardroom, Worthing Hospital, Lyndhurst Road, Worthing and virtually via Microsoft Teams Live Broadcast.

#### Present:

Philippa Slinger Chair

Professor Jackie Cassell
Lucy Bloem
Professor Paul Layzell CBE
Professor Gordon Ferns
Non-Executive Director
Non-Executive Director
Non-Executive Director

Dr George Findlay Chief Executive

Dr Andy Heeps Chief Operating Officer and Deputy CEO

Dr Maggie Davies Chief Nurse

David Grantham

Professor Catherine (Katie) Urch
Roxanne Smith
Sandi Drewett\*

Chief People Officer
Chief Medical Officer
Chief Strategy Officer
Chief Culture Officer

#### In Attendance:

Karen Seabridge Director of Strategic Finance

Emma Chambers Director of Midwifery Glen Palethorpe Company Secretary

Tamsin James Board and Committees Manager (Minutes)
Catherine Bridger Board and Committees Manager (Production)

#### TB/02/25/1 WELCOME AND APOLOGIES FOR ABSENCE

**ACTION** 

- 1.1 The Chair welcomed all those present to the meeting.
- 1.3 There were apologies for absence received from David Curley, Wayne Orr, Bindesh Shah, Philip Hogan, and Jonathan Reid. The Chair noted that Karen Seabridge was attending today in Jonathan Reid's absence.

#### TB/02/25/2 DECLARATIONS OF INTERESTS

2.1 There were no interests declared.

#### TB/02/25/3 MINUTES OF THE MEETING HELD ON 07 NOVEMBER 2024

- 3.1 The Board received the minutes of the meeting held on 07 November 2024.
- 3.2 The minutes of the meeting held on 07 November 2024 were **APPROVED** as a correct record.

#### TB/02/25/4 MATTERS ARISING FROM THE MINUTES OF THE PREVIOUS MEETING

4.1 There was one matter from the previous Public Board meeting relating to a cancer diagnostics update to be provided to Finance & Performance Committee which was noted to be in progress.

<sup>\*</sup>Non-voting member of the Board

#### TB/02/25/5 QUESTIONS FROM MEMBERS OF THE PUBLIC

- 5.1 The Chair informed the Board that the Trust had received an open letter drafted on behalf of a number of patients and their families. Philippa Slinger added that the letter raised a number of points and whilst it would not be possible to respond to these in this forum an offer of a meeting had been made along with a commitment to providing a reply outside of this meeting.
- 5.2 The Chair acknowledged that the Board had received five questions from members of the Public in advance of the meeting and thanked the members of public for their submission.
- 5.3 The Board members answered the questions in detail and assured each individual who was either in attendance or was viewing the live meeting online that matters raised were taken seriously.
- 5.4 The Board **NOTED** the questions received by the members of the public and agreed that the detailed responses would be provided individually to those who raised the question and that the answers to all the questions would be placed on the Trust's website. [These are available here: <a href="https://www.uhsussex.nhs.uk/resources/trust-public-questions-and-answers-6-february-2025/">https://www.uhsussex.nhs.uk/resources/trust-public-questions-and-answers-6-february-2025/</a>]

#### TB/02/25/6 PATIENT STORY

- 6.1 Maggie Davies introduced the Patient Story to the Board and explained that the rationale for hearing such stories at the Board, is to ensure Board members discussions are grounded in the reality of patient care, and to ensure patients are at the forefront of Board member's minds as they take decisions.
- 6.2 Maggie explained that the patient story is derived from patient feedback enabled through partnership with a patient representative group, this being the Maternity and Neonatal Voices Partnership (MNVP). Through patient and staff engagement the story demonstrated how the experience of patients had informed changes and improvements, and how this story can help stimulate Board discussions about enabling the conditions and culture to support coproduction.
- 6.3 A full programme of engagement had been undertaken on a Trust wide visiting policy, in response to patient feedback about family engagement, and with learning from the maternity visiting policy change. It was heard that extended visiting hours had been agreed in the new policy in January 2025. Maggie drew out that following incremental changes to visiting hours since the pandemic, and in partnership with MNVP, the Trust changed its policy to allow partners to stay overnight on the postnatal wards resulting in an improved experience of having partners to stay, but that more comfortable facilities for partners' sleep would be preferred. In response to this patient feedback, maternity teams had since submitted a bid to the MyUHSussex charity for 20 new reclining chairs to improve the comfort of staying partners. Lucy Bloem shared that as the Board Maternity Champion the achievements outlined had made a palpable difference to the service. Jackie Cassell also echoed her thanks for the work undertaken to make a real difference to patients, their partners and support networks. Emma Chambers, as Director of Midwifery, thanked the Board for their comments and concurred that championing patient care is at the heart of what we do.
- 6.4 The Board reflected on the importance of the Trust's partnership with others including Healthwatch to learn and make changes to being positive experiences for our patients, particularly on the RSCH, Brighton site, and

through the coordination of patient feedback by Healthwatch this has supported the production of the developing Trust's 5-year strategic plan. In support, Maggie outlined the communications mechanisms in place across the Trust that aids shared learning and best practice which supports the Trust's commitment to cultural improvements consistent with the Trust's single improvement plan. The Chair noted the importance of regular internal communications that promotes an understanding of our improvements and that grouping these around specific thematic updates across the Trust may be helpful.

- 6.5 The Board formally thanked the Governors for their support in the Trust's peer review processes which had aided the co-design of other improvements the Trust has made.
- 6.6 The Chair welcomed the discussion, and the Board **NOTED** the update.

#### TB/02/25/7 CHIEF EXECUTIVE REPORT

- 7.1 George Findlay began by taking the opportunity to say thank you to all staff for their dedication, compassion, and service who continue to deliver exceptional patient care during such periods of high activity levels during the last quarter, both for planned and urgent care, recognising their extraordinary hard work to deliver huge improvements for patients during these challenged times within the NHS.
- 7.2 George shared the extraordinary improvement to the Trust's planned care waiting list which has seen this move from 155000 patients to 118000 patients wating, resulting in a 24% decrease, the biggest reduction delivered in the NHS over this period, and the biggest reduction of any multi-site acute Trust in the country, demonstrating colleagues' commitment to improving waiting times for our patients. George added that through partnership working, and continuous flow modelling, the Trust continues to reduce waiting times for patients which is on track to eliminate 65 week waits by the close of this 2024/25 financial year.
- 7.3 George touched upon the implementation and launch of the new Trust Strategy being a key milestone in the evolution of University Hospitals Sussex which would be shared in more detail at future Board meetings.
- 7.4 George shared that at the next meeting in Public there would be an item focusing on improvements made to our surgical services, and in particular providing an update on the actions taken in respect of the Royal College of Surgeon's review published last year. A significant amount of work has taken place and it is important that these efforts are understood in support of wider discussions in relation to our Strategy. Additionally, the Surgery and Education teams had received welcome news in January from the General Medical Council, which has removed its enhanced monitoring status of our foundation doctor training in general surgery, which had been in place since 2016.
- 7.5 In respect of the waiting list improvements the Board recognised the unprecedented demand and mental health challenges on the Trust's ED departments, and the impact this has had not only for patients but also for the Trust's workforce, George reflected on the continuous flow modelling in place that is being robustly supported by system partners and local authority community and social care provisions. The Board went on to commend the new pilot launched by NHS Sussex by which UHSussex hospital consultants are working alongside Advanced Paramedic Practitioners in the Unscheduled Care Navigation Hub run by South East Coast Ambulance NHS Foundation

- Trust (SECAmb) within their Falmer estate to look to reduce the need for patients to be conveyed to the Hospital.
- 7.6 The Board touched upon the sustainability of increased activity demands during a period of financial challenge for the NHS. George Findlay outlined the benefits of the facilitation of the financial framework and the measures in place to support the 2025/26 operating plan within the current NHS guidance available.
- 7.7 The Board echoed George's thanks to the Trust's workforce for their continued commitment to the delivery of high-quality care.
- 7.8 The Board **NOTED** the Chief Executive Report.

#### TB/02/25/8 INTEGRATED PERFORMANCE REPORT

- 8.1 The Chair introduced the performance report for University Hospitals Sussex and informed the Board that this report shows the Trust's performance to December 2024 and sets out the progress being made to deliver the Trust's Patient First Strategy, the NHS National Oversight Framework and the wider NHS Operating Plan.
- 8.2 George Findlay highlighted sections of the Integrated Performance Report and drew out the following:
- 8.3 In relation to Patient, during Quarter 3 more than 30,000 patients provided feedback on the care they received within the Trust, 88% of those patients were satisfied that they had a good or very good experience, below the target of 90%. George recognised that timeliness of care and crowded emergency departments (ED's) were a significant inhibitor to patient experience and advised that further improvement plans are underway to improve experience for our patients.
- 8.4 From a Quality perspective, George advised there had been continued improvement in the SHMI mortality rate. There had also been a fluctuation in patient falls but this had lowered in December and was now in line with more recent trends, at 4.35 per 1000 bed days and below the Trust rolling average. The report highlighted incident reporting improvements since the implementation of DCIQ is a positive sign of a learning and safety culture.
- 8.5 In relation to Performance, George expressed that seasonal challenges had impacted the Trust's ED's, the Trust also remained challenged in certain specialties, mitigations have been constructed which helped materially support continuous flow throughout the Trust pathways. It was highlighted that the Trust continued to work with system partners to address the large number of patients who are not able to leave hospital when medically ready to do so.
- 8.6 George explained that staffing indicators continued to improve or stabilise, however workforce engagement had reduced slightly but there were targeted improvements underway including those regarding culture and a people plan for 2024/25.
- 8.7 The financial position remained challenged with additional key drivers of increased direct costs. Enhanced cost control measures had been introduced across the Trust in an endeavour to stabilise the position and support the efficiency target. Additional measures were being managed linked to the development of a refreshed strategy, to address the underlying deficit.

8.8 At this point the Chair thanked George for the update and invited Board members to ask questions and discuss any pertinent areas of the Integrated Performance Report and agree any necessary actions.

#### **PATIENT**

- 8.9 Maggie Davies highlighted that the Maternity services Friends & Family Test (FFT) was rated above 90% for all sites, with average inpatient positivity at 92.5% against a national average of 95% and outpatients averaged 96% against a national average of 94%. Following a question raised by Gordon Ferns, Maggie reflected on the communications improvements undertaken to capture FFT response rates. The Board also noted the efforts underway to support the patient experience team in reducing the complaints waiting for a formal response.
- 8.10 The Board discussed the prevalent themes regarding patient waiting times, and heard that improvements were being undertaken including the Working/Waiting Well initiative which, through support with the University of Brighton, aimed to optimise waiting times for patients preparing them to be in their best physical and mental health prior to their treatment. The Board heard how these initiatives, that also includes Health Inequalities, are referred to within the Trust's developing 2030 strategy. The Board asked that an update on the Waiting Well Initiatives and its approach to be undertaken by the Patient & Quality Committee later in the year, and subsequently presented to Board. [This item had since been confirmed to be presented to the Patient & Quality Committee in October 2025.]

#### **PEOPLE**

- 8.11 David Grantham advised the Board on the staff engagement averages per month, and drew out the key statistics which reflected key workforce indicators covering retention and turnover and STAM performance remaining positive along with appraisal rates which remained stable however there was focus to improve the overall levels by targeting those areas which had the lower levels of attainment.
- 8.12 The Board discussed the sickness rate compliance rates versus vaccination uptake, which was recorded as lower than previous years, and heard that there was a National review underway to ascertain the barriers to why these levels had reduced from previous years. The Board recognised the need to improve sickness compliance through the health and wellbeing initiatives offered across UHSussex.
- 8.13 The Board reflected on the declining engagement scores relating to staff's advocacy about patient care and heard of the improvements underway, despite the operational challenges, to reprioritise the key drivers of culture and engagement with emphasis on developing managers and leaders. Paul Layzell as Chair of the People & Culture Committee shared the ongoing dialogue being undertaken at their meetings to further understand the drivers of engagement and that a workforce absence deep dive would be presented at a future meeting. George Findlay shared it should be recognised that external pressures including the media spotlight was impacting on workforce engagement, therefore additional support was being provided to those colleagues affected.

#### **SUSTAINABILITY**

8.14 The financial position remained challenged with additional key drivers of increased direct costs. Enhanced cost control measures had been introduced

- across the Trust in an endeavour to stabilise the position and support the efficiency target. Additional measures were being managed linked to the development of a refreshed strategy, to address the underlying deficit.
- 8.15 The Board further discussed the Efficiency programme to ensure it continued to support the wider transformation within a targeted timeframe and supported the medium-term financial plan, the Trust's Strategic roadmap and the ICB plan. Karen Seabridge provided an update on the monthly management of the run-rate, grip and control measures and additional CIP which remained significantly challenged in order to deliver the additional activity necessary to support the 65-week waits ambition.
- 8.16 Karen Seabridge drew attention to the Trust's cash position whereby an agreement was in place with NHS Sussex and outlined the steps in place to provide assurance to suppliers regarding the prioritisation of our local and small suppliers
- 8.17 Regarding the latest forecast for capital expenditure, it was shared that the Trust had sufficient mitigations in place to meet its capital funding allocation and plans, and the Trust had rigorous monitoring arrangements in place to ensure that capital spend was tracked and supported as required.
- 8.18 The Board further discussed the key drivers of the deficit being both financial and operational, given the increased costs of unplanned expenditure being incurred through system challenges that included those patients awaiting discharge from across the Trust sites. George Findlay and Andy Heeps both shared that it was within the Trust's gift to continue working with system partners to address and balance the risk through ensuring that those patients medically fit for discharge from hospital were onwardly taken care of appropriately.

#### **QUALITY**

- 8.19 From a quality perspective, it was noted there had been continued improvement in the SHMI mortality rate a trend that had continued across the year. There had been a fluctuation of inpatient falls in the quarter and was now in line with more recent trends. With respect to Harm caused within our care, since the implementation of DCIQ, incident reporting had increased by 16%, promoting a positive learning and safety culture, and the themes for these incidents were duly noted, along with recognising that the level of low and no harm incidents is increasing.
- 8.20 The Chair commented on the SHMI and HSMR mortality indicators, and asked how assurance regarding the renewed SHMI outlier investigations were being tracked. Katie Urch advised on the positive progress and learnings being undertaken as the coding improvements which were feeding into the learning and mortality data embedded into their reporting processes and tracked through patient safety incident reporting, investigations and the SJR processes. There remained further improvements to be made but the data being shared was now more fulsome giving confidence over the oversight of the improvements being made.
- 8.21 In respect of staffing fill rates Maggie explained that there had been a slight decrease in the overall fill rate for both Registered Nurses (RN) and Unregistered staff during the last quarter. The Trust Nursing and Midwifery Steering Group meet monthly to support the Trust in recruiting, deploying, retaining a nursing and midwifery workforce that are appropriately experienced and qualified to deliver high quality standards of care, whilst overseeing work

on the associated workforce efficiencies programme, including effective rostering, recruitment, retention strategies and sickness reduction plans.

#### SYSTEMS & PARTNERSHIPS

- 8.22 Andy Heeps advised that during Quarter 3 the Trust saw continued performance challenges. The Trust's Emergency Departments recovery plans include all divisional actions to improve flow across the hospital sites and there remained the aim to improve flow through the hospitals. These improvement measures remained challenged in certain specialties, and mitigation plans continued to deliver improvements with the ambition to deliver zero 65 Week waiters with system support by March 2025.
- 8.23 The Board further discussed the 78-week challenge, with the Trust committing to eliminating these waits by the end of the financial year, and how the actions were being undertaken with specialties to further improve these measures that also included timely patient discharge to reduce levels of patient harm and skin pressure damage.
- 8.24 The Board noted that the Trust leadership continued to prioritise patient safety and staff well-being during seasonal pressures. There were positive movement in a number of key operational metrics within planned care, cancer and diagnostics which are set to improve further across Q4.

#### **RESEARCH & INNOVATION**

8.25 Katie Urch shared the Trust's ranking for Quarter 3 of 2024-25 for Acute Trust's in terms of total recruitment to studies on the National Institute for Health and Care Research (NIHR) portfolio. It was noted that the breakthrough objective of increasing recruitment by 10% year on year would not be achieved in 2024/25, however over 3000 patients were recruited to three studies in 2023/4. It was shared there were less large recruiting studies available to participate in on the NIHR portfolio at present for 2024/25. Through divisional research growth plans, the Trust continued to increase the number of open interventional studies and commercially sponsored interventional studies this year as a driver for increasing patient treatment access and options.

#### NATIONAL OVERSIGHT FRAMEWORK

- 8.26 George Findlay presented the National Oversight Framework (NOF) section of the Integrated Performance Report and began by reminding the Board that the Trust is awaiting the revised framework that allows the ICB to take a view on the performance of the Trust.
- 8.27 The Board **NOTED** the Integrated Performance Report.

#### TB/02/25/09 MATERNITY UPDATE

- 9.1 Emma Chambers drew the Board's attention to the papers included in the pack and drew out the following:
- 9.2 In relation to the Perinatal Quality Surveillance report, the Board noted the positive data outcomes showing statistically significant reductions in both perinatal mortality rates and Hypoxic Ischaemic Encephalopathy (brain injury) rates, both measures were well below national benchmark rates for equivalent service configurations. The Board heard that a solution had not been found for theatre access for C-Sections which was being addressed as a priority, and the heating system issue experienced at PRH had been rectified. Emma outlined

- the successful recruitment to obstetric and neonatal clinical directors for the service and permanent heads of midwifery.
- 9.3 In respect of the antenatal and newborn screening quality assurance visit completed by NHSE in early 2025 Emma explained that there were no urgent or immediate actions raised as a result, and the evidence quality and improvements undertaken by the Service to date had been highly commended.
- 9.4 In respect of the Maternity Safety Support Programme (MSSP) and Maternity Improvement Plan (MIP), Emma explained that the service continued to make progress towards achieving the required exit criteria, with a view to moving into the sustainability phase of the programme, with the aim for exit mid-2025.
- 9.5 Emma advised the Board that the UHSussex Clinical Negligence Scheme for Trusts (CNST) Year 6 submission was presented to the Board for approval in January 2025 ahead of its submission to the ICB in early February, where it was reviewed ahead of its final submission which had been made to NHS Resolution.
- 9.6 The Boards attention was drawn to the Avoiding Term Admissions into Neonatal Units (ATAIN) and Transitional Care reports for Quarter 2 whereby rates were met for Worthing and St Richards but not for RSCH and PRH. It was noted that a key factor had been estate issues impacting the ability to provide transitional care on site.
- 9.7 The Board were heartened to receive the updates regarding the improvements undertaken within the Division and the phenomenal workforce support in place.
- 9.8 The Board NOTED the:
  - Perinatal Quality Surveillance Report
  - Avoiding Term Admissions into Neonatal Units (ATAIN) Quarter 2
  - Transitional Care Quarter 2
  - CNST (MIS) Y6 submission

#### TB/02/25/10 SINGLE IMPROVEMENT PLAN

- 10.1 The Board noted the update which drew attention to the structure of the improvement plan and its role in capturing its complexities to ensure the relevant Board Committees received oversight of their respective programmes to business as usual. The Board was assured that the work on the work undertaken to date to underpin the improvement plan priorities and had noted the need to retain overall delivery reporting to the Board whilst it became embedded into the emerging Trust strategy. The Committee agreed a closure report showing the mapping of the workstream oversight to the other Board Committees would come to a future Board meeting for them to approve the closure of this specific supportive task and finish Committee.
- 10.2 The Board **NOTED** the update.

## TB/02/25/11 BOARD ASSURANCE FRAMEWORK AND CORPORATE RISK REGISTER HIGHLIGHT REPORT

- 11.1 Glen Palethorpe introduced the Board Assurance Framework (BAF) and accompanying Corporate Risk Register summary and explained that the report had been received and considered by the Board Committees and reflected the views of each Committee responsible for their specific risks.
- 11.2 Glen Palethorpe explained that for each of the 10 strategic risks the expected assurances had been received over the period of quarter 3 enabling a

- determination to be made as to the opening quarter 4 score. The Board heard that for Quarter 4, whilst the scores for three strategic risks had reduced, the Trust continued to see seven of its ten strategic risk highly scored.
- 11.3 The Board agreed that the BAF scores for quarter 4 were reasonable based on the review undertaken by the respective Board Committees and the Board itself through the receipt and discussion of the Trust Integrated Performance Report.
- 11.4 The Board **NOTED** that the continued application of the Trust's BAF oversight processes applied by the Executives and the respective oversight Committees.

The Board held a short break at this point, when it reconvened, it remained quorate.

## TB/02/25/12 REPORT FROM THE RESEARCH, INNOVATION & DIGITAL COMMITTEE CHAIR FROM THE MEETING ON THE 29 JANUARY 2025.

- 12.1 The Chair invited Jackie Cassell, Chair of the RI&D Committee to update the Board on their recent meeting and the assurances received in relation to Research, Innovation and Digital.
- 12.2 Jackie asked the Board to note that the Committee had acknowledged the importance of research leads having early engagement around digital system needs and asked for consideration of opportunities of AI and Digital innovation for research. The Committee had also praised the work on the Research Strategy to date, and the excellent progress on workforce engagement, and the clear articulation of its strategic roadmap.
- 12.3 The Board **NOTED** the Research Innovation & Digital Chairs report.

## TB/02/25/13 REPORT FROM PATIENT & QUALITY COMMITTEE CHAIR FROM THE MEETING ON THE 27 NOVEMBER 2024; 17 DECEMBER 2024 AND 29 JANUARY 2025

- 13.1 The Chair invited the Chair of the Quality Committee, Lucy Bloem, to update the Board on their recent meeting and the assurances received in relation to Quality.
- 13.2 Lucy asked the Board to note the Committee's additional scrutiny of the CQC Must Do and Should Do actions through the receipt of a compliance status report and the plan for NED led deep dive reviews of the evidence planned to take place in the next few months. The Committee had also received assurance regarding the progress underway within medical devices, medicines management, and the quality impact report from facilities and estates.
- 13.3 The Board received and **NOTED** the Mortality & Learning from Deaths Q3 2024/25 report.
- 13.4 The Board **NOTED** the Patient & Quality Committee Chairs report.

## TB/02/25/14 REPORT FROM PEOPLE & CULTURE COMMITTEE CHAIR FROM THE MEETING ON THE 26 NOVEMBER AND 28 JANUARY 2025.

- 14.1 The Chairman invited the Chair of the People Committee, Paul Layzell, to update the Board on their recent meeting and the assurances received in relation to People.
- 14.2 Paul Layzell commented that the Committee had received assurance regarding the reports from Equalities and Diversity, the Freedom to Speak Up Guardian

- (FTSU) and the Guardian of Safe Working Hours (GOSW), which all highlighted the supporting work on cultural engagement and improvement.
- 14.3 Paul also shared an update on the progress made in regard to the Trust's volunteer service strategy which had been appended to the meeting pack for information, which sets out the formation of the Trust's ambition for the volunteers and how would support the Trust's move forward as an anchor institution.
- 14.3 The Board **NOTED** the People & Culture Committee Chairs report, and **APPROVED** the volunteer strategy.

## TB/02/25/15 REPORT FROM THE FINANCE & PERFORMANCE COMMITTEE CHAIR FROM THE MEETING ON THE 28 NOVEMBER AND 29 JANUARY 2025.

- 15.1 In the absence of Philip Hogan, as Chair of the Finance & Performance Committee, Andy Heeps updated the Board on the meeting and the assurances received in relation to Finance & Performance.
- 15.2 The Board reflected on the Emergency Preparedness, Response and Resilience Annual Report which had been received a substantially complaint judgement by the ICB and **APPROVED** the report for publication on the Trust website.
- 15.3 The Board **NOTED** the Finance & Performance Committee Chairs report.

## TB/02/25/16 REPORT FROM THE SINGLE IMPROVEMENT PLAN COMMITTEE CHAIR FROM THE MEETING ON THE 27 NOVEMBER AND 28 JANUARY 2025

- 16.1 Paul Layzell, Chair of the SIP Committee advised the Board that the update on the Single Improvement Programme had largely been provided to the Board earlier in the meeting, there were no further items to escalate beyond the update provided by Katie Urch earlier in the meeting.
- 16.2 The Board **NOTED** the Single Improvement Plan Committee Chairs Report.

## TB/02/25/17 REPORT FROM AUDIT COMMITTEE CHAIR FROM THE MEETING ON 21 JANUARY 2025

- 17.1 Glen Palethorpe provided an update to Board in the absence of David Curley Chair of the Audit Committee and presented the Chair's report from the meeting held on 25 January 2025. It was noted that the Committee had received updates from the Local Counter Fraud Services, the External Auditors, and Internal Audit whereby the Committee had received updates on the Internal Audit activity in the areas of the Trust's Key Financial Systems and Divisional Risk Management Processes.
- 17.2 The Board **NOTED** the Report from the Audit Committee.

#### TB/02/25/18 COMPANY SECRETARY REPORT

- 18.1 Glen Palethorpe introduced the Company Secretary Report, and outlined that the election for the staff governor position for the Royal Sussex County Hospital site was underway following the position becoming vacant following the departure of Staff Governor Andy Cook who held this position.
- 18.2 It was also noted that the Trust had reviewed, through discussions with both the Board and its Committees, the meeting cycles for 2025/26, confirming that Board meetings in Public would increase and these were scheduled for May,

June, August, September, November, December, February 2026 and March 2026.

18.3 The Board **NOTED** the report and shared their thanks to former Staff Governor Andy Cook for his support to the Council, who had departed the Trust in December 2024.

#### TB/02/25/19 OTHER BUSINESS

19.1 There were no further items for discussion.

#### TB/02/25/20 RESOLUTION INTO BOARD COMMITTEE

- 20.1 The Board resolved to meet in private due to the confidential nature of the business to be transacted.
- TB/02/25/21 The Chair formally closed the meeting.

#### TB/02/25/22 DATE OF NEXT MEETING

22.1 It was noted that the next meeting of the Board of Directors was scheduled to take place at **13.30** on **Monday 31 March 2025**.

Tamsin James Board & Committees Manager February 2025

D	ate
CI	nair
Signed as a correct record of the meeting.	



Agenda Item:	6.	Meeting:	Trust Board in Public		Meeting Date:	31 March 2025	
Report Title:	Chief Ex	ecutive's Re	port				
Sponsoring Execu	Sponsoring Executive Director:				Chief Execution	ve	
Author(s):							
Report previously	conside	ered by					
and date:							
Purpose of the rep	ort:						
Information			Yes	Assura	nce		N/A
Review and Discus			N/A		al / Agreemen		N/A
Reason for submis	ssion to	Trust Boar	rd in Private	e only (v	here relevan	t):	
Commercial confide	entiality		N/A		onfidentiality		N/A
Patient confidentiali			N/A		exceptional circ	cumstances	N/A
Link to ICB (Integr		re Boards)	/ Trust Ann	ual Plar	1		
Link to ICB Annual	Plan	N/A	Link to	Trust	N/A		
			Annua				
Implications for Tr	rust Stra	tegic Then	nes and any	/ link to	<b>Board Assura</b>	ance Framewor	k risks
Patient		Yes					
Sustainability		Yes					
People		Yes					
Quality		Yes					
Systems and Partne	•	Yes					
Research and Inno	vation	Yes					
Link to CQC Doma	ains:						
Safe			Yes	Effective			Yes
Caring			Yes	Responsive		Yes	
Well-led			Yes Use of Resources Yes			Yes	
Regulatory / Statu	tory rep	orting requ	irement				
Communication a	nd Cons	ultation:					
N/A							
<b>Executive Summa</b>	ry:						
This report gives the UHSussex.	e Trust E	Board a sum	nmary of higl	hlights fr	om the Chief E	Executive and the	e current work of
Key Recommendation(s):							
The Board is asked to <b>NOTE</b> this report.							

#### CHIEF EXECUTIVE REPORT

Our hospitals have been exceptionally busy since our last public board meeting and I want to extend my heartfelt thanks to all my colleagues working tirelessly to provide safe emergency, cancer, and elective care, under such challenging circumstances.

Despite the immense seasonal pressures on urgent and emergency care, our focus on reducing waiting times for planned care has continued to be relentless. As we end this financial year, I am pleased to confirm the number of patients waiting more than 65 weeks for treatment is the lowest it has been since before the pandemic.

Our overall waiting list remains too large, and I wish to apologise to all our patients who continue to wait for their treatment, but it is important we acknowledge the huge improvements staff have made to shorten waiting lists and improve access for patients. Since June last year, for example, we have reduced our 65-week waiting list by more than 95%, and our overall waiting list by nearly 20%.

#### Improving access to cancer care

We also reflected on reducing our overall waiting list at the last board meeting, and this time I wish to sharpen the focus onto teams across the Trust who are improving access to cancer care, as our cancer waiting list is also now in its strongest position in years.

Colleagues have made significant improvements in how quickly we diagnose or rule out cancer, while also reducing the backlog of patients that are waiting for cancer treatment. The Faster Diagnosis Standard requires 77% of patients to have cancer diagnosed or ruled out within 28 days of their referral.

Our performance has improved from 65% in August to more than 70% in each of the past four reported months, and our provisional current position is exceeding 80%. An overwhelming majority of people referred for a suspected cancer do not have it, and so being able to either provide such welcome news or start life-saving treatment swiftly is hugely important.

Our cancer teams also continue to work tirelessly to ensure more patients are treated within 62 days of urgent referral. The standard is 85%, although the NHS England expectation was reduced to 70% for 2024/25, and is increasing to 75% in 2025/26.

We have historically faced challenges with this target following growth in demand and bottlenecks in the diagnostic pathway. However, we have agreed on a trajectory of improvement with NHS England and, earlier this month, we reported the smallest backlog since we became University Hospitals Sussex four years ago.

#### Investing in our hospitals

The achievements in our cancer service comes amid welcome news for our new Sussex Cancer Centre plans at the Royal Sussex County Hospital in Brighton. The Government has confirmed we are in Wave 1 of the New Hospitals Programme, with construction remaining on our original timeline in 2026 and 2027, and opening for patients in 2028.

Each year, we spend around £100 million a year on capital projects, ranging from new buildings and medical equipment to IT and infrastructure upgrades. None of these schemes happen without a great deal of planning, expertise and hard work from our Capital Development and Property teams who oversee their delivery, as well as Estates and Facilities colleagues who support them.

It is good for both patients and staff to see so many infrastructure improvements taking shape across University Hospitals Sussex. For example, in Worthing the new Urgent Treatment Centre project continues to move forward. The groundworks are now complete, and the building's steel frame is being erected to provide a new urgent and emergency care front door to hospital. The UTC is due to open in August.

At St Richard's, the new Same-Day Emergency Care unit is heading for completion in June, with the strip-out of the old Monroe Unit now complete. Design work on our new Acute Stroke Centre stroke unit at the back of the east wing is underway, while we've got a temporary mortuary being installed next month to allow the removal of reinforced aerated autoclaved concrete (RAAC) from the current facility, which we will be completely refurbishing too.

Patients at Southlands are now benefiting from both phases of the new £20m Community Diagnostic Centre, with patient feedback seeing a corresponding improvement as they enjoy faster access to modern diagnostic facilities. We are also undertaking a feasibility study for two new, externally funded theatres in Shoreham as part of the national Get It Right First Time improvement programme.

As well as opening the new Pharm@Sea dispensing pharmacy at Princess Royal last month, the hospital also has a new kidney-stone busting lithotripsy machine, and the main entrance is being updated with newly refurbished public toilets.

And returning to Brighton, the £50m Acute Floor Reconfiguration programme continues to develop at pace. A new CT scanner has been brought online at the front of the Emergency Department and a new Medical Assessment Unit, directly underneath the new Surgical Assessment Unit which opened last year, will be completed in August. Design work on the expanded Majors and Resus areas is also progressing well, and elsewhere in the hospital a new biplane for neurology and stroke procedures will be in place in July.

All these developments are carefully considered and explicitly designed to help us improve the quality of care we provide to patients and help them get the treatment they need more swiftly, in the most appropriate setting.

#### **Improving Urgent and Emergency Care**

Our Emergency Department in Brighton also received an unannounced inspection from the Care Quality Commission (CQC) in February, which recognised the significant challenges the current environment poses for both patients and staff.

At the same time, inspectors also revisited our maternity departments in Brighton and Worthing. We will receive their formal reports in due course, but we are already discussing with the CQC how we are accelerating our plans to eliminate corridor care and make further improvements at pace in the Emergency Department in Brighton.

Corridor care is of course both a long-standing and complex issue, and it is important to stress that the significant challenges within the Emergency Department do not reflect any lack of skill, effort, or care of those who work there. In fact, the efforts of colleagues have been extraordinary and their feedback from patients provides a compelling account of how brilliantly they perform.

Other external parties also praise our Emergency Department staff. Following a visit last year, Getting It Right First Time (GIRFT) national improvement programme colleagues commented on our "incredible, motivated staff working in the ED". They added: "They are determined to do whatever is within their gift to improve areas they are trying to address, using a strong Quality Improvement methodology. They are the Trust's biggest asset."

Our staff are our greatest asset, and the response of colleagues to the GIRFT visit last year is clear evidence itself of their commitment to innovation and improvement. At the last public board, I commended our involvement in the ambulance service's Unscheduled Care Navigation Hub where our clinical specialists, including emergency care consultants and consultant geriatricians, now work alongside advanced paramedic practitioners in their call centre in Falmer.

By providing their expertise at the beginning of the 999-emergency-call pathway, they have made a significant difference to the number of patients arriving by ambulance to the Emergency Department. In the first 10 weeks, 565 patients benefited, with 76% of those patients redirected away from the Emergency Department to more appropriate alternative services.

Meanwhile, 17% of the 565 patients were seen in our Same Day Emergency Care units (SDECs), with direct referrals taking place for the first time to our Frailty and Respiratory SDECs. These patients will have returned home on the same day, avoiding an admission to hospital.

This initiative is just one from the Hospital Alternative Oversight (HALO) programme that staff from our Medicine division launched in direct response to the GIRFT feedback. Emergency Department congestion is a system-wide issue, so they set themselves the mission to transform the patient journey from the moment care begins, by breaking down barriers between us and our partners South East Coast Ambulance Service, Brighton and Hove City Council, Sussex Community Foundation Trust and the Sussex Integrated Care Board.

Care Home Link is another HALO project they initiated in response to observations from GIRFT. In this instance, staff identified the top ten care homes in Brighton and Hove whose residents were being more regularly conveyed to the Emergency Department. In December they invited all the care home matrons and nursing teams to a launch and relationship-building event with managers, community leads and acute frailty nursing teams.

Since then, they have been tracking admissions from these care homes, and building multidisciplinary, multi-partner networks to review complex patients. In the first ten weeks of this programme, they achieved an excellent 32% reduction in attendances from the participating care homes, compared to same period the previous year, and a 73% reduction in length of stay when patients from the care homes were admitted to hospital.

To help patients stay out of hospital, our consultant geriatricians have also been leaving their ward to review patients in their care home instead, and at the same time providing invaluable advice and guidance to care home staff too. Care Home Link is also collating themes for education and new pathway improvements, as well as establishing a care home manager forum to improve admissions and discharge processes.

These are valuable changes that are signs of real progress, but we know more remains to be done to eliminate corridor care in Brighton, and we know this requires a whole-hospital and multi-partner approach to achieve.

The CQC's recent visit was a timely catalyst to pump-prime our actions across the board to innovate and improve every part of the patient journey - before, during and after hospital care. We have made significant operational changes within the hospital and called upon further support from our partner providers of mental health care, community care and social care.

Support from our partners is critical to our success. 53% of the Medicine division's ward beds at the Royal Sussex County Hospital are occupied by patients who no longer require hospital care, but who still require support from community or social care providers to be available outside of hospital before they can safely be discharged. It is these bed patients in corridors are often waiting to be moved to.

In Brighton, the Emergency Department receives four times the national average of mental health attendances, which means people waiting for specialist mental health care or neurodivergent support compete for finite space with acutely unwell patients.

Although our partners face their own challenges, we all recognise that we can only resolve complex issues by working together and I wish to thank them for their support. I look forward to reporting back on this programme at our public board meeting in May.

#### **New Trust Strategy**

In May, we will also be launching our new Trust Strategy, to guide our journey over the next five years from 2025 to 2030. One key theme I wish to pre-tease is our ambition to provide and develop Centres of Excellence in Sussex.

Earlier this month, I visited colleagues at the Sussex Endometriosis Centre at Princess Royal which has maintained its accredited status for the fifth year in a row. The service is the county's only centre of excellence for the diagnosis and treatment of a painful and debilitating condition that affects one in 10 women.

Before it gained accredited status, women living in Sussex had to travel to Surrey for specialist treatment. Now, though, they can receive high-quality care much closer to home. The facility is one of a growing number of centres of excellence that are doing great work for patients across our Trust. Also in Haywards Heath, for example, we have the Sussex Orthopaedic Treatment Centre and the one-stop urology hub.

Being able to develop more of this expertise is one of the big opportunities stemming from the creation of our new, larger Trust. As well as strengthening the centres of excellence that already exist, we are developing new ones in the Sussex Cancer Centre in Brighton, the Acute Stroke Centre at St Richard's, and the colorectal surgery service at Worthing, as well as an elective surgery hub at Southlands.

These centres, and more, will have an important place in our new Trust Strategy which I look forward to discussing in detail at the next public board.

Of course, excellent care is not something you only find in centres of excellence, and the fact our annual staff recognition awards received more than 1,200 nominations earlier this month shows how much colleagues and patients appreciate excellent support and care at University Hospitals Sussex.

Our STAR awards are the most uplifting event in our calendar, and I am really looking forward to reading nominations as part of the judging panel, and learning about many more examples of clinical excellence, ingenuity and kindness demonstrated by my colleagues.

#### 2. RECOMMENDATIONS

2.1 The Board is asked to **NOTE** the Chief Executive Report.



Agenda Item: 7.	<b>.</b>			Meeting Date:	31 March 2025			
			ew – Key Improveme					
Sponsoring Executive	Director:	Professor	Professor Katie Urch, Chief Medical Officer					
			eeps, Deputy Chief I					
Author(s):			Katie Urch, Chief Me					
			eeps, Deputy Chief I					
Report previously con	sidered by	Quality Go	vernance Steering G	Group, 17 March 20	)25 (Appendix)			
and date:								
Purpose of the report:								
Information		Yes	Assurance		Yes			
Review and Discussion		Yes	Approval / Agreem		N/A			
Reason for submission		rd in Private	e only (where releva	ant):				
Commercial confidentia	lity	N/A	Staff confidentiality	N/A				
Patient confidentiality		N/A	Other exceptional circumstances N/A					
Link to ICB / Trust Ani	nual Plan							
Link to ICB Annual Plar	Link to Annua							
Implications for Trust	Strategic Then			rance Framework	k risks			
Sustainability	N/A							
People	Yes							
Patient & Quality	Yes							
Systems and Partnersh	ips Yes							
Research and Innovation								
Link to CQC Domains								
Safe	Yes	Effective		Yes				
Caring	Yes	Responsive		Yes				
Well-led	Yes							
Regulatory / Statutory	reporting requ	uirement		_				
N/A								
Communication and C	onsultation:		_	_	_			
N/A								
<b>Executive Summary:</b>								

This paper outlines progress in addressing recommendations from the 2023 Royal College of Surgeons (RCS) review (published in January 2024) and the General Medical Council (GMC) Enhanced Monitoring process for General Surgery at Royal Sussex County Hospital (RSCH).

Key improvements noted by the RCS include:

- Patient Safety: Establishment of a Surgical Assessment Unit (SAU), structured surgical huddles, and enhanced incident reporting have notably reduced surgical delays and increased reporting of safety incidents.
- Operational Effectiveness: Upcoming establishment of the Colorectal Cancer Resection Centre at Worthing Hospital, positive regional collaboration for Upper GI Cancer care, and reinstatement of Higher Surgical Trainees (HSTs) have significantly improved clinical capacity and training.

Agenda Item 1 Date

- Responsiveness: Implementation of specialist emergency pathways, improved emergency surgical
  management, and reduction in elective waiting lists have improved operational responsiveness and
  patient flow.
- **Leadership and Culture**: Active leadership interventions addressing behavioural issues, increased executive visibility, civility training programmes, and improved electronic job planning have fostered a more transparent and supportive environment.
- **Human Resources**: Strengthened workforce planning and streamlined recruitment have successfully attracted quality candidates and trainees back into the service.
- **GMC Enhanced Monitoring**: Significant improvements led to the removal of four conditions by January 2025, recognising substantial progress in trainee supervision and workload management.

#### **Key Recommendation(s):**

The Board is asked to note these developments and support continued efforts in workforce planning, service configuration, culture improvement, and enhanced patient involvement.

Agenda Item

Date

## General Surgery at Royal Sussex County Hospital – Progress against RCS Recommendations, GMC Enhanced Monitoring, and Quality Improvement

A note from Professor Katie Urch, Chief Medical Officer and Dr Andy Heeps, Deputy Chief Executive

#### 1. Introduction and Context

In May 2023, the Royal College of Surgeons (RCS) carried out an invited review of the General Surgery department at Royal Sussex County Hospital (RSCH), publishing its recommendations in January 2024. These recommendations centred on several areas: patient safety, leadership and culture, service improvements, human resources, and patient experience. At the same time, general surgery at RSCH has been under enhanced monitoring by the GMC since January 2016 due to concerns regarding the quality of training.

This paper outlines progress regarding these reviews and improvements incorporated within the Trust's Single Improvement Plan (SIP).

#### 2. Safe Domain

The divisional and trust leadership team has responded to the patient safety concerns raised by the RCS review through the following actions:

- The establishment of the Surgical Assessment Unit (SAU) at RSCH on 1
   October 2024 has improved the flow of emergency patients. SAU data indicates
   a reduction in emergency surgical postponements, from 37.4% in September
   2024 to 26.2% in November 2024, while concurrent emergency surgical
   volumes increased by 6%.
- **Structured surgical huddles** held twice daily at 08:30 and 17:00 have improved clinical prioritisation and minimised delays. An audit confirms a rise in compliance with timely surgical starts, in line with RCS recommendations.
- Enhanced incident reporting: The implementation of DatixIQ has resulted in a greater frequency of no- and low-harm incidents being reported, from 30 per thousand bed days in March 2024 to 45 per thousand bed days in November 2024. Furthermore, bespoke Patient Safety Incident Response Framework (PSIRF) training has helped to develop and reinforce a proactive safety culture within the service.

#### 3. Effective Domain

Operational effectiveness has improved following several targeted interventions:

• The Colorectal Cancer Resection Centre at Worthing Hospital is scheduled to be established on 2 April 2025, increasing clinical capacity by opening two theatres and relocating colorectal cancer surgery from the Royal Sussex County Hospital to Worthing Hospital. Modelling indicates a requirement for five additional colorectal surgeons, with one already appointed and further hires in progress. This move will free up five theatre sessions each week at RSCH, increasing access to emergency and trauma surgery at that site.

- The reconfiguration of the Upper GI Cancer Pathway has encouraged positive regional collaboration between Guildford and Portsmouth through a unified MDT. Two new oesophagogastric (OG) surgeons, appointed in May 2024, are maintaining their surgical expertise through joint appointments with Portsmouth, thereby significantly improving workforce stability across the network.
- The reinstatement of Higher Surgical Trainees (HSTs) since October 2024
  has followed comprehensive remedial actions in accordance with GMC and
  NHS England Kent, Sussex, Surrey (KSS) requirements. Trainees now benefit
  from protected time for theatre, endoscopy, outpatient clinics, and formal
  teaching, all supervised by two new dedicated education leads appointed in
  July 2024. Early feedback from NHS England KSS indicates significant
  improvements have been noted.

#### 4. Caring Domain

Patient experience has measurably improved through:

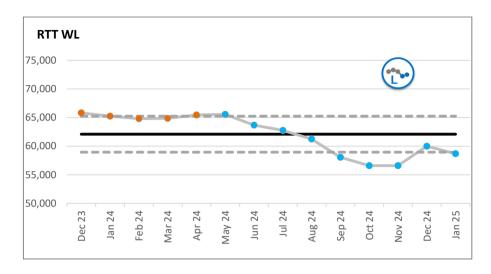
- Systematic analysis of patient surveys (over 10,000 each month) and complaints data informs targeted improvement initiatives. Patient experience scores have significantly improved, with 94% rating surgical care as 'good' or 'very good' in Q3 2024/25.
- Increased CNS staffing (an additional 1.8 WTE) specifically supporting colorectal pathways ensures enhanced communication, coordination, and patient-centred care.
- Improved coordination of the enhanced multidisciplinary team (MDT), led by the newly appointed Deputy Clinical Lead CNS roles, enhances patient communication and management through clearly defined MDT referral criteria.

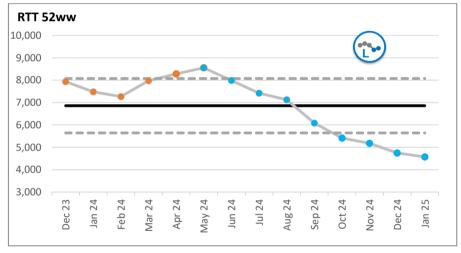
#### 5. Responsive Domain

Operational responsiveness has improved through a number of interventions:

- The dedicated SAU and specialist "hot clinics," have enhanced emergency
  patient flow and shortened hospital stays. Further developments include a
  planned 'hot gallbladder' pathway, in particular, is designed to expedite the
  treatment of patients with acute gallbladder issues, reducing their wait times
  and improving their overall experience.
- CEPOD (emergency surgery) Pathway improvements: Consultant-led reviews conducted twice daily have significantly increased the percentage of emergency surgeries managed out of hours from 23% in August 2024 to a steady 28% by January 2025. The median length of stay has been reduced, with discharge improvements.
- We are considering plans to reconfigure wards in order to relocate gastroenterology patients, with the aim of consolidating surgical beds onto ward 9A, thereby enhancing patient management and reducing the time needed for ward rounds.
- Elective waiting lists have significantly decreased, with the elective waiting list falling from 65,000 in December 2023 to 57,000 in January 2025. The number

of patients waiting more than 65 weeks has dropped from 2,700 in December 2023 to fewer than a thousand in February 2025, while those waiting over 52 weeks have decreased from 8,000 in December 2023 to under 5,000 in January 2025.





#### 6. Well-led Domain

Leadership and cultural issues have been addressed through the following actions:

- Executive and departmental leadership are actively challenging unacceptable behaviours in accordance with the MHPS framework. The Medical Employee Relations group, chaired by the Chief Medical Officer, oversees and addresses behavioural concerns.
- Training, including the 'Civility Saves Lives' programme, which focuses on promoting respectful communication and teamwork, the 'Active Bystander' programme, which empowers staff to intervene in potentially harmful situations, and Human Factors programmes, which aim to improve safety and efficiency by understanding human behaviour, has been implemented. These initiatives

- have been key in improving departmental relationships and building positive team dynamics.
- Executive visibility and engagement have increased, as evidenced by regular visits to clinical areas, and structured monthly executive-clinical leadership meetings with the chief medical officer and colorectal surgeons and nurses.
- The Trust has moved to team-based electronic job planning, ensuring fair workload distribution, SPA time allocation, and enhanced overall transparency and performance. This system allows for better coordination among team members, ensures that everyone's workload is manageable, and provides a clear overview of the department's performance, contributing to a more efficient and transparent work environment.

#### 7. Human Resources Domain

Despite historical recruitment challenges, the Trust has achieved significant progress against the HR domain recommendations:

- Enhanced workforce planning aligned with the reconfiguration of colorectal cancer services has increased interest from prospective candidates, as evidenced by five applicants for the recent LGI/emergency surgeon posts.
- Streamlined consultant recruitment processes through revised AAC procedures and dedicated non-executive leadership have significantly reduced time-to-hire metrics
- The return of higher surgical trainees, and recruitment attractiveness within the department.

#### 8. GMC Enhanced Monitoring Update

The GMC recognised significant progress in foundation training for general surgery, formally revoking four enhanced monitoring conditions in January 2025. These conditions were put in place in 2016 and pertained to senior supervision, management of trainee workload, and protected educational sessions, all of which have been satisfactorily addressed.

As noted above, higher surgical trainees were reintroduced to the RSCH site in October 2024.

#### 9. Review Team Feedback - March 2025

The Trust has demonstrated notable progress against RCS recommendations, particularly highlighted by the review team's positive feedback – their comments are given below:

- Service Review and MDT Inclusion: Successfully established a regional Upper GI multidisciplinary team (MDT), enhancing patient transfers and collaborative care between Guildford and Portsmouth hospitals.
- Colorectal Hub at Worthing: The establishment of a colorectal cancer hub at
  Worthing is well-supported, demonstrating the capability of a strong surgical
  team. There has been inclusive dialogue, ensuring the full engagement of
  Worthing surgeons.

- Return of Higher Surgical Trainees (HSTs): The reintroduction of surgical registrars is regarded positively. The Trust recognises the necessity of time to recruit additional colorectal and emergency surgeons and is actively providing support for those involved in on-call rotas.
- Patient Engagement and Feedback: The RCS review team particularly commended the integration of patient feedback into service improvement initiatives.

The following areas were identified by the review team requiring further information or refinement, and actions are underway:

Request for further information	Current Actions and Assurance
Emergency Theatre Huddle Timing	Further work to identify first case of the day prior to 8.30am huddle to improve efficiency
Patient/Family Involvement (PSIRF)	Enhanced patient and family involvement processes are being documented as part of the Patient Safety Incident Response Framework (PSIRF), ensuring meaningful engagement at all service levels.
Support for Consultants	Consultants have been offered individualised support and confidential forums for addressing concerns, especially during periods of intense media scrutiny.
Oesophagogastric (OG) Surgery Transition	Complex benign OG procedures will transition to PRH once workforce stability is secured. Portsmouth surgeons will provide structured mentorship to newly appointed OG surgeons during the transition.
Gastroenterology Relocation	Plans to relocate gastroenterology patients from surgical wards are under active consideration as part of the new Trust Strategy, aiming to optimise emergency patient management and reduce lengthy ward rounds.
Emergency General Surgery (EGS) Appointments	Recruitment efforts are actively ongoing to bolster emergency surgery consultant capacity. Assurance is provided that specialist 'hot clinics' are managed effectively by current staff to ensure patient care improvements.
Geriatrician Input	Increased geriatric support is recognised as a priority; the Trust is actively exploring opportunities to expand geriatric services to better support an ageing patient demographic.
Management of Major Trauma	Work with Specialist division is underway in order to further develop work of MTC in line with new Trust strategy

#### **10. Governance and Continuous Improvement**

Progress against RCS recommendations and GMC enhanced monitoring conditions continues to be robustly governed through structured reporting and clear executive accountability under the Quality Governance Steering Group.

#### 11. Recommendations to the Board

- **Note** the substantial progress and positive trajectory evidenced against RCS recommendations and GMC enhanced monitoring conditions.
- **Support** ongoing priority actions in workforce planning, service reconfiguration, cultural improvements, and patient involvement initiatives, reinforcing the Trust's commitment to sustainable service transformation.

#### **Appendix**

QGSG RCS Response paper – March 2025



Agenda Item: 8.	Meeting:	Public Board Meeting Date:			31 March 2025	
Report Title: Business	and Opera	tional Plann	ing 2025-2026			
Sponsoring Executive Dire			Reid, Chief Financial	Officer		
Author(s):		Karen Sea	bridge, Director of St	rategic Finance		
Report previously consider and date:	ered by	Finance ar	nd Performance Com	mittee, 27 <sup>th</sup> March	2024	
Purpose of the report:						
Information		Yes	Assurance		n/a	
Review and Discussion		n/a	Approval / Agreeme		n/a	
Reason for submission to	<b>Trust Boar</b>	d in Private	e only (where releva	nt):		
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	Link to Annua	Trust Yes				
Implications for Trust Stra	tegic Them	nes and any	link to Board Assu	rance Framework	risks	
Sustainability	Yes					
People	Yes					
Patient & Quality	Yes					
Systems and Partnerships	Systems and Partnerships Yes					
Research and Innovation						
Link to CQC Domains:						
Safe	Yes	Effective		Yes		
Caring	Yes	Responsive		Yes		
Well-led	Yes Use of Resources Yes			Yes		
Regulatory / Statutory reporting requirement						

#### **Communication and Consultation:**

#### **Executive Summary:**

- On an annual basis, the Trust prepares an Operational and Business Plan. This process is supported by the national Operational Planning Process, and the Trust works with system and national/regional partners to develop and refine an Operational Plan which meets national standards and is supported by a Trust Business Plan.
- The Trust Business and Operational Planning process started in November 2024. A working group of clinical and operational leaders, and corporate function leads, supported by the Chief Financial Officer as planning lead for the Trust, have been working to develop a robust Business and Operational Plan for the coming financial year which is aligned with national guidance. This process culminated in the presentation of draft Business and Operating Plans for each Division and Corporate Team presented in a combined leadership event on 21<sup>st</sup> March. These draft plans are being collated and reviewed and will form the basis of the Trust Business and Operating Plans. All Divisional and Corporate Leadership teams have been requested to finalise these plans by 31<sup>st</sup> April, ensuring full alignment across teams and with the Trust Business and Operating Plans. The combined plans for all teams will be presented to the next meeting of the Trust Board.

8. Business & Operational Planning

31 March 2025

- The development of the Operational Plan for the Trust, which focuses more narrowly on delivery of the national planning requirements set out in Planning Guidance, has taken place alongside and aligned with this Business Planning Process, aimed at a national planning submission on 27<sup>th</sup> March 2024.
- The Trusts Operational Plan for 2025/26 has been discussed at Board Workshops and Committees
  from January through March 2025. The submitted plan has been discussed at the Finance and
  Performance Committee on 27<sup>th</sup> March 2025, and at a Private Board session on 27<sup>th</sup> March 2025.
  The submitted plan is subject to a further period of intensive review and evaluation with the Regional
  and National NHS England teams during April, including an anticipated Board-to-Board meeting. The
  full plan will be presented at the next Board meeting.
- The Trust has submitted an Operational Plan which is described in outline in the attached paper. The Trust's Operational Plan seeks to build on the steady and incremental improvement delivered in 2024/25, and to continue this trajectory into 2025/26. The plan is ambitious, but realistic, and seeks to deliver national standards on Diagnostics and Cancer identification and treatment, and improvements of at least 5% in both urgent and emergency care and national RTT access standards. The plan also seeks to deliver an ambitious improvement in the underlying financial position of the Trust, aimed at building on the stabilisation of the run-rate since November 2024.
- At this point, the Trust has not been able to submit a balanced financial plan whilst delivering the
  required improvements in the national performance standards. The Trust has committed to the
  delivery of a 5% efficiency and productivity target for the coming year, giving rise to a programme of
  £85m financial improvements. Taken together with cost and inflationary pressures, and changes in
  local and national funding arrangements, this has supported the submission of a financial plan with a
  £39.2m deficit for the coming year. Dialogue continues with system and regional partners on
  opportunities to further improvement this financial plan.

#### **Key Recommendation:**

• The Board are asked to note the ongoing work to finalise the Business and Operating Plan for the Trust in 2025/26, and the intention to publish the finalised plan at the next Board meeting. The Board are asked to note the ongoing requirement for Board Committees to maintain oversight and assurance of the delivery plans for the key components of the Operating Plan for 2025/26, and to provide assurance to the Board – including escalation where appropriate – on delivery.



# **Business, Operational and Financial Planning for 2025/26**

Status Update - Trust Board

Jonathan Reid
Chief Financial Officer
31 March 2025

## 2025/26 Operating Plan Development and Delivery

- On an annual basis, the Trust prepares an Operational and Business Plan. This process is supported by the national Operational Planning Process, and the Trust works with system and national/regional partners to develop and refine an Operational Plan which meets national standards and is supported by a Trust Business Plan.
- The Trust Business and Operational Planning process started in November 2024. A working group, supported by the Chief Financial Officer as planning lead for the Trust, have been working to develop a robust Plan for the coming financial year which is aligned with national guidance. This process culminated in the presentation of draft Business and Operating Plans for each Division and Corporate Team at a combined leadership event on 21st March. These draft plans are being collated and reviewed and will form the basis of the Trust Business and Operating Plans. All Divisional and Corporate Leadership teams have been requested to finalise these plans by 31st April, ensuring full alignment across teams and with the Trust Business and Operating Plans. The combined plans for all teams will be presented to the next meeting of the Trust Board.
- The development of the Operational Plan for the Trust, which focuses more narrowly on delivery of the national planning requirements set out in Planning Guidance, has taken place alongside and aligned with this Business Planning Process, aimed at a national planning submission on 27<sup>th</sup> March 2025.
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## **Operating Plan 2025/26 – Key Headlines**

- Our 2025/26 Operational Plan builds upon the progress on key quality and operational metrics during two-year sits alongside the delivery of Year 1 of the Trust's draft Strategy. In 2025/26, we will continue to improve quality and safety, including delivery of the final components of the Single Improvement Plan, at the same time as driving up operational delivery and financial performance.
- The Operational Plan seeks to make improvements across all of the key national operational standards with a minimum of a 5% improvement against key RTT performance metrics and continued improvements across other elective (planned care) metrics. Steady improvement and meeting planning guidance aspirations is planned for FDS (Faster Diagnosis Standard), Cancer 62-day, 4-hours performance standards in our Emergency Departments (including catchment) and Diagnostic Standards. Elective Recovery Fund activity will increase 6-8% above the 2024/25 outturn of 117%, driving an improvement in RTT performance and improving access for our patients.
- The Trust's financial plan is ambitious and seeks to improve the underlying run-rate, as the first year of a two-year break-even plan. The Trust will end 2024/25 with a £59.5m deficit, reduced by £29.5m deficit support to an outturn position of £30m. In 2025/26, once the impact of deficit support is removed, the Trust ambition is for an improved deficit and the Trust is aiming for run-rate breakeven at the end of the 2026/27 financial year. This builds on the work in 2024/25 to stabilise the financial position and deliver a consistent run-rate.
- The Trust is meeting the 5% Sussex ambition, with an £85m efficiency and productivity programme, supported by our Grip & Control framework, and monitored through our two-weekly Financial Recovery Delivery Board. This is aligned with our workforce plan which seeks to meet planning ambitions on bank and agency reduction, and a reduction in core corporate services growth. Workforce plans include new service developments and the impact of substantiating workforce to replace Waiting List Initiatives and in/sourced activity. The plan will be finalised and presented to the next Board meeting.

## **Developing our Financial Plan for 2025/26**

- Two key themes are central to our financial plans in the coming year. First, although we are in the middle of the national table for the WAU measure of productivity, we need to go further and deliver more for the resources which have been made available to us. Second, our reliance on temporary staff and 'unfunded posts' is too high as can be seen from the breakdown of weighted activity units (WAU) shown to the right whilst we need to strengthen our support infrastructure to provide the right conditions for staff to work.
- We have recognised and included the Sussex 5% efficiency and productivity ask, and we have included our assumed increase in demand for urgent care and diagnostic services, in line with the national 1.75% planning assumption. We have tested our productivity and recognise that we can deliver more with the resources available to us and we have included a significant productivity assumption in our plans.
- We have worked closely with ICB partners to develop our financial plan for 2025/26. We remain in discussion about opportunities to further improve the plans. Our initial modelling indicates we can return to financial breakeven, on a monthly basis, at the end of the 2026/27 financial year.

#### Cost per WAU (MFF adjusted), National Distribution



Cost per WAU	Data period	Provider value	Peer average (	National value	National value method	Chart
<ul> <li>Cost per WAU (MFF adjusted)</li> </ul>	2023/24	■ £3,536	£3,379	£3,538	Provider median	<b>∞</b>
Pay Cost per WAU	2023/24	■ £2,820	£2,315	£2,447	Provider median	<b>♦</b> •
Non-pay Cost per WAU	2023/24	■ £716	£1,094	£1,015	Provider median	• •



Agenda Item:	9.	Meeting:	Trust Board in Public		Meeting Date:	31 March 2025			
Report Title:	Single In	provement	Plan: Report to Trust Board						
Sponsoring Executive Director:			Professor Catherine (Katie) Urch, Chief Medical Officer						
Author(s):			Nicole Cha	vaudra,	Single Improv	ement Plan SRO			
Report previously	conside	ered by							
and date:									
Purpose of the re	port:								
Information			Yes	Assura	nce		Yes		
Review and Discus	sion		Yes	Approv	al / Agreemer	nt	N/A		
Reason for submi	ssion to	Trust Boar	d in Private	only (v	here relevan	t):			
Commercial confid	entiality		Yes / N/A	Staff c	onfidentiality		Yes / N/A		
Patient confidential	•		Yes / N/A	Other	exceptional cir	cumstances	Yes / N/A		
Link to ICB / Trus	t Annual	Plan							
Link to ICB Annual	Plan	Yes / N/A	Link to		Yes / N/A				
			Annua	l Plan					
Implications for T	rust Stra	tegic Them	es and any	link to	Board Assura	ance Framework	risks		
Patient Yes			sustaine poorer p	ed impro	vement in pati	r demonstrate a cent experience repotential for adve	sulting in overall		
0 ( ) ( )			impact.						
Sustainability		Yes	2.1 We fail to deliver the in-year financial plan; alongside the						
			requirement to return to a breakeven run-rate by M12 2025/26 and secure medium-term sustainability						
People		Yes		3.2 We will not achieve our strategic aims and realise the					
			benefits of merger, including improving patient safety and						
			recruiting and retaining talent unless we take action to; develop						
			a clear strategy, invest in and prioritise focussed work on culture						
			_	change from 'Board to Ward' including developing our leaders to					
			be engaging, inclusive and empathetic, aligning sub-cultures						
O Pro .		V		and addressing cultural gaps and reducing cultural variation  4.1 We are unable to demonstrate compliance with regulatory					
Quality		Yes	4.1 We are unable to demonstrate compliance with regulatory						
		and quality standards							
Systems and Partnerships Yes		4.2 We are unable to deliver any safe and harm free care 5.2 We are unable to deliver and demonstrate consistent							
Systems and Partnerships Tes									
			compliance with the 24/25 operational plan and NHS constitutional standards resulting in an adverse impact on						
			patient care and the Trust's reputation and financial position.						
Research and Inno	patient	Jaie allu	ine musis le	pulation and inial	ισιαι μυσιαυπ.				
Link to CQC Dom		N/A							
Safe	ailio.		Yes	Effectiv	/A		Yes		
Caring			Yes	Respo			Yes		
Well-led			Yes		Resources		Yes		
vveil-led			169	USE OI	1.630ul663		162		

9) Single Improvement Plan March 2025

#### Regulatory / Statutory reporting requirement

R

#### **Communication and Consultation:**

This report has been shared with the Single Improvement Plan Committee.

#### **Executive Summary:**

Approved in June 2024, the Single Improvement Plan (SIP) is a fixed term plan, with associated governance, developed in response to the required undertakings.

A process of alignment of the SIP with the emergent Trust strategy has begun, and a paper setting out the proposed roadmap for assimilation of the improvements within substantive governance was approved in February 2025. As such, in accordance with the terms of reference, the SIP committee and steering group have dis-established and a plan for business-as-usual governance enabled.

During the reporting period, the status of the work stream actions is noted and plans for future reporting of the SIP priorities within the Trust and externally are detailed. It is noted that reasonable progress has been made during the reporting period including the reduction in the waiting list, progress against CQC actions and assimilation of plans into business-as usual governance. Work streams which are off track have established plans and governance arrangements to enable delivery. Priorities for the next reporting period are establishing new reporting arrangements and enabling assimilation of the improvement plans into the new strategy arrangements in Q1 2025/26.

#### The Board is asked to:

- i. **NOTE** the report
- ii. **APPROVE** the recommendation to dis-establish the Single Improvement Plan Committee and the plans for assimilation into business-as-usual arrangements

Report Title	Single Improvement Plan: Report to Trust Board
<b>Executive Sponsor</b>	Professor Catherine Urch, Chief Medical Officer
Report Author	Nicole Chavaudra, Single Improvement Plan SRO
Date	March 2025

#### 1. Introduction and context

Approved in June 2024, the Single Improvement Plan (SIP) is a fixed term plan, with associated governance, developed in response to the required undertakings. Whilst it does not represent the totality of the Trust's improvement efforts, it provides a cohesive response to the critical, current issues and priorities for the trust to meet the expectations of our patients, staff and regulators over coming months. This has been developed over a period of nine months, in collaboration with ICB and NHSE, who have confirmed that the plan meets their expectations. The plan will inform the new Trust Strategy to establish our roadmap for the years to come.

The plan, which evolved since its approval, includes the following domains: CQC; quality improvement; culture; surgery; planned care; cancer; urgent and emergency care; equality, diversity and inclusion (EDI); specialised services; maternity; well-led; and finance. These are overseen by the SIP committee. A process of alignment of the SIP with the emergent Trust strategy has begun, and a paper setting out the proposed roadmap for assimilation of the improvements within substantive governance was approved in February 2025. The committee has also considered an analysis of the undertakings, identifying that the requirements have been substantially satisfied. As such, in accordance with the terms of reference, the SIP committee and steering group have endorsed their disestablishment and a plan for business-as-usual governance enabled, subject to the Board's approval.

#### 2. Analysis

### 2.1 Progress and performance over the previous reporting period

Performance against the key metrics is as follows:





During the reporting period, the status of the work stream actions against the plan is as follows:

- CQC: All well-led inspection actions are completed and an independent review of well-led is now underway; from the 2023 inspection, a steering group is established and of the 137 sub-actions, 128 have been completed (94%) and/or BAU with plans in place for remaining.
- Quality improvement: All actions and targets are met, with the exception of clinical guidelines. The target was 90% compliant but this target is not due until March 2026. Current performance is 44%.
- **Surgery:** An action plan from the RCS recommendations is in place and surgical trainees have returned; there are several actions not due including completion of the rightsizing theatre capacity programme, reduction in unwarranted variation, and implementation of the surgical operating model.
- Planned care and cancer: several actions are completed including 80% specialities using ERS, and netcall implementation; actions behind target are number of patients waiting more than 65 weeks despite substantial reductions in the overall waiting list, 28-day Faster Diagnosis Standard to 77% (currently 73.6%), and increasing the percentage of patients that receive a diagnostic test within six weeks to 95% although there have been improvements of 28% since last year.
- Urgent and emergency care (UEC): site-based plans are in place and the new UEC oversight approach is embedded in line with the plan. Actions outstanding include reconfiguration of UEC at RSCH, 78% patients seen within four hours and a reduction in length of stay.
- All maternity, EDI, specialised services and culture actions are completed.

### 2.2 Transition to business-as-usual governance

The terms of reference for the SIP committee require that:

The Committee shall review its own performance, constitution and terms of reference noting that the Committee is established for a specific purpose and should naturally end once the SIP is sustainably delivered.

As per the progress detailed in this report, the SIP committee recommended its dis-establishment. The plans for assimilation to business-as-usual governance for each of the workstreams is as follows:

Work	Exec.	Oversight and delivery	Committee
stream	lead		
Maternity	CNO	Maternity Improvement	Patient & Quality
		Group and MSSP	Committee
Culture		To be confirmed – a culture	•
	COD	and OD steering group will	Committee
	&CO	be in place with ToR to be	
		determined	
CQC	CNO	CQC Steering Group	Patient & Quality
			Committee
Quality	CNO/	QGSG	Patient & Quality
Improvement	СМО		Committee
EDI	CPO	To be confirmed	People & Culture
			Committee
Planned	COO	Operational Management	Finance & Performance
Care		Group	Committee
Cancer	COO	Cancer Strategy Group	Finance & Performance
			Committee
Urgent and	COO	Hospital ED improvement	Finance & Performance
Emergency		groups, Operational	Committee
Care		Management Group	
Finance	CFO	CIP and BCSP	Finance & Performance
			Committee
Specialised	СМО	Specialised services	Patient & Quality
services			Committee
Surgery	COO/	Rightsizing theatre capacity	Finance & Performance
	CMO	steering group	Committee

All risks have been reviewed and assimilated within business as usual or closed. A quarterly report on progress against the ambitions of the SIP will be produced for the Board and for the NHS Sussex ICB and NHSE to provide assurance, and a

monthly highlight report for each work stream will be produced until there is assimilation with the delivery and deployment of the new Trust Strategy.

#### 2.3 Conclusion

Reasonable progress has been made during the reporting period including the reduction in the waiting list, progress against CQC actions and assimilation of plans into business-as usual governance, subject to Board approval of the cessation of the SIP committee. Work streams which are off track, including cancer targets, UEC and clinical guidelines have established plans and governance arrangements to enable delivery. Priorities for the next reporting period are establishing new reporting arrangements and enabling assimilation of the improvement plans into the new strategy arrangements in Q1 2025/26.

#### 3. Recommendations

It is recommended that the Board:

- i. NOTE the content of the report.
- ii. APPROVE the dis-establishment of the fixed term Single Improvement Plan committee and plans for assimilation into business as usual.



Agenda Item: 10.	Meeting:	Trust Boar	Trust Board in Public Meeting 3 Date:									
Report Title: NHS Sta	ff Survey 20	24		Datoi								
Sponsoring Executive Dire			wett, Chief Culture & C	Organisation Deve	lopment Officer							
			ntham, Chief People C		•							
Author(s):		Faye Heffe Elea Drews	Sandi Drewett, Chief Culture & Organisation Development Officer Faye Heffernan, HWB & Engagement Programme Manager Elea Drews-Windeck, Inclusion Manager, Data & Reporting Analyst - Workforce Inclusion, Engagement and Wellbeing									
Report previously considerand date:	ered by	People and Culture Committee will discuss on 25 March 2025										
Purpose of the report:												
Information		Yes	Assurance		Yes							
Review and Discussion		Yes	Approval / Agreemer	nt	Yes							
Reason for submission to	Trust Boar	d in Private	in Private only (where relevant):									
Commercial confidentiality		N/A	Staff confidentiality		N/A							
Patient confidentiality		N/A	Other exceptional cir	cumstances	N/A							
Link to ICB / Trust Annual	Plan											
Link to ICB Annual Plan	Yes	Link to Annua										
Implications for Trust Stra	tegic Them	nes and any link to Board Assurance Framework risks										
Sustainability	Yes											
People	Yes	seven N Engage	The Annual NHS Staff Survey provides a measure against seven NHS People Promises and two Themes: Morale and Engagement, linking to our People True North Objective to the top 20% percentile for Staff Engagement in our benchmaroup.									
Patient & 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 rep	orting requ	irement										

All NHS Trusts are required to participate in the Annual NHS Staff Survey plus an additional 3 pulse surveys which run January, April and July. UHSussex contracts an external Provider (Iqvia) to administer the Annual Staff Survey on their behalf.

All full and part-time staff who were directly employed by the organisation on 1<sup>st</sup> September 2024 were eligible to participate in the survey.

Results are benchmarked with 122 comparator Acute Providers and Community Trusts.

#### **Communication and Consultation:**

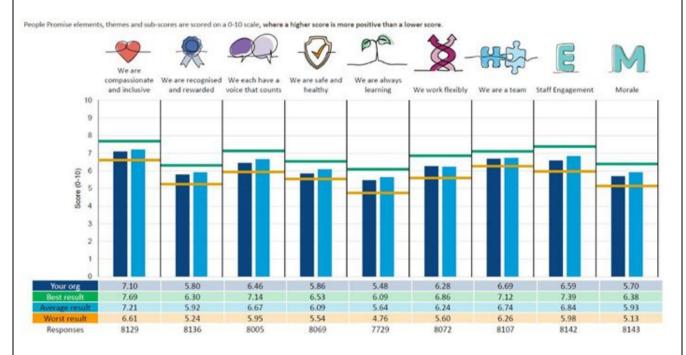
N/A

**Executive Summary:** 

NHS Staff Survey 2024 25 March 2025 The NHS National Staff Survey 2024, conducted in autumn 2024 was published on 13 March 2025. It provides insights into the experiences of UHSussex staff in comparison with other NHS staff across England. With responses from 47% of staff (8191 staff, a slight decrease from 2023) the survey aligns with the NHS People Promise and tracks key Themes such as morale, equality, and staff engagement.

#### Overview

Following a significant increase in 8 out of 9 people promise themes in 2023 and both engagement and morale themes, 2024 has seen University Hospital Sussex remain broadly stable across the people promise themes with the exception of 'we work flexibly' which is above the national average and has increased significantly in 2024. Whilst staff Morale has slightly increased since 2023 Staff engagement has decreased significantly since 2023.



The primary reason for the decrease in engagement scores is in advocacy scores and staff recommending the Trust as a place to receive treatment and work.

The report attached details performance in the following key areas and was an item on the agenda of the People and Culture Committee on 25 March 2025:

- Executive Summary
- Key themes and free text comments
- Overall Scores in comparison to national benchmark group
- Trust Performance against 2023 scores
- Cultural Heatmap
- Analysis by Group (Division, Staff Group)
- · WRES and WDES results
- Next Steps

NHS Staff Survey 2024 25 March 2025 The data from the survey will inform the People element of the new Trust strategy and the 'year 1' delivery plans supporting this, covering the People Promises (the Trust People Plan), Culture Programme and refreshed EDI strategy being overseen through the P&CC.

#### **Key Recommendation(s):**

1. The Board is invited to <u>note</u> the staff survey results and <u>take assurance</u> from the People and Culture Committee that plans are in place for addressing issues identified as part of 25-26 planning.

University Hospitals Sussex
NHS Foundation Trust

**National NHS Staff Survey 2024** 

Results summary

11th March 2025

# **Executive Summary**



- The 2024 NHS Staff Survey ran from Sept to Nov 2024. UHSussex was slightly below the 2023 participation score, achieving 47% (8,191 colleagues) in 2024.
- The results presented here are benchmark against NHS sector Acute and Acute and Community (122 Trusts)
- Following a significant increase in 6/7 People Promises and 2/2 Themes in 2023, UHSussex scores have remained stable in 2024.
- Of the 7 People Promises, 'We Work Flexibly' significantly improved from 2023 and is above the national average. 6/7 were static (little change) versus 2023 and remained worse than the NHS average score. However, no UHSussex areas declined against a nationally improving score. 'Reward and Recognition' and 'We are a Team' improved for UHSussex and declined nationally.
- Of the 2 Themes; both are below the national average. Morale marginally increased from 2023. Both UHSussex and national scores for Staff Engagement decreased (significantly) from 2023 (0.7%).
- The primary driver for the reduction in Staff Engagement is advocacy for the care that staff are able to provide and that staff would be happy if a friend or relative needed treatment.
- 3/4 WRES (Workforce Race Equality) metrics indicate an improvement in score from 2023. 2/4 WRES metrics indicate better results compared to the national average.
- WDES (Workforce Disability Equality) metrics indicate mixed results 5/8 better for staff with a Long Term Condition compared to 2023. 1/8 scores better than national average

Analysis includes 'heatmaps' to help identify issues and variation across Divisions and staff groups

a voice that

Reople Promise

# **Key Messages**



- The overall picture for our 2024 results show we are in a 'steady state' with gradual improvements over the last 3 years. However, there are consistent themes shown the free text comments which could provide a narrative and account for the overall decrease in advocacy (engagement) scores.
- The primary driver for the reduction in Staff Engagement is advocacy for the care that staff are able to provide and that staff would be happy if a friend or relative needed treatment.
- The increase in activity and changes in service delivery, have increased operational pressure and there is an opportunity to focus on improving the hygiene factors that demonstrate we care about our staff and the issues that get in the way of delivering quality care and prioritise people management and engagement.

# **Bright Spots:**

- Women's and Children's and Surgery PRH/RSCH
- Historically the Trust has always scored better in 'we work flexibly'. We have again increased in this area,
  This could be due to the implementation of self-rostering which has received positive feedback and the
  introduction of flexible working as part of the appraisal. These visible initiatives have enabled us to
  progress faster.

a voice that

People Promis

NHS / UHSussex Staff Survey Results

# What does it feel like to work at UHSussex



# Positive free text comments:

"I always look forward to come to work & I love my team ... my ward manager has been a source of inspiration to me"

"It's a huge organisation now but things are starting to look brighter and more positives – lots of green shoots appearing"

"I am very very happy at A&E ... the staff (family) always pull through together and always there for one another"

"Overall, I really like it here all the credits should go to my team" "I have worked here many years and still think we have a lovely atmosphere here ... I hope we never forget about the importance of the little things"

"I am very happy with my immediate management, they will listen and they really care ... I can approach them with my problems and concerns"



# What does it feel like to work at UHSussex



# **Negative free text comments:**

"I do not feel management in the team recognise my existence" "Access to food on shift can be very challenging. When you're hungry, tired and unable to find food – it can really impact my day"

"It is physically and mentally exhausting to try to just keep the patients safe each shift" "I find my job really rewarding but the working environment which consists of caring for patients in dirty corridors with appalling nursing ratios is very difficult"

"Senior managers [...] known for their intimidating behaviour and it's therefore unsurprising that staff are reluctant to raise complaints"

"I would like senior managers when making decisions to think about staff and patient impact and how it affects the department"



# **Participation 2024**



 Our staff dedicated over 2000 hours to completing the 2024 NHS Staff Survey—the equivalent of a fulltime working year.



# University Hospitals Sussex NHS Foundation Trust Organisation details Completed questionnaires 8191 2024 response rate 47% 2024 benchmarking group details Organisations in group: 122 Median response rate: 49% No. of completed questionnaires: 532587

a voice that counts

# People Promises

# **People Promise / Themes - outline**

University Hospitals Sussex

10. NHS / UHSussex Staff Survey Results

 7 People Promises and 2 Themes which are made up of key staff survey questions and scored out of 10 (10 being the highest)

# PP1: We are compassionate and inclusive

PP1_1	Compassionate	culture
PP1 2	Compassionate	leadershi

PP1\_3 Diversity and equality

PP1\_4 Inclusion

PP2: We are recognised and rewarded

#### PP3: We each have a voice that counts

PP3\_1 Autonomy and control

PP3\_2 Raising concerns

## PP4: We are safe and healthy

PP4\_1 Health and safety climate

PP4 2 Burnout

PP4\_3 Negative experiences e

# PP5: We are always learning

PP5\_1 Development PP5\_2 Appraisals

### PP6: We work flexibly

PP6\_1 Support for work-life balance

PP6\_2 Flexible working

#### PP7: We are a team

PP7\_1 Teamworking

PP7\_2 Line management

# **E:** Engagement

E\_1 MotivationE\_2 InvolvementE\_3 Advocacy

#### M: Morale

Themes

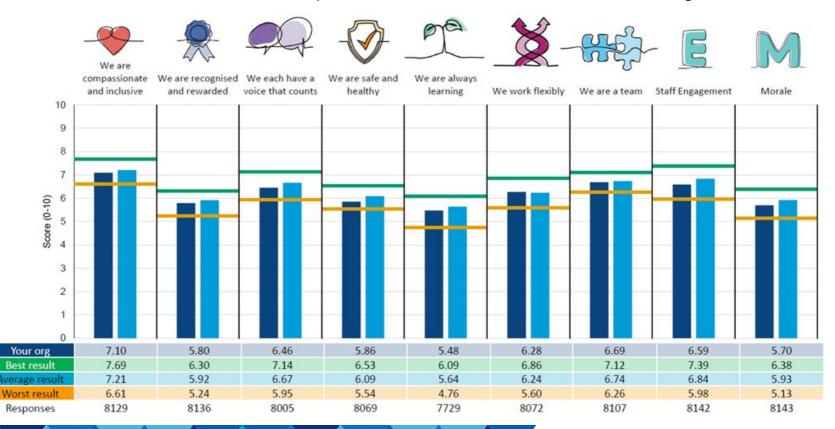
M\_1 Thinking about leaving
M\_2 Work pressure
M\_3 Stressors



# **People Promise / Themes – summary results**

University Hospitals Sussex
NHS Foundation Trust

The Trust is at above average for 1 (We Work Flexibly) and below average for the remaining 8
People Promises/Themes, when compared to the national NHS Trust average.



# **People Promise / Themes - changes**



- The majority people promises/themes remained stable from improvements in 2023.
- 'We work flexibly' scored significantly higher (better) than in 20223.
- 'Staff Engagement' scored significantly lower (worse) than in 2023

People Promise elements	2023 score	2023 respondents	2024 score	2024 respondents	Statistically significant change?
We are compassionate and inclusive	7.12	8406	7.10	8129	Not significant
We are recognised and rewarded	5.75	8419	5.80	8136	Not significant
We each have a voice that counts	6.48	8319	6.46	8005	Not significant
We are safe and healthy	5.84	8334	5.86	8069	Not significant
We are always learning	5.41	7927	5.48	7729	Not significant
We work flexibly	6.19	8347	6.28	8072	Significantly higher
We are a team	6.64	8383	6.69	8107	Not significant
Themes					
Staff Engagement	6.66	8416	6.59	8142	Significantly lower
Morale	5.68	8422	5.70	8143	Not significant

<sup>\*</sup> Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

Please apply caution when referring to these significance tests, they are carried out by the Survey co-ordination centre.

# **People Promise / Themes – comparison to NHS**



- The Trust improved scores in 2024 for 6 of the People Promises/Themes and worsened for the remaining 3. Nationally, our comparator group improved in 4 in and declined in 5.
- The Trust has improved against a national decline in Reward and Recognition and We are a Team. There
  are no areas where The Trust has declined against a nationally improving score.

People Promises & Themes	UHSx %	UHSx %	UHSx Variance 2023 vs 2024	National Avg (Acute and Acute and Community Trusts) n122	National Avg (Acute and Acute and Community Trusts) n122	National average Variance (Change) 2023 vs 2024	Variance (Gap) UHSx 2024 vs. National avg 2024	
	2023	2024		2023	2024	2 3	Z	ı
PP1 We are compassionate and inclusive	7.12	7.10	-0.02	7.24	7.21	-0.03	-0.11	
PP2 We are recognised and rewarded	5.75	5.80	0.05	5.94	5.92	-0.02	-0.12	
PP3 We each have a voice that counts	6.48	6.46	-0.02	6.70	6.67	-0.03	-0.21	
PP4 We are safe and healthy	5.84	5.86	0.02	6.08	6.09	0.01	-0.23	
PP5 We are always learning	5.41	5.48	0.07	5.62	5.64	0.02	-0.16	
PP6 We work flexibly	6.19	6.28	0.09	6.20	6.24	0.04	0.04	- /
PP7 We are a team	6.64	6.69	0.05	6.75	6.74	-0.01	-0.05	
E Staff engagement	6.66	6.59	-0.07	6.91	6.84	-0.07	-0.25	
M Morale	5.68	5.70	0.02	5.90	5.93	0.03	-0.23	we
							a voic count	e that s

# **People Promise Sub-Scores - heatmap**



People Promises & Themes Sub-Scores	UHSx %	UHSx %	UHSx Variance 2023 vs 2024	NHS National Average % 2024	Variance (Gap) UHSx vs. Nat. Avg.
M_2 Work pressure	4.91	4.90	-0.01	5.36	-0.46
E_3 Advocacy	6.46	6.27	-0.18	6.70	-0.43
PP1_1 Compassionate culture	6.79	6.66	-0.12	7.05	-0.39
PP3_2 Raising concerns	6.11	6.05	-0.06	6.38	-0.33
PP4_1 Health and safety climate	5.17	5.18	0.00	5.49	-0.31
PP5_2 Appraisals	4.50	4.62	0.11	4.86	-0.24
PP4_2 Burnout	4.80	4.84	0.03	5.01	-0.17
E_1 Motivation	6.87	6.82	-0.04	6.98	-0.16
PP4_3 Negative experiences	7.59	7.64	0.05	7.79	-0.15
E_2 Involvement	6.72	6.71	-0.01	6.83	-0.12
PP1_3 Diversity and equality	7.97	7.97	0.00	8.08	-0.11
M_1 Thinking about leaving	5.93	5.96	0.03	6.04	-0.08
PP3_1 Autonomy and control	6.89	6.89	0.00	6.96	-0.07
PP7_2 Line management	6.69	6.76	0.07	6.82	-0.06
M_3 Stressors	6.30	6.32	0.02	6.38	-0.06
PP7_1 Teamworking	6.62	6.61	-0.01	6.67	-0.06
PP1_2 Compassionate leadership	6.85	6.92	0.07	6.98	-0.06
PP5_1 Development	6.39	6.36	-0.03	6.40	-0.04
PP6_1 Support for work-life balance	6.22	6.30	0.08	6.30	0.00
PP1_4 Inclusion	6.88	6.85	-0.03	6.81	0.04
PP6_2 Flexible working	6.19	6.26	0.07	6.17	0.09

- The Trust **exceeded or matched the NHS** average for 3 subthemes 'Flexible Working', 'Inclusion' and 'Support for worklife balance'
- The Trust improved or remained largely stable from 2023 for 14 sub-scores (67%), while decreasing for the remaining subscores.
- The Trust closed the gap in 6 sub-scores despite remaining below average.
- The Trust widening the gap with the NHS average for 8 sub-scores.



# **Survey Questions – most declined**

Question number & Text	2023 Base Size	2023 Score	2024 Base Size	2024 Score	2024 VS 2023	Score Comparison 2023 vs 2024
25d - If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation (Agree/Strongly agree).	8369	59.96%	8070	55.42%	(4.54%)	Negative Change in 2024 compared to 2023
25a - Care of patients / service users is my organisation's top priority (Agree/Strongly agree).	8381	70.68%	8089	67.23%	(3.46%)	Negative Change in 2024 compared to 2023
24b - There are opportunities for me to develop my career in this organisation (Agree/Strongly agree).	8380	55.99%	8095	53.64%	(2.35%)	Negative Change in 2024 compared to 2023
03h - I have adequate materials, supplies and equipment to do my work (Agree/Strongly agree).	8357	51.33%	8077	49.13%	(2.21%)	Negative Change in 2024 compared to 2023
25f - If I spoke up about something that concerned me I am confident my organisation would address my concern (Agree/Strongly agree).	8358	42.27%	8068	40.10%	(2.17%)	Negative Change in 2024 compared to 2023
25c - I would recommend my organisation as a place to work (Agree/Strongly agree).	8372	54.38%	8088	52.26%	(2.12%)	Negative Change in 2024 compared to 2023
19d - We are given feedback about changes made in response to reported errors, near misses and incidents (Agree/Strongly agree).	7421	54.13%	7131	52.10%	(2.03%)	Negative Change in 2024 compared to 2023
25e - I feel safe to speak up about anything that concerns me in this organisation (Agree/Strongly agree).	8358	58.32%	8057	56.62%	(1.69%)	Negative Change in 2024 compared to 2023
08c - The people I work with are polite and treat each other with respect (Agree/Strongly agree).	8362	71.88%	8104	70.20%	(1.68%)	Negative Change in 2024 compared to 2023

Presentation title 12

# **Survey Questions – most improved**

	,						
Question number & Text	2023 Base Size	2023 Score	2024 Base Size	2024 Score	2024 V5 2	2023	Score Comparison 2023 vs 2024
23a - In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review (Yes).	8283	82.88%	8060	86.07%	3.	19%	Positive Change in 2024 compared to 2023
09c - My immediate manager asks for my opinion before making decisions that affect my work (Agree/Strongly agree).	8378	57.02%	8108	58.49%	1.	47%	Positive Change in 2024 compared to 2023
09f - My immediate manager works together with me to come to an understanding of problems (Agree/Strongly agree).	8378	66.54%	8106	67.94%	1.	39%	Positive Change in 2024 compared to 2023
04d - The opportunities for flexible working patterns (Satisfied/Very satisfied).	8366	56.44%	8105	57.83%	1.	39%	Positive Change in 2024 compared to 2023
07b - The team I work in often meets to discuss the team's effectiveness (Agree/Strongly agree).	8384	60.48%	8098	61.83%	1.	35%	Positive Change in 2024 compared to 2023
09d - My immediate manager takes a positive interest in my health and well-being (Agree/Strongly agree).	8402	69.20%	8108	70.50%	1.	30%	Positive Change in 2024 compared to 2023
06c - I achieve a good balance between my work life and my home life (Agree/Strongly agree).	8378	56.08%	8101	57.15%	1.	08%	Positive Change in 2024 compared to 2023
31b - Has your employer made reasonable adjustment(s) to enable you to carry out your work (Yes).	1257	73.75%	1213	74.77%	1.	03%	Positive Change in 2024 compared to 2023
06b - My organisation is committed to helping me balance my work and home life (Agree/Strongly agree).	8403	46.71%	8111	47.73%	1.	02%	Positive Change in 2024 compared to 2023

10. NHS / UHSussex Staff Survey Results

# **Survey Questions - Staff Engagement**



	Staff Engagement Questions	UHSx %	UHSx %	UHSx Variance 2023 vs 2024	NHS National Average % 2023	NHS National Average % 2024	Variance (Gap) UHSx vs. Nat. Avg.
<u>::</u>	2a - I look forward to going to work % of staff selecting 'Often'/'Always' out of those who answered the question	50.40%	50.05%	-0.35%	55.07%	54.19%	-4.14%
Sub-scale: Motivation	2b - I am enthusiastic about my job % of staff selecting 'Often'/'Always' out of those who answered the question	65.05%	64.04%	-1.01%	69.49%	67.95%	-3.91%
ਲ ≥	2c - Time passes quickly when I am working Staff selecting Often/Always	71.50%	70.17%	-1.33%	72.36%	70.90%	-0.73%
e: ent	3c - There are frequent opportunities for me to show initiative in my role % of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question	72.04%	71.15%	-0.89%	73.76%	73.20%	-2.05%
Sub-scale: Improvement	3d - I am able to make suggestions to improve the work of my team / department % of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question	71.17%	70.62%	-0.55%	71.46%	70.60%	0.02%
ν <u>π</u>	3f - I am able to make improvements happen in my area of work % of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question	54.13%	54.00%	-0.13%	56.31%	55.73%	-1.73%
taff	25a - Care of patients / service users is my organisation's top priority % of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question	70.48%	66.82%	-3.66%	74.95%	74.42%	-7.60%
Sub-scale: Staff Advocacy	25c - I would recommend my organisation as a place to work % of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question	53.75%	51.68%	-2.07%	60.53%	60.90%	-9.22%
Sub-s	25d - If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation % of staff selecting 'Agree'/Strongly Agree' out of those who answered the question	59.54%	54.79%	-4.75%	63.34%	61.54%	-6.75%

- The Trust scored lower than in 2023 on all questions within the staff engagement theme.
- The key area for concern is the deterioration about patient care.
- The affinity that staff have for their teams, immediate managers and colleagues is reflected in key questions that are above the national average.
- Our staff scores on bullying and harassment are not an outlier, however this is in a context of experiencing more violences, abuse, harassment and discrimination from patients and their carers than the national average.

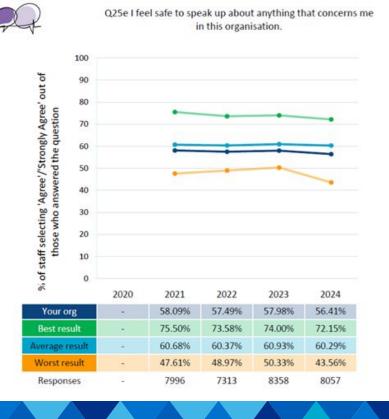


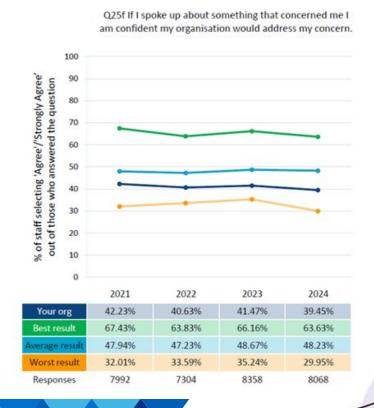
# **Speaking Up**



a voice that counts

- The Trust is consistently scoring lower than the national average.
- We continue to be challenged on our staff witnessing errors and near misses, feeling confident to raise concerns,





# **Divisional results – summary**



- The table below outlines the divisional position W&C are the most improved division
- Medicine (WOR & SRH) and Surgery (WOR & SRH) are the most declined divisions from last year

Division Heatmap	Comp nat	PP1: PP2: Compassio Recognised nate & & Inclusive Rewarded		that Counts			Safe & Ithy	Always Learning		PP6: Work Flexibly		PP7: Teamwork		Engagemen t		Mo	rale	
	2023	2024	2023	2024	2023	2024	2023	2024	2023	2024	2023	2024	2023	2024	2023	2024	2023	2024
Cancer	7.13	7.19	5.84	5.96	6.60	6.54	5.80	5.90	5.35	5.54	6.08	6.12	6.61	6.73	6.67	6.66	5.62	5.75
Corporate	7.16	7.14	6.03	6.12	6.46	6.44	6.35	6.38	5.18	5.36	6.59	6.73	6.72	6.85	6.66	6.60	5.96	5.97
CSS	7.03	7.08	5.46	5.59	6.31	6.27	5.64	5.66	5.14	5.13	5.80	6.01	6.49	6.63	6.46	6.37	5.29	5.36
Facilities & Estates	7.14	6.99	6.14	5.92	6.63	6.52	6.63	6.51	5.13	5.17	6.40	6.28	6.50	6.40	6.89	6.71	6.31	6.13
Medicine (RSCH & PRH)	7.11	7.15	5.76	5.86	6.56	6.59	5.37	5.48	5.75	5.97	6.57	6.72	6.91	6.95	6.65	6.68	5.53	5.73
Medicine (WOR & SRH)	7.27	7.05	5.74	5.61	6.72	6.52	5.38	5.20	6.01	5.94	6.33	6.17	6.91	6.76	6.85	6.60	5.63	5.37
Specialist	7.18	7.08	5.79	5.81	6.55	6.48	5.72	5.68	5.63	5.67	6.32	6.22	6.73	6.67	6.81	6.68	5.75	5.70
Surgery (RSCH & PRH)	7.00	7.04	5.58	5.67	6.40	6.51	5.73	5.79	5.76	5.83	6.15	6.27	6.65	6.74	6.51	6.56	5.66	5.69
Surgery (WOR & SRH)	7.06	6.87	5.61	5.53	6.45	6.19	5.89	5.86	5.60	5.23	5.98	6.04	6.57	6.37	6.72	6.43	5.83	5.73
Womens & Childrens	7.19	7.35	5.60	5.78	6.49	6.69	5.64	5.81	5.20	5.40	5.72	5.94	6.49	6.71	6.68	6.82	5.46	5.72
UHSussex Total	7.12	7.10	5.75	5.80	6.50	6.47	5.85	5.88	5.45	5.50	6.20	6.28	6.65	6.60	6.68	6.60	5.71	5.73



# **Cultural Heatmap by Division**



- Although there is a wide variation in scores across all cultural indicators (between 46% 74%), Organisational Integrity is the key area for focus.
- There are wide variations by Division on staff understanding the Trust's future plans and how they fit into them.

2024 Scores Only (higher scores = better)	N	Employee Voice	Engaging Managers	Organisational Integrity	Strategic	Hospitals Sussex plans for success (Agree/Strongly	I understand the University Hospitals Sussex plans for success (Agree/Strongly agree).
Chief Governance Officer	68	71%	74%	54%	59%	46%	53%
Chief Medical Officer	137	69%	72%	51%	64%	40%	41%
Chief Nurse	95	68%	68%	44%	57%	37%	40%
Chief People Officer	300	66%	66%	46%	58%	30%	36%
Womens & Childrens Division	898	66%	60%	46%	61%	26%	29%
Medicine (RSCH & PRH) Division	695	64%	65%	50%	60%	36%	39%
Surgery (RSCH & PRH) Division	972	63%	62%	47%	57%	30%	34%
Cancer Division	428	63%	62%	45%	56%	28%	32%
CSS Division	1083	62%	59%	39%	54%	18%	21%
Specialist Division	592	62%	61%	49%	57%	32%	36%
Chief Financial Officer	166	61%	64%	49%	56%	42%	43%
Medicine (WOR & SRH) Division	681	61%	61%	49%	57%	32%	35%
Chief Operating Officer	399	57%	60%	46%	58%	32%	41%
Surgery (WOR & SRH) Division	558	57%	55%	41%	56%	25%	28%
Facilities and Estates	870	56%	58%	47%	59%	44%	45%
Chief Strategy Officer	210	46%	56%	41%	53%	30%	35%
					_	We each ha a voic count	e that

# **Staff Group results – summary**



• There are wide variations between staff groups, the most improved group are Medical and Dental and Nursing and the most declined group is estates and ancillary.

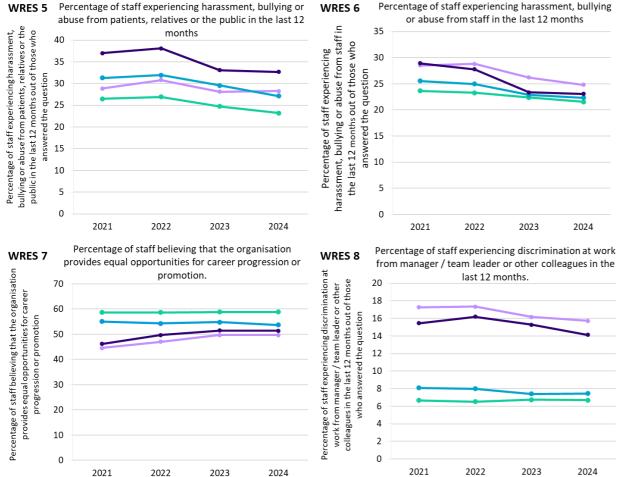
Staff Group Heatmap	nate & Inclusiv		Compassio nate & Inclusive		Rewarded		PP3: Voice that Counts				PP5: Always Learning		PP6: Work Flexibly		PP7: Teamwork		Engagemen t		Morale	
	2023	2024	2023	2024	2023	2024	2023	2024	2023	2024	2023	2024	2023	2024	2023	2024	2023	2024		
Add Prof Scientific and Technic	6.91	7.01	5.42	5.66	6.20	6.19	5.48	5.6	4.95	4.94	5.49	5.56	6.43	6.45	6.28	6.25	5.16	5.13		
Additional Clinical Services	7.29	7.28	5.74	5.69	6.69	6.61	6.02	5.97	5.71	5.74	6.47	6.49	6.78	6.8	6.90	6.78	6.04	6		
Administrative and Clerical	7.20	7.14	6.04	6.02	6.50	6.42	6.33	6.33	5.11	5.18	6.63	6.65	6.71	6.74	6.67	6.54	5.97	5.92		
Allied Health Professionals	7.15	7.11	5.63	5.66	6.43	6.34	5.52	5.48	5.32	5.31	5.90	5.98	6.61	6.73	6.60	6.47	5.29	5.26		
Estates and Ancillary	7.13	6.93	6.11	5.86	6.62	6.5	6.64	6.49	5.10	5.06	6.37	6.2	6.46	6.29	6.89	6.68	6.32	6.13		
Healthcare Scientists	6.66	6.78	5.38	5.43	6.05	6.03	5.47	5.44	4.80	4.82	5.43	5.74	6.00	6.15	6.30	6.19	5.00	5.02		
Medical and Dental	6.67	6.68	5.37	5.79	5.72	5.74	5.31	5.37	4.82	5.11	5.27	5.57	6.17	6.2	5.93	5.97	5.11	5.25		
<b>Nursing and Midwifery Registered</b>	7.16	7.16	5.65	5.74	6.65	6.7	5.46	5.56	5.93	5.96	6.16	6.25	6.82	6.87	6.79	6.79	5.52	5.63		
Students		7.01		5.35		6.41		5.01		6.38		6.18		6.72		6.08		5.27		
UHSussex Total	7.12	7.10	5.75	5.80	6.50	6.47	5.85	5.88	5.45	5.50	6.20	6.28	6.65	6.60	6.68	6.60	5.71	5.73		

We each have a voice that counts

People Promise

# **Workforce Race Equality Standard**





- White staff: UHSussex

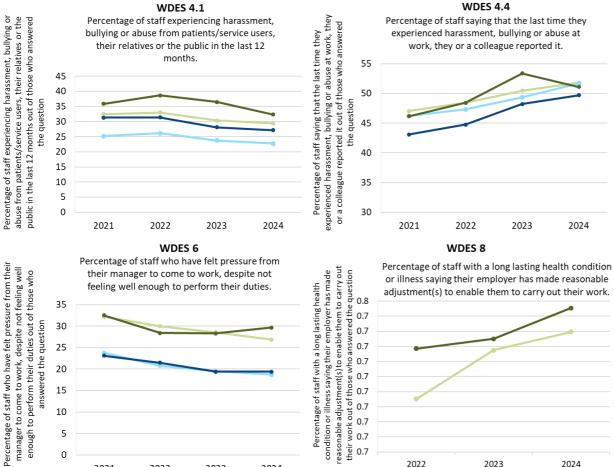
  All other ethnic groups\*: UHSussex

  White staff: National Average

  All other ethnic groups\*: National Average
- WRES 6, 7 & 8 indicate less difference in results between minority ethnic and white staff (better) than the national average
- WRES 5 indicated a larger difference (worse) than the national average
- WRES 7 and 8 indicate a narrowing gap in score between minority ethnic and white staff (improvement) from 2023
- WRES 5 and 6 indicate a widening gap (worse) from 2023

# **Workforce Disability Equality Standard**





2022

2023

2024

- Staff with a LTC or illness: UHSussex Staff without a LTC or illness: UHSussex Staff with a LTC or illness: National Average Staff without a LTC or illness: National Average
- WDES 4.1 indicated a smaller difference in score (better) than the national average
- WDES 4.4 and 6 indicated a larger difference in scores (worse) than the national average
- · WDES 4.4 indicated the largest decrease in scores compared to 2023 (worse) and WDES 6 the largest increase (worse)
- WDES 8 a larger percentage of reasonable adjustments

2021

2022

2023

2024

# **Next Steps**



Action	When	Lead	Status
Results communicated to Trust colleagues once embargo lifts	13 March	Comms / Health, Wellbeing and Engagement Team	In progress
Division / Directorate / Team / Site results available on Compass BI.	13 March	BI Team Data & Reporting Analyst	Completed. Released once embargo lifts
Report to People and Culture Committee detailing national results	25 March	Chief People officer Chief OD and Culture Officer	In progress
Divisional results communication and posters launched	28 March	Divisional leadership Team HR Business Partners	In progress
Detailed analysis, cultural heatmap, analysis of free text comments	March - May	Leadership and OD Team	Commence March 25
Divisional focus groups / revision to actions plans as appropriate	March - May	Divisional leadership Team HR Business Partners	Commence March 25

10. NHS / UHSussex Staff Survey Results



Agenda Item: 11.	Meeting:	Trust Board in Public		Meeting Date:	31 March 2025			
Report Title: 2024/25 - Quarter 4 BAF								
Sponsoring Executive Director:								
Author(s):	Company Secretary							
Report previously considerand date:	The proposed quarter 4 BAF was considered by the Audit Committee 21 January and the BAF allocated risks were considered by each Board Committee in their meeting in the last week of January 2025.							
Purpose of the report:								
Information		N/A Yes	Assurance		Yes			
	eview and Discussion		Approval / Agreement		Yes			
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 Yes Annual Plan		'es				
Implications for Trust Strategic Themes and any link to Board Assurance Framework risks								
Patient	Yes	Yes The BAF covers the strategic risks for this domain.				ain.		
Sustainability	Yes	Yes The BAF covers the strategic risks for this domain.						
People	Yes	Yes The BAF covers the strategic risks for this domain.						
Quality	Yes	3						
Systems and Partnerships	Yes	The BAF covers the strategic risks for this domain.				ain.		
Research and Innovation	Yes	The BAF covers the strategic risks for this domain.						
Link to CQC Domains:								
Safe	Yes		Effective			Yes		
Caring	Yes		Responsive		Yes			
110.1100		Yes	Use of Resources			Yes		
Regulatory / Statutory rep	Regulatory / Statutory reporting requirement							

The Trust is required to have an effective system of governance, risk management and internal control for which an effective BAF is key component. Commentary on the effectiveness of these processes is required

within the Trust's annual governance statement and is subject to audit review and comment.

#### **Communication and Consultation:**

#### Report:

#### Introduction

The purpose of this report is to provide assurance to the Board that the Trust's Board Assurance Processes have been applied across the quarter. These processes see the respective executive leads for each strategic risk undertake a review of the assurances received and consider as to what they say in respect of the controls in place to reduce the specific strategic risk. In considering this information along with the progress against the key actions the Executive then determine the current risk score and if further actions are needed to address identified control or assurance gaps. The Executive view is then shared with the respective allocated oversight Committee for each strategic risk who consider this view in the context of the reports and assurances they have received and considered. Complementing these reviews is the work of the Audit Committee that consider the underpinning processes.

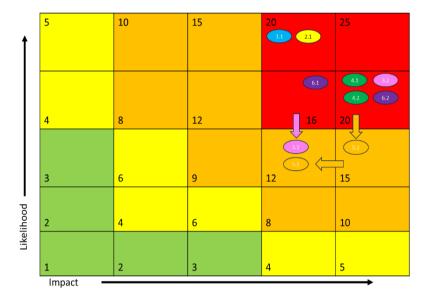
**2024/25 Quarter 4 BAF report to Board** March 2025



#### **Quarter 4 BAF Overview and Context**

For each segment of the BAF the respective lead executive has considered their risks along with the supporting highly scored and corporate risks when determining the quarter 4 score, which have been scrutinised by their respective oversight committee.

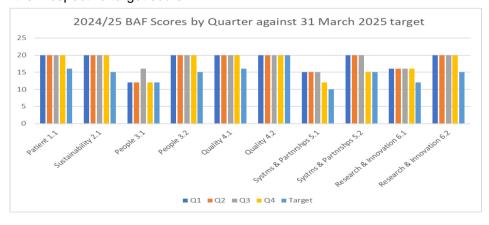
In January, the opening quarter 4 scores were determined for each of the 10 strategic risks, these were considered by each of the respective Board Committees and the Board who agreed at their meeting in February that for three risks their score would reduce in quarter 4, this is show pictorially below.



The BAF has recorded the receipt of assurances with the most prominent mix of management and executive assurance being provided, however there has been a number of externally provided assurance from Internal Audit, the Guardian Service, FFT results etc. Whilst there were a small number of sources of expected assurance for quarter 4 which did not materialise, these are not felt to impact on the quarter 4 scores

During March the Executives have reviewed the assurances received and have confirmed that those reduced scores were valid, thus resulting in seven of the ten strategic risks being scored as significant at the year end.

Below is a summary chart showing for the 10 Strategic Risks their quarter 4 scores and the distance from their respective target score.



**2024/25 Quarter 4 BAF report to Board**March 2025



#### Recommendations

### The Board is recommended

- to **NOTE** that the continued application of the Trust's BAF oversight processes by the Executive team.
- to **NOTE** there is no change to the quarter 4 scores agreed by the Board
- to AGREE that the Trust's 2024/25 annual report will reflect these risks and the actions taken over the year which were reported via the respective Committees to the Board.



Agenda Item: 12.	Meeting:	Trust Boar	rd in Public	Meeting Date:	31 March 2025				
Report Title: Compa	Title: Company Secretary Report								
Author(s):		Company	Secretary						
Report previously consi	dered by								
and date:									
Purpose of the report:									
Information		Yes	Assurance		N/A				
Review and Discussion		N/A	Approval / Agreement		Yes				
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	o 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	s 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 Trusts are required to establish and maintain an effective Board and systems of governance.									

#### **Communication and Consultation:**

#### Report:

#### The Trust's Constitution

Periodically a review of the Constitution (appendix 1) is undertaken by the Company Secretary. Following the latest review the following revisions are recommended (noting these have been agreed by the Council of Governors at their meeting in February)

- Throughout the document the removal of gender specific references such as he, this change does not change the meaning of those sentences
- Within Annex 4 the removal of a formal deputy lead governor. No such position has been held since before 2021. The Council has been able to function effectively without such a role and in reality, if the lead governor was unable to perform their role, then an interim Lead Governor would be sought to be elected.
- Within Annex 4, whilst the standards of behaviors and conduct are referenced in the Constitution through the broad requirement to meet the Trust's values and behaviors and it is clear on certain elements that are not acceptable which include having been provided a sanction for violence against our staff see 3.3.11, the latest version is proposing to add to this other explicit issues that would exclude them from being eligible, this being as a member of the public has been the subject to any form of review or investigation that has resulted in an exclusion, or any form of restriction placed on their access to any part of the Trust premises and or its staff; (see new 3.3.12).
- An additional annex (annex 10) has been added to have in one place the details of where key decisions are taken in respect of the Board and its Committees.

Company Secretary Report March 2025

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#### **Governor Election update**

At the last Board meeting in February information was provided informing the Board that the election for the staff governor position for the Royal Sussex County Hospital was underway. The election concluded, with Zingiswa Thetho returned. The Trust's Governor and Membership Manager is arranging their induction.

We are to commence elections for public governors for the constituencies of Adur, Arun and Worthing and the vacant position for the Chichester constituency, with nominations being sought by the 2 May to then allow elections to be run with results planned for the 19 June. We will again be offering drop-in sessions to aloe members to better understand the role of a governor, answer questions with a view to encouraging them to stand.

#### Recommendations

The Board is recommended to

**APPROVE** the revisions to the Trust Constitution, noting that the Council of Governors had given their required approval to these revisions at their meeting in February.

**NOTE** the outcome of the Staff Governor election and the commencement of the elections for 4 public governors.



APPENDICES

# Trust Board in Public 31 March 2025

**APPENDICES** 

11. Surgery & Critical Care RSCH PRH - RCS Response

# Royal College of Surgeons of England invited review Update



Updates provided on 31 January 2025 by University Hospitals Sussex NHS Foundation Trust on actions taken to address the recommendations made in the Royal College of Surgeons of England (RCS England) report issued on 17 January 2024. This report was on the general surgery department, with a focus on emergency general surgery, upper gastrointestinal surgery and lower gastrointestinal surgery, following the RCS England invited service review commissioned by the Trust and undertaken on 24-26 May 2023.

# Urgent recommendations made in the RCS England report to address patient safety risks.

The recommendations below were considered to be highly important actions for the healthcare organisation to take to ensure patient safety is protected.

#### Recommendation

 The Trust should review the contents of this report and discuss them with all relevant staff within the general surgery department and the Trust. Prior to doing so, the Trust should consider its obligations towards staff in relation to confidentiality, and to patients in relation to GDPR<sup>1</sup>.

Update provided 31 January 2025 by the Trust on actions taken  The RCS review was received on 17 January 2024 and the content shared in full with the General Surgery department by email on 5 February 2024. An opportunity was provided for staff to discuss the report in person, with trust executives, at a meeting on 7<sup>th</sup> February 2024.

#### Recommendation

2. The findings of this report should be brought to the highest levels of the leadership of the Trust for their consideration.

Update provided 31 January 2025 by the Trust on actions taken

• The findings of the review including the recommendations were shared with the executive and non-executive directors at the UHSussex Public Trust Board on 8<sup>th</sup> February 2024 for their consideration and feedback. A workstream was set up to address the recommendations outlined in the report. This is led by the Chief of Surgery with oversight of the Chief Operating Officer (COO) and Managing Director for Planned Care. This workstream is part of a wider, Single Improvement Programme (SIP) in the Trust – which is executive led and overseen by the ICB and NHSE.

Recommendation

 The Trust should urgently determine the future direction of the OG cancer surgical pathway. In order to foster collaboration, better links and relationships will need to be developed across

<sup>&</sup>lt;sup>1</sup> The General Data Protection Regulation (GDPR) 2016: https://gdpr-info.eu/

the region, including with surgeons at the Guildford site, where OG cancer surgery is now taking place. The Trust will need to ensure there are robust and interesting job plans for the UGI surgeons, in order to attract and retain these individuals within the service.

Update provided 31 January 2025 by the Trust on actions taken • An operational policy(attached) for a merged UGI cancer MDT was agreed with the Surrey and Sussex Cancer Alliance (SSCA) in September 2024. This describes the surgical pathways for esophagogastric cancer patients presenting to UHSussex. Patients requiring elective resectional surgery flow to either Guildford or Portsmouth depending on postcode. Resectional surgeons from Portsmouth and Chichester as well as Brighton and Guildford attend the combined MDT. Two additional OG resectional surgeons were appointed to UHSussex on 9<sup>th</sup> May 2024. It is agreed that these surgeons will maintain their resectional skills by operating in Portsmouth.

Recommendation

- To establish better control over the emergency and elective workload, more control and management of ward rounds and the reduction of outliers:
  - a) There should be a return to a three-tier system for the general surgical teams (EGS, UGI and LGI).
  - Appointment of additional EGS surgeons, in order to manage the emergency workload, should take place.
     Appointment of a minimum of six dedicated EGS surgeons is recommended.
  - c) There should be recovery of ward Level 9A as a 70bedded surgical unit, with the redeployment of gastroenterology patients elsewhere.
  - d) A Surgical Assessment Unit, either attached to the accident and emergency department or to ward Level 9A, should be established.
  - e) Ward rounds for emergency and elective patients should be separated, with dedicated elective surgeons undertaking ward rounds for elective patients, alongside the on-call surgeons for emergency patients.
  - Senior decision-makers should see the most unwell patients early on in the day during ward rounds.
  - g) There should be efforts to ensure the timely discharge of patients and to encourage patient flow.
  - h) An improved system to determine ownership and accountability for emergency patients, to ensure patient deterioration can be appropriately escalated and timely decisions can be made by a consultant regarding their care, should be put in place.
  - i) There should be an urgent evaluation of CEPOD list function and needs, with two lists available every day. An early morning huddle around 08:00/08:30 with all stakeholders involved in surgery should be established to ensure a timely start to surgical cases and to determine the priority of cases for the day.
  - There should be better control of emergency theatres in order to improve flow and free up capacity.

#### 11. Surgery & Critical Care RSCH PRH - RCS Response

k) A consistent number of theatre lists to match surgical needs should be maintained by matching the amount of theatre time required for emergency and elective cases and ensuring they are allocated accordingly.

- I) Teams of surgeons should work consistently together, with a named team of surgeons to manage the whole patient journey. The consultant surgeons should be run as small teams, with handover between each other, joint ward rounds, cross cover and to enable knowledge of who to contact when patients are deteriorating.
- m) Consideration should be given to redistributing some UGI theatre lists to LGI in order to address issues with capacity.

Update provided 31 January 2025 by the Trust on actions taken

- The Trust is developing a new elective colorectal cancer resectional centre at Worthing Hospital. This will provide an expansion in theatre and ward capacity, clinical nurse specialists and consultant surgeons. The business case for this programme has been approved and the implementation is underway. Capacity and demand modelling indicates that 5 extra surgeons are required to either backfill existing workforce who will work in new roles as colorectal cancer surgeons. One has already been appointed.
- This colorectal move to Worthing Hospital releases 5 sessions of operating capacity at the Royal Sussex County Hospital (RSCH) enabling separation of elective and emergency ward rounds. Colorectal cancer surgeons will remain on the emergency on-call rota at RSCH. Further recruitment is underway.
- The UGI surgical pathways have largely been relocated to Princess Royal Hospital (PRH). The creation of a separate tier of surgical resident doctors at PRH (new rota commenced 06/01/2025 after recruitment process) has allowed increased complexity at that site and further separates elective and emergency workload on the RSCH site.
- EGS recruitment has been less successful and remains under review. This has impacted on implementing the recommended 3 tier rota and 'Firm' structure. However, complete colorectal team recruitment during 2025 will expand the on-call surgical rota and support new ways of working for both emergency and elective teams.
  - The return of a full tier of higher surgical trainees (October 2024) has since generated an increase in potential consultant approaches from prospective candidates.
- A dedicated Surgical Assessment Unit (SAU) opened at RSCH on 1st October 2024. This has 12 trolley spaces, 12 chairs for ambulatory patients and space for "hot clinics". New treatment pathways have been approved, with work on-going to develop improved pathways for selected specific conditions (e.g.: 'hot gallbladder' pathway). (SAU paper attached)
- Reconfiguration of the surgical bed base is a priority project for the Surgery division. Capacity and demand modelling has been undertaken and creating space for relocation of gastroenterology in-patients is currently in planning. Centralisation of all surgical beds in one area will significantly reduce the duration of ward rounds and improve the pathways and outcomes for surgical patients.

- There is a programme of work established to right size theatre capacity within the surgical division to alleviate demand and capacity issues.
- MDTs for benign UGI and LGI have improved the pathway continuity for complex patients. Further improvements in patient oversight and ownership will become possible with workforce expansion in 2025.
- The standard operating procedure for the emergency operating lists has been strengthened and twice daily huddles (0830h and 1700h) now review the planning of day time/evening/overnight operating and team resilience. The proportion of emergency case postponements has reduced from 37.4% Sept 24 to 26.2% Nov 24 and the number of emergency cases increased by 6% following the introduction of the SAU and new operational processes.

#### Recommendation

- 5. To improve team working, communication and the unity of the department:
  - a) Robust action should be taken to tackle unacceptable behaviours, including addressing hierarchical and unprofessional behaviours and poor communication directly with individuals, and to send a message that this will not be tolerated.
  - b) Managers and leaders should be invested in addressing poor practices and behaviours, taking appropriate action to respond to concerns and to improve working culture. To assist with this, appropriate training should be given to managers and leaders where necessary.
  - c) There should be a concerted effort to address fractured relationships in order to promote healing and build cohesion within the department. The Trust could explore external mediation sessions for the consultants and senior management in order to address fractured relationships.
  - d) Opportunities for face-to-face discussions within the department, on a formal and informal basis, should be maximised.
  - e) Improvements and achievements within the department should be celebrated, with best practice shared. Effort should be made to ensure positive feedback is given to staff who are doing a good job. There should be consistent efforts to ensure the surgical teams feel respected and valued.

Update provided 31 January 2025 by the Trust on actions taken

- The Chief of Surgery and the general surgery leadership team continue to actively challenge unacceptable behaviour aligned to the MHPS framework. These issues are addressed directly with individuals and remedial action has been taken with some individual surgeons.
- The Chief Medical Officer (CMO) holds a Medical Employee Relations meeting with Divisional Chiefs and senior employee relations managers to discuss all cases of unacceptable and unprofessional behaviour. This meeting (Terms of Reference attached) monitors the progress of investigations, offers the opportunity to discuss approaches to managing behavioural concerns and generates actions for individual cases.

- Bespoke educational resources and executive led training have been provided to the department to improve behaviour and relationships. These include 'Civility Saves Lives', 'Active Bystander' and Human Factors training. A team development programme is part of the work to implement the colorectal cancer unit in Worthing and is being led by the Chief of Culture and Organisational Development. External expertise has been commissioned to support this work and will help to promote positive relationships within the new and existing teams
- Governance and M&M meetings are now held in person with an expectation of attendance unless off site. MS Teams links are available for any colleagues on duty at other Trust sites.
- Monthly Divisional briefings(attached) are held where plaudits are shared by the Chief of Surgery, for individual surgeons, teams and wards.
- The QUDOS (celebrating success) programme is under development within the surgical department. This will promote team and individual celebration of Improvements and achievements within the department.
- The Chief of Surgery attends bimonthly surgical governance meetings and provides updates, successes, celebrations and shares plaudits/recognise good practice.

### Recommendation

- 6. In order to ensure the successful return and integration of trainees, as well as a balance between training and service delivery:
  - a) There should be a reinstatement of registrars undertaking outpatient clinics, with the allocation of sufficient clinic rooms to enable this to take place face-to-face.
  - b) A training programme for trainees, including teaching ward rounds, clinics, endoscopy and formal teaching of at least two hours per week, should be introduced.
  - c) There should be a weekly face-to-face meeting between the consultant body and the junior doctors to allocate training opportunities and manage the service requirements.
  - d) There should be a weekly session where consultants meet registrars, with sufficient teaching and training opportunities, such as joint ward rounds.
  - e) A lead for Deanery trainees should be appointed to ensure the fair allocation of training, rather than this being subject to consultant preferences.

Update provided 31 January 2025 by the Trust on actions taken

- The Higher Surgical Trainees (HST) returned to the Trust on 1<sup>st</sup> October 2024 after successful completion of remedial actions laid down by KSS Deanery. These actions included the allocation of adequate clinic, endoscopy, theatre and formal teaching time.
- A comprehensive curriculum and plan has been developed by the educational leads to support the return and ongoing training of higher surgical trainees and senior locally employed doctors.



- Each trainee has an Educational Supervisor and Clinical Supervisor who meet with trainees regularly.
- Early feedback from HSTs has been positive and is overseen monthly by NHS HEE Kent Surrey and Sussex Head of School and Postgraduate Dean
- Two new surgery education leads were appointed in July 2024 in anticipation of the return of the Deanery trainees.

### Recommendation

Update provided 31 January 2025 by the Trust on actions taken

- The Trust should ensure all colorectal surgeons are trained in robotic surgery, with opportunities to undertake this at the PRH site.
- The Trust's Chief Medical Officer is leading the development of a robotic strategy to enhance colorectal cancer services.
   Once the colorectal cancer centre is established in Worthing Hospital, a programme of robotic surgical training will be developed. It is worth noting that the newly appointed colorectal cancer surgeon is trained in robotic resection.

## Recommendations for service improvement

The following recommendations were considered important actions to be taken by the healthcare organisation to improve the service.

### Recommendation

8. The job plans of all consultant surgeons within the general surgery department should be reviewed to check the ongoing suitability of historical arrangements and reasonable adjustments, and to ensure a fairer and equitable distribution of duties, particularly with regards to the on-call rota.

Update provided 31 January 2025 by the Trust on actions taken

- The job plans and all historical arrangements have been reviewed and where necessary up to date occupational health reviews undertaken. Reasonable adjustments will be reviewed annually and/or on a need basis.
- An electronic job planning system has been introduced by the Trust and all surgeons are undergoing job planning as part of this implementation. The trust has issued new job planning guidance with a focus on team job planning to ensure equitable distribution of duties.

### Recommendation

9. Job planning should be undertaken as a whole group of surgeons, rather than individually, to encourage individuals to work together, to break down silo working and to ensure the needs of the service are met.

Update provided 31 January 2025 by the Trust on actions taken

Team job planning for surgeons is occurring in line with new
Trust job planning guidance. The process of transferring all
consultant job plans (across the whole trust) onto an online job
planning platform (Health Rota) continues.
The Trust's Job Planning Guidance(attached), which provides
the overall approach to be taken when agreeing job plans.

The colorectal move to Worthing will provide the department the opportunity to undertake group job planning following the recruitment and appointment of additional surgeons.

### Recommendation

10. To improve the effectiveness of M&M meetings, these should be held with in-person attendance being the default, in order to encourage greater team building, particularly for consultants who work on different sites so they feel more part of the team.

Update provided 31 January 2025 by the Trust on actions taken  M&M meetings are in person by default, with Teams link for those off site.

### Recommendation

11. The Trust should encourage the surgical team to visit and learn from other Trust sites, in order to replicate best practice and good ways of working with regard to M&M and clinical governance processes.

Update provided 31 January 2025 by the Trust on actions taken  The Deputy Chief Medical Officer from Worthing Hospital is leading on an ongoing work stream that is strengthening Divisional and Directorate clinical Governance including the development of a new M&M process and template after review of national guidance. There are plans in place to save M&M meetings centrally and add the individual discussions to the Trust incident reporting system platform-DatixIQ.

### Recommendation

12. There should be a fairer distribution of governance duties and workload amongst the different clinical leads. Support should be given to the locum consultant to ensure that additional duties do not impact on their clinical performance, in addition to consideration of their status as a locum.

Update provided 31 January 2025 by the Trust on actions taken

- Governance duties have been distributed amongst other surgeons and the educational lead role has been redistributed as described in section 6.
- The locum consultant was provided with a supportive mentor.

### Recommendation

13. The LGI lead role should be re-evaluated to ensure effective leadership is demonstrated.

Update provided 31 January 2025 by the Trust on actions taken  The LGI lead and all surgical clinical leads are supported and coached by the Chief of Surgery. There have been no concerns raised about the LGI lead's performance in their lead role since the RCS review in May 2023.

### Recommendation

- 14. In order to improve the effectiveness of MDT working:
  - a) Consultant surgeons should work in small teams to enable patients to be allocated to surgeons early on in the pathway and so those patients can be presented as cases at MDT meetings.
  - b) Consultant surgeons should have sufficient job planned time for preparation of patient cases for presentation at MDT meetings.

Update provided

31 January 2025

by the Trust on

actions taken

 c) Consideration should be given to consultant surgeons' job plans to ensure they have protected time to participate in MDT meetings.

- d) There should be a re-defining of which patients need to be discussed at MDT meetings, to avoid an excessive number of patients on MDT lists. Formal criteria for referral to MDT should be established, written and available to all staff.
- e) CNS staff should support the management of the MDT, in terms of the way patients are allocated and managed, in addition to giving feedback to patients after MDT meetings.
- MDT processes have been subject to a formal review process by a newly appointed overarching Clinical Director of cancer MDTs. Each tumour site will have a single MDT for UHSussex. The purpose of this programme is to standardise MDT processes.
  - All consultants with MDT responsibilities have time in their job plan for meetings and associated admin.
  - In line with national guidance, we three colorectal surgeons to be at the meeting to ensure quoracy, but other may choose to attend for their own educational/experience needs.
  - There is a <u>draft</u> operational policy defining who needs to be discussed in MDMs and there is a streamlining process being implemented to ensure that only the relevant patients are discussed in the meeting.
- CNSs will be taking on a more major role in the new MDM structure with a CNS being appointed into the Deputy Clinical Lead role for the MDT and funding has been approved from the Cancer Alliance to pump prime the movement of CNSs into these roles.

### Recommendation

 Consultant surgeons should be given sufficient job planned time in order to respond to patient complaints in a timely manner.

Update provided 31 January 2025 by the Trust on actions taken  All surgeons are allocated 1 core SPA (4hrs per week) for duties such as responding to complaints

### Recommendation

16. Efforts should continue to increase the capacity of CNS staff through allocation of additional funding for more posts as appropriate, in particular within the LGI service, to ensure that there are sufficient levels of support and communication with cancer patients throughout their pathway.

Update provided 31 January 2025 by the Trust on actions taken  The funding for the colorectal cancer reconfiguration includes additional 1.8WTE CNS resource.

## Recommendation

17. There should be recruitment of at least one additional dietician and an additional surgical liaison geriatrician within the general

Update provided 31 January 2025 by the Trust on actions taken surgery department, to address current capacity issues and to enhance the ability to see more patients in a timely manner.

 A new UGI oncology dietician started in May 2024. Funding is available for a band 6 WTE dietician in Worthing alongside the colorectal reconfiguration. There are no plans currently to increase the surgical liaison geriatrician roles.

### Recommendation

18. There should be more effective workforce planning, with efforts to attract, recruit and retain permanent and substantive staff and therefore reduce reliance on locum and other more precarious employment contracts.

Update provided 31 January 2025 by the Trust on actions taken

- The recruitment and retention of consultant staff remains challenging. Repeated media interest into the Trust's surgical services is unhelpful to the department's reputation.
   Furthermore, the uncertainty created by service reconfiguration also adds complexity to recruitment strategies.
   Despite these challenges, there has been a recent improvement in interest from prospective consultant surgeons because of the following changes:
- Comprehensive workforce planning was undertaken as part of the development of the business case supporting the move of colorectal cancer surgery to Worthing. This identified the need for 5 additional surgeons to address elective and emergency workload. The creation of a colorectal cancer centre in Worthing has generated interest from high quality prospective candidates.
- ➤ The return of higher surgical trainees in October 2024 has also seen an increase in approaches from prospective candidates in the last three months. Current recruitment for a benign LGI/emergency surgeon has attracted 5 applicants (interviews 24/02/2025).

### Recommendation

 There should be efforts to foster more collaborative regional links, including developing better working relationships between the surgeons at RSCH, Worthing Hospital and the Royal Surrey County Hospital, Guildford.

Update provided 31 January 2025 by the Trust on actions taken

- The Colorectal service reconfiguration will provide the vehicle for more collaborative working between RSCH and Worthing surgeons. This is being supported by external expertise in organisational development.
- Consultants from Royal Surrey Hospital, Guildford attend the joint OG MDT allowing closer collaboration.

### Additional recommendations for consideration

The following recommendations were for the healthcare organisation to consider as part of its future development of the service.

Recommendation

19. To break down the disconnect between clinicians and the executive leadership team:

regular presence within the general surgery department. This could involve leaders spending a day each week on the surgical wards, in theatre and in outpatients to greater understand the day to day realities and challenges faced by clinicians. Such shifts should take place within the department over a number of months to that clinicians know that leaders are committed to taking their challenges seriously. b) There should be regular meetings between clinicians and the

a) The executive leadership team should have a more visible and

- executive leadership team. Leaders should be transparent with feedback from all internal and external reviews and should set up discussion forums for staff about these reviews.
- c) Leaders should show that they are listening and taking concerns seriously with a commitment to robust action, as well as ensuring this is documented thoroughly in meeting minutes, so that action points and progress can be monitored and followed up at routine intervals.
- d) Training should be provided to leaders in taking effective action to respond to concerns, in handling whistle-blowing and disciplinary processes and in addressing unacceptable practices such as bullying and harassment.
- e) Consideration should be given to the suitability, professionalism and effectiveness of the current executive leadership team, given the concerning reports of bullying.

The Executives visit clinical service areas through a programme of personal "Gemba" visits (to the shop floors where work is undertaken). These rotate equitably between sites - including wards; theatres; and surgical endoscopy services at RSCH and PRH.

The Executive team have an established divisional buddy arrangement, to ensure consistency of engagement with the divisional leadership teams through monthly, standardised performance and strategy reviews of each service. As a result, each executive works regularly and closely with their specified divisional leadership teams, listening, engaging and supporting them in terms of culture, performance and governance.

Following the RCS review the Executive incorporated more time for meetings with divisional senior leaders (Wednesday's monthly) augmenting the established weekly meetings between the Chief Medical Officer & Chiefs of Service.

Since August 2024, Executives and Chiefs have held a minuted monthly meeting, with agreed TOR's (attached), a decision and action log. This discusses relevant strategic plans and proposals prior to presentation at formal decision-making groups/Trust Board Committees. The agenda is co designed with each Service to raise essential matters and shape decisions together.

Although each Executive cannot spend 20% of their time, on surgical wards, theatres or outpatient clinics - the above measures enable consistent, scheduled opportunities for both formal and informal meetings between the Executive Team and the RSCH/PRH surgical Service (and the other Services). It should be noted that the clinical operating model incorporates a clinical chief, and clinical directors of

Update provided 31 January 2025 by the Trust on actions taken and/or comments

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nursing and operations in all divisions - all 3 of which are very senior trust leaders.

The Trust has always been open and transparent about external reviews, such as those carried out by the CQC, with significant effort put into ensuring that the reports are available and debriefs are held; this process is supported by the Trust's communications team. Since this RCS review the trust has adjusted its reporting processes so that service review outcomes are shared more widely within the trust and with the public (for example, this RCS review report was discussed at the very next public Board meeting). The Chief Executive also references external reviews and their key findings at his leadership and all staff briefings/messages.

The Trust can demonstrate multiple examples of new action to support the listening up agenda - including :

- 1. The use of an independent provider to deliver the Trust's freedom to speak up (FTSU) Guardian and service.
- 2.Since its introduction in August 2023, the FTSU Guardian has both scheduled and 'whenever required' access to the Chief Executive and provides reports to the Chief People Officer, the People and Culture Committee. The FTSU Guardian also meets with the named NED champion for speaking up.
- 3. The establishment of a Trust wide Guardian of Safe Working; whilst this is for resident trainee doctors, the Trust is also engaging with its locally employed and specialist doctors to provide a similar forum to flag concerns.
- 4. Since the RCS review the Trust has successfully implemented an upgraded incident reporting system platform (DatixIQ). This has shown an improvement in incident reporting and increased focus on providing feedback increasing confidence that raising an issue is taken seriously. There is clear reporting of incident numbers, trends and improvement actions at service level and Trust wide.
- 5. In response to the new Patient Safety Incident Response Framework, the trust established a bespoke PSIRF training programme and has reinvigorated its human factors training, to shift staff mindset and ensure that the systems, processes and environmental factors underpinning errors are reviewed and that sustainable improvements are always considered.

The Trust has therefore strengthened its incident documentation through Datix, and the reports from the new (trust wide) FTSU and Safe Working Hours Guardians. Within all these areas stronger evidence of the tracking of action(s) taken has also occurred (e.g both Guardian's reporting directly to a Board Committee and clear/regular Datix activity reports provided to each clinical division). Increased confidence in these reporting systems is evidenced by an increasing level of near miss reporting. In addition, neither Guardian within their 2024/25 reports to date have flagged a lack of support to deal with any matter raised with them.

The Trust continues to address this through a number of mechanisms, with the value of listening and then responding to any concerns raised being part of the Trust's top 70 leaders' development programme. The importance and value of this is also discussed frequently at senior leader and wider staff briefings and in all formal staff communications. In addition, there is now FTSU training for leaders.

There has been a comprehensive review of the Trust's process to support staff to raise concern and how managers respond. On the Trust's intranet the Freedom to Speak up policy and supporting flowchart showing the importance of the feedback loop has been published and widely advertised. As noted above, the Trust's Datix IQ system has also been designed to include an explicit feedback loop.

The Chair and Non-Executive Directors have considered the Trust's processes for determining the suitability, professionalism and effectiveness of the current executive leadership team and based on the outcome of the processes applied at appointment, the outcome of their annual appraisals and the annual fit and proper persons checks consider that each is suitable to hold their positions.

### Recommendation

20. The Trust should ensure robust action is taken to address issues and implement recommendations as a result of previous reviews and this invited service review. The Trust should avoid commissioning further reviews until all issues from previous reviews and this invited service review are addressed.

Update provided 31 January 2025 by the Trust on actions taken and/or comments Recommendation  The information above demonstrates the robust actions taken and on-going to address the recommendations in this review. These actions also address the concerns raised in previous reviews.

- 21. The Trust's HR department should review policies and processes to ensure:
- a) Avoidance of unnecessary delays during recruitment of staff, with time limits being set.
- All staff are aware of their responsibilities with regards to whistleblowing and disciplinary policies and processes, and that these are enforced.
- c) Effective support should be provided to whistle-blowers so that they feel psychologically safe in raising concerns. Open discussions should be encouraged.
- d) Exit interviews are conducted for all staff leaving the Trust, and themes are taken on board from feedback for improvements.
- The Trust has made good progress on streamlining the recruitment process for consultant and SAS doctors, with a process review and the introduction of a huddle board, managed by the Senior Medical

Update provided 31 January 2025 by the Trust on actions taken and/or comments Resourcing Advisor. This has resulted in a notable downward trend in the time to hire for consultant and SAS posts (see chart below). Finalising the implementation of these improvements for consultant and SAS doctors will be complete by end January 2025. The same processes are being implemented for the recruitment of locally employed doctors at resident doctor level, with an implementation date of end of March 2025.



- The processes associated with AACs (for the recruitment of substantive consultants) have been reviewed and streamlined to ensure a consistent approach in the appointment of consultants. These updates will provide a more consistent and harmonised approach to AACs. In addition, the Trust are moving forward with the appointment of suitable additional "Associate Non-Executive Directors" specifically to Chair AAC panels. Interviews are planned during January, and there is a plan that training will be completed in February. Once in place, these additional roles will increase the number of AACs able to be held, reducing recruitment delays, and ensuring the Trust processes are more aligned with the national AAC guidelines. This project is expected to be complete by end or March 2025.
- UHSussex staff are aware that Trust has adopted an independent 24/7 listening service called 'The Guardian Service'. A dedicated UHSussex guardian is available to provide impartial and confidential support, with work related matters, including for example, matters relating to patient care and safety, whistleblowing, bullying and harassment, and work grievances.
- The Trust has a Freedom to Speak Up Policy and staff have been advised to familiarise themselves with the policy and have a responsibility to speak up about issues of genuine concern. Staff who are members of a professional body (e.g. Nursing & Midwifery Council, General Medical Council, Health & Care Professions Council) also have a professional responsibility to do so under their Code of Conduct.
- All UHSussex staff are encouraged to undertake training in Freedom to Speak Up / speaking up as provided by National Guardian Office and to identify – as part of their appraisal and ongoing development

planning with line manager. Three core trainings are available to staff across all levels;

- 'Speak Up' (core training for all workers)
- 'Listen Up' (managers at all levels),
- > 'Follow Up' Up' (senior leaders).
- Staff leaving the Trust are offered the opportunity to complete an exit interview with managers or anonymously online. The exit interviews are voluntary, although leavers are encouraged to complete them before leaving the Trust. The HR Business Partners analyse the information gathered and discuss themes or concerns with the division's leaders. Feedback and learning are used to strengthen retention strategies.

## Recommendation

Update provided 31 January 2025 by the Trust on actions taken and/or comments

- 22. The Trust should start coordinating and collating patient survey data, in order to consider the patient experience and how this can be improved.
- Each month the Trust receive for than 10,000 patient survey reports
  which are analysed for themes and reported monthly, quarterly and
  annually to the patient and quality committee. Insights from these
  surveys, national patient surveys and complaints are triangulated to
  shape improvement plans, as detailed in our patient experience
  strategy. UHSussex Patient Experience Reports can be found here
  here.

The Trust has a robust system for analysing complaints for themes across the organisation. These are fed into the Patient Experience and Engagement reporting framework through to Quality Governance Steering Group (QGSG) and then the Patient and Quality Committee. The Patient Safety Incident Response Framework (PSIRF) reports quarterly to QGSG then to the Patient and Quality Committee.



**University Hospitals Sussex NHS Foundation Trust** 

**NHS Staff Survey Benchmark report 2024** 



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# Introduction

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

# **About this Report**





10. NHS Staff Survey: UHSussex Benchmarking Report

# **About this report**

This benchmark report for University Hospitals Sussex NHS Foundation Trust contains results for the 2024 NHS Staff Survey, and historical results back to 2020 where possible. These results are presented in the context of best, average and worst results for similar organisations where appropriate. Data in this report are weighted to allow for fair comparisons between organisations.

Results for Q1, Q10a, Q26d, Q27a-c, Q28, Q29, Q30, Q31a, Q32a-b, Q33, Q34a-b and Q35 are not weighted or benchmarked because these questions ask for demographic or factual information.

# How results are reported

For the 2021 survey onwards the questions in the NHS Staff Survey are aligned to the <u>People Promise</u>. This sets out, in the words of NHS staff, the things that would most improve their working experience, and is made up of seven elements:



In support of this, the results of the NHS Staff Survey are measured against the seven People Promise elements and against two themes (Staff Engagement and Morale). The reporting also includes sub-scores, which feed into the People Promise elements and themes. The next slide shows how the People Promise elements, themes and sub scores are related and mapped to individual survey questions.

### Survey Coordination Centre People Promise elements, themes and sub-scores **People Promise elements Sub-scores** Questions Compassionate culture Q6a, Q25a, Q25b, Q25c, Q25d Compassionate leadership Q9f, Q9g, Q9h, Q9i We are compassionate and inclusive Q15, Q16a, Q16b, Q21 Diversity and equality Inclusion Q7h, Q7i, Q8b, Q8c We are recognised and rewarded No sub-score Q4a, Q4b, Q4c, Q8d, Q9e Autonomy and control Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b We each have a voice that counts Raising concerns Q20a, Q20b, Q25e, Q25f Health and safety climate Q3g, Q3h, Q3i, Q5a, Q11a, Q13d, Q14d Burnout Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g We are safe and healthy Negative experiences Q11b, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c Other questions [Not scored] Q17a\*, Q17b\*, Q22\* \*Q17a, Q17b and Q22 do not contribute to the calculation of any scores or sub-scores. Development Q24a, Q24b, Q24c, Q24d, Q24e We are always learning Appraisals Q23a\*, Q23b, Q23c, Q23d \*Q23a is a filter question and therefore influences the sub-score without being a directly scored question. Support for work-life balance Q6b, Q6c, Q6d We work flexibly Flexible working Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a Team working We are a team Line management Q9a, Q9b, Q9c, Q9d

Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a

Questions not linked to the People Promise elements or themes

Q2a, Q2b, Q2c

Q3c, Q3d, Q3f

Q25a, Q25c, Q25d

Q26a, Q26b, Q26c

Q3g, Q3h, Q3i

Questions

**Sub-scores** 

Motivation

Involvement

Work pressure

Thinking about leaving

Advocacy

Stressors

**Themes** 

Staff Engagement

Morale



# **Report structure**





### Introduction

This section provides a brief introduction to the report, including how questions map to the People Promise elements, the themes and sub-scores, as well as features of the charts used throughout.

### **Organisation details**

This slide contains **key information** about the NHS organisations participating in this survey and details for your own organisation, such as response rate.

### People Promise elements, themes and sub-scores: Overview

This section provides a high-level **overview** of the results for the seven elements of the People Promise and the two themes, followed by the results for each of the **sub-scores** that feed into these measures.

## People Promise elements, themes and sub-scores: Trends

This section provides trend results for the seven elements of the People Promise and the two themes, followed by the trend results for each of the sub-scores that feed into these measures.

All the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score. For example, with the Burnout sub-score, a higher score (closer to 10) means a lower proportion of staff are experiencing burnout from their work. These scores are created by scoring questions linked to these areas of experience and grouping these results together. Your organisation results are benchmarked against the benchmarking group average, the best scoring organisation and the worst scoring organisation. These charts are reported as percentages. The meaning of the value is outlined along the y axis. The questions that feed into each sub-score are detailed on slide 5.



Note: where there are fewer than 10 responses for a question, this data is not shown to protect the confidentiality of staff and reliability of results.

### People Promise elements, themes and sub-scores: Questions

This section provides trend results for **questions**. The questions are presented in sections for each of the People Promise elements and themes.

Not all questions reported within the section for a People Promise element or theme feed into the score and sub-scores for that element or theme. The first slide in the section for each People Promise element or theme lists which of the questions that are included in the section feed into the score and sub-scores, and which do not.

### **Questions not linked to People Promise**

Results for the questions that are not related to any People Promise element or theme and do not contribute to the scores and sub-scores are included in this section.

# **Workforce Equality Standards**

This section shows that data required for the indicators used in the **Workforce Race Equality Standard (WRES)** and the **Workforce Disability Equality Standard (WDES).** 

# **About your respondents**

This section provides details of the staff responding to the survey, including their demographic and other classification questions.

# **Appendices**

Here you will find:

- Response rate.
- ➤ Significance testing of the People Promise element and theme results for 2023 vs 2024.
- Guidance on data in the benchmark reports.
- Additional reporting outputs.
- > Tips on action planning and interpreting the results.
- Contact information.

Centre

2023

42.8%

55.3%

41.5%

29.9%

1325

2024

40.4%

57.4%

44.0%

31.2%

517





10. NHS Staff Survey: UHSussex Benchmarking Report

# **Organisation details**

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

# **Organisation details**

Survey Coordination Centre



**University Hospitals Sussex NHS Foundation Trust** 

**Organisation details** 

**Completed questionnaires** 8191

2024 response rate 47%

# **2024 NHS Staff Survey**



This organisation is benchmarked against:

**Acute and Acute & Community Trusts** 



Survey details

**Survey mode** 

Mixed

# 2024 benchmarking group details

Organisations in group: 122

Median response rate: 49%

No. of completed questionnaires: 532587

For more information on benchmarking group definitions please see the <u>Technical document</u>

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10. NHS Staff Survey: UHSussex Benchmarking Report



# People Promise elements, themes and sub-score results

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

# Survey Coordination Centre



# People Promise elements, themes and sub-scores: Overview

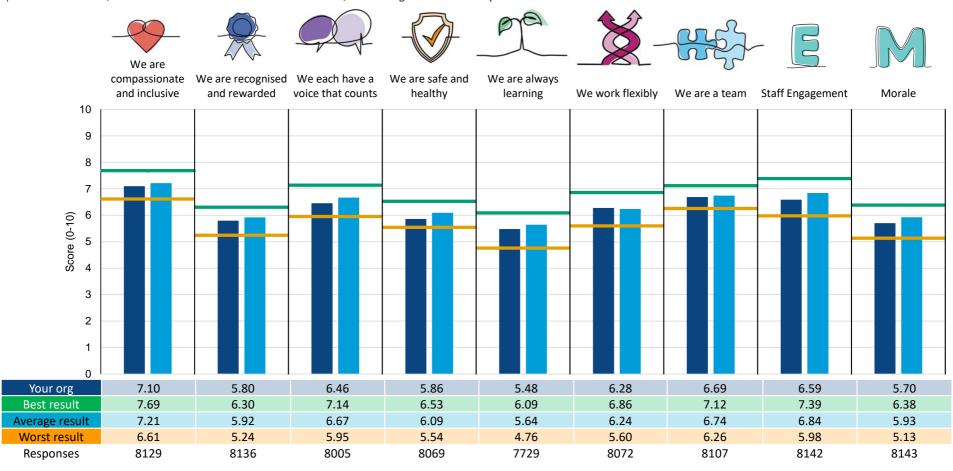
Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

# **People Promise elements and themes: Overview**

Survey Coordination Centre



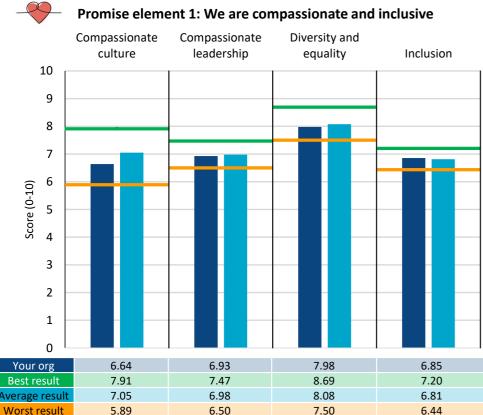
People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Survey Coordination Centre



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



8127



# Promise element 3: We each have a voice that counts



Note: People Promise element 2 'We are recognised and rewarded' does not have any sub-scores. Overall trend score data for this element is reported on slide 21.

8111

8101

Responses

8093

Trust Board in Public, Monday 31 March 2025, 13:30-15:45, Washington Suite Boardroom, Worthing-31/03/25



Survey Coordination Centre



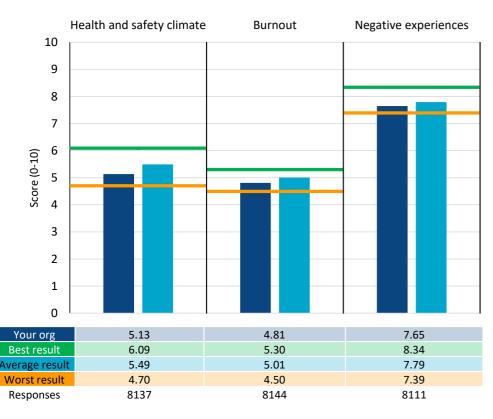
People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

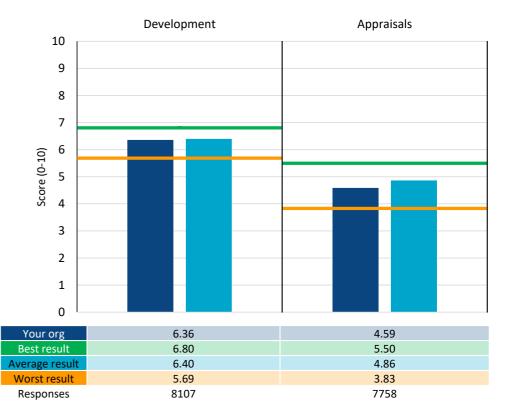


# Promise element 4: We are safe and healthy



# Promise element 5: We are always learning





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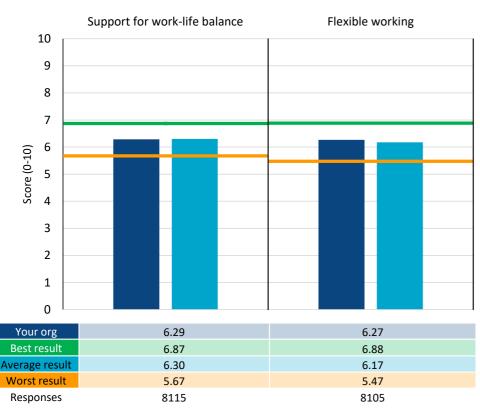
People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

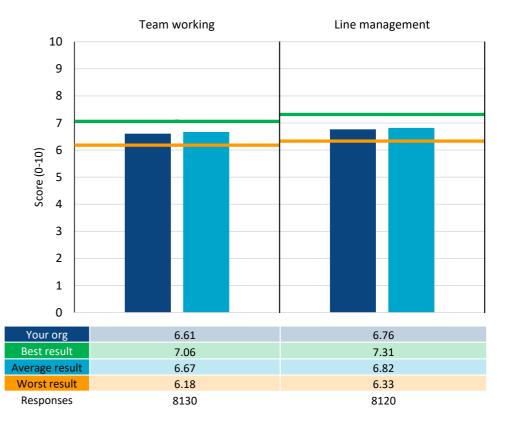


# Promise element 6: We work flexibly



# Promise element 7: We are a team





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





# People Promise elements, themes and sub-scores: Trends

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

# **People Promise elements and themes: Trends**

Survey Coordination Centre



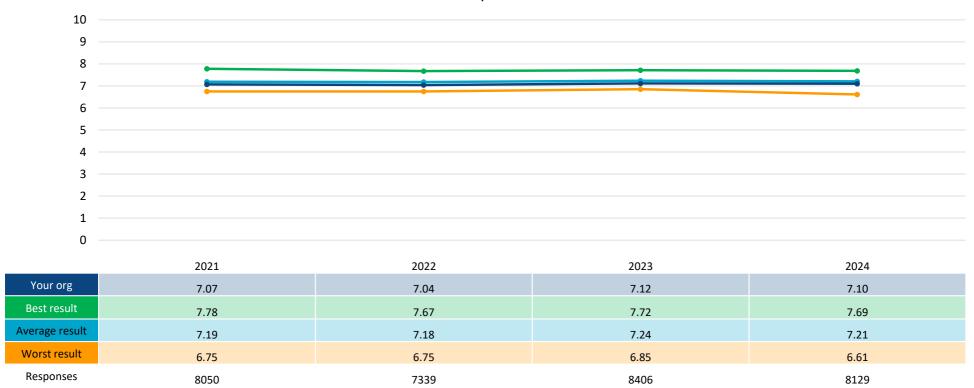
10. NHS Staff Survey: UHSussex Benchmarking Report

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



# Promise element 1: We are compassionate and inclusive

# We are compassionate and inclusive



Trust Board in Public, Monday 31 March 2025,

# People Promise elements, themes and sub-scores: Sub-score trends

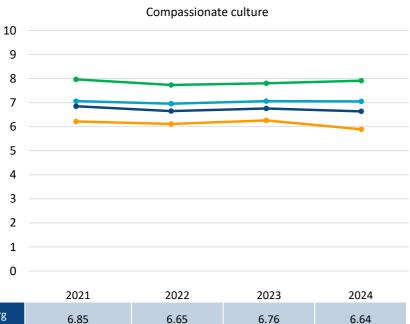
Survey Coordination



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



# Promise element 1: We are compassionate and inclusive (1)



	2021	2022	2023	2024
Your org	6.85	6.65	6.76	6.64
Best result	7.97	7.74	7.81	7.91
Average result	7.07	6.96	7.06	7.05
Worst result	6.22	6.12	6.26	5.89
Responses	8024	7330	8383	8093



	2021	2022	2023	2024
Your org	6.68	6.73	6.85	6.93
Best result	7.48	7.46	7.55	7.47
Average result	6.78	6.84	6.96	6.98
Worst result	6.30	6.40	6.46	6.50
Responses	8049	7338	8400	8127

Trust Board in Public, Monday 31 March 2025,

Washington Suite Boardroom, Worthing-31/03/25

Responses

8044



# People Promise elements, themes and sub-scores: Sub-score trends

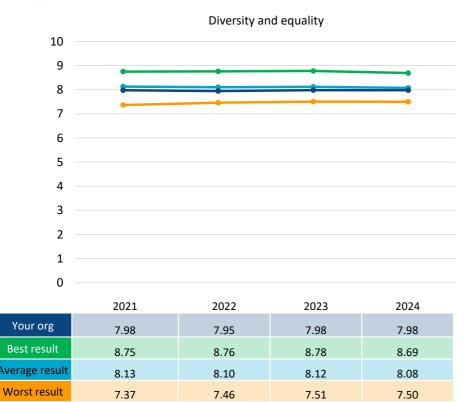
Survey Coordination Centre



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



# Promise element 1: We are compassionate and inclusive (2)



7338

8384



8111



# **People Promise elements and themes: Trends**

Survey Coordination Centre

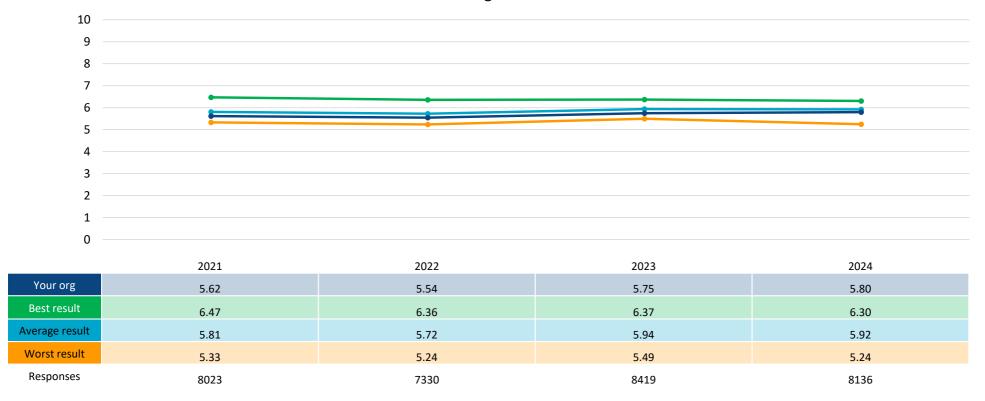


People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



# Promise element 2: We are recognised and rewarded

# We are recognised and rewarded



# **People Promise elements and themes: Trends**

Survey Coordination Centre

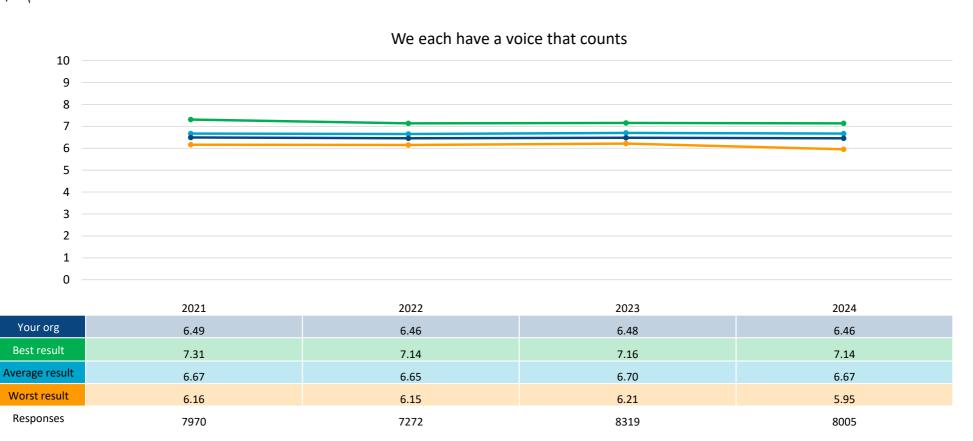


10. NHS Staff Survey: UHSussex Benchmarking Report

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



# Promise element 3: We each have a voice that counts





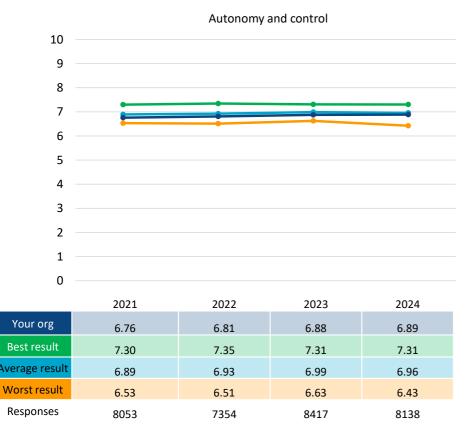
Survey Coordination Centre



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



# Promise element 3: We each have a voice that counts







10. NHS Staff Survey: UHSussex Benchmarking Report

# **People Promise elements and themes: Trends**

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



# Promise element 4: We are safe and healthy



Note: 2023 results for 'We are safe and healthy' are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

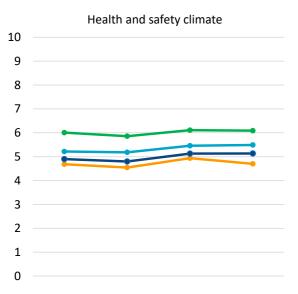
Survey Coordination Centre

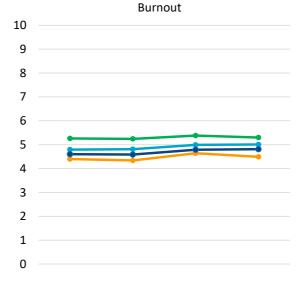


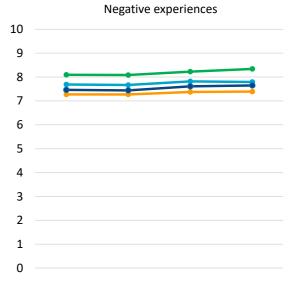
People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



# Promise element 4: We are safe and healthy







	2021	2022	2023	2024
Your org	4.90	4.80	5.13	5.13
Best result	6.01	5.86	6.11	6.09
Average result	5.21	5.18	5.46	5.49
Worst result	4.68	4.55	4.94	4.70
Responses	8056	7355	8420	8137

	2021	2022	2023	2024
Your org	4.60	4.59	4.79	4.81
Best result	5.26	5.24	5.38	5.30
Average result	4.79	4.81	4.99	5.01
Worst result	4.40	4.34	4.64	4.50
Responses	8049	7343	8405	8144

		2021	2022	2023	2024
	Your org	7.46	7.44	7.61	7.65
	Best result	8.10	8.09	8.23	8.34
	Average result	7.69	7.67	7.82	7.79
	Worst result	7.27	7.27	7.38	7.39
	Responses	8025	7339	8370	8111

Note: 2023 results for 'Health and safety climate' and 'Negative experiences' are now reported using corrected data. Please see <a href="https://www.nhsstaffsurveys.com/survey-documents/">https://www.nhsstaffsurveys.com/survey-documents/</a> for more details.

# People Promise elements and themes: Trends

Survey Coordination Centre



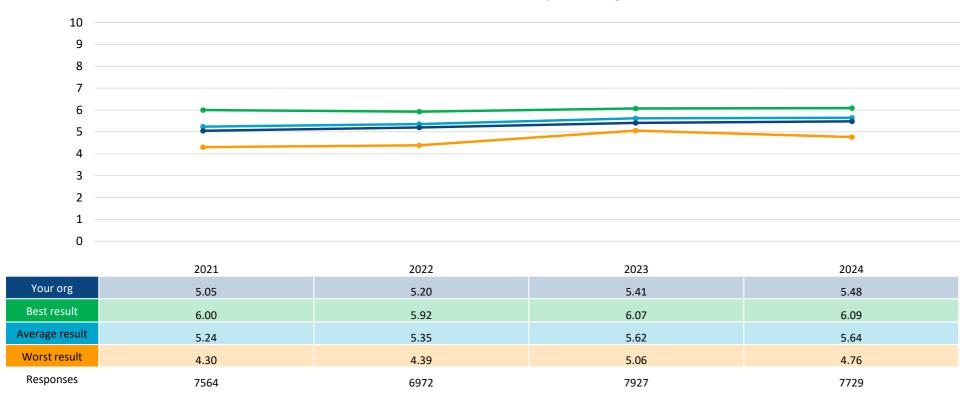
10. NHS Staff Survey: UHSussex Benchmarking Report

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



# Promise element 5: We are always learning

# We are always learning



#### People Promise elements, themes and sub-scores: Sub-score trends

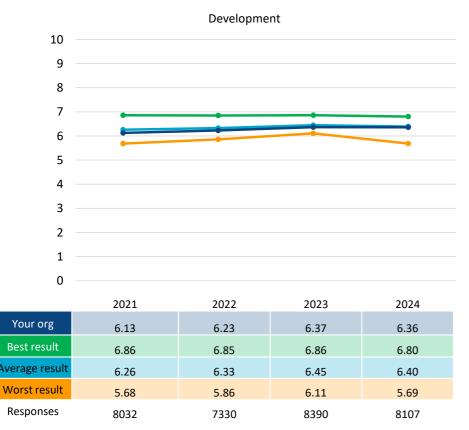
Survey Coordination Centre

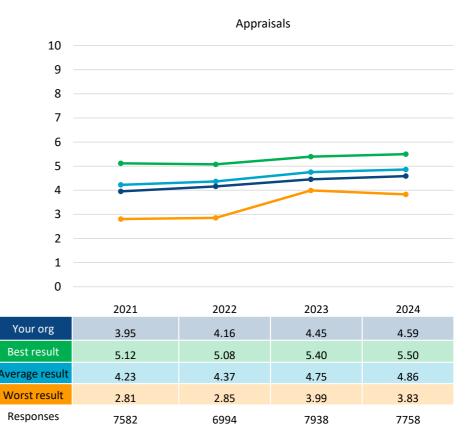


People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



#### Promise element 5: We are always learning





# Pec



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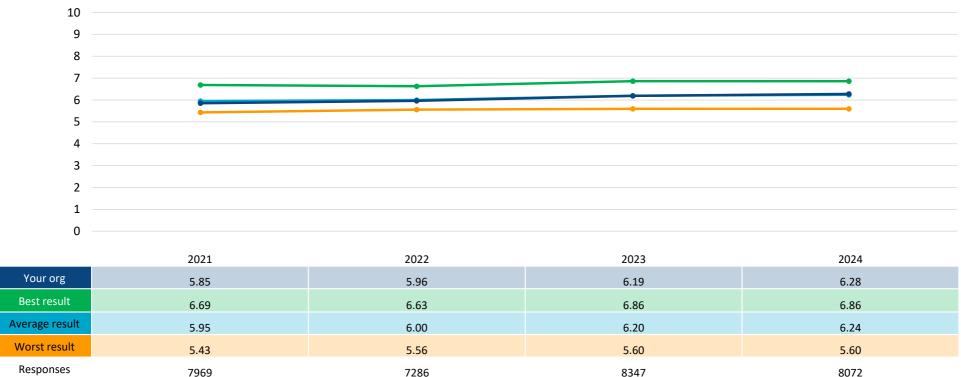
## **People Promise elements and themes: Trends**

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



#### Promise element 6: We work flexibly

#### We work flexibly





#### People Promise elements, themes and sub-scores: Sub-score trends

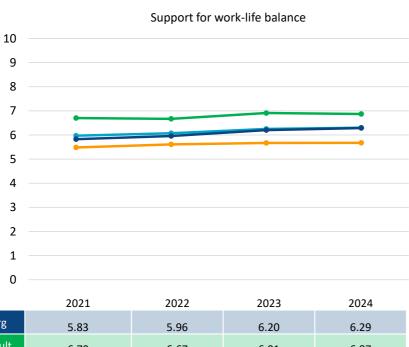
Survey Coordination Centre

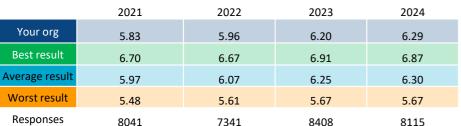


People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



#### Promise element 6: We work flexibly







# **People Promise elements and themes: Trends**

Survey Coordination Centre



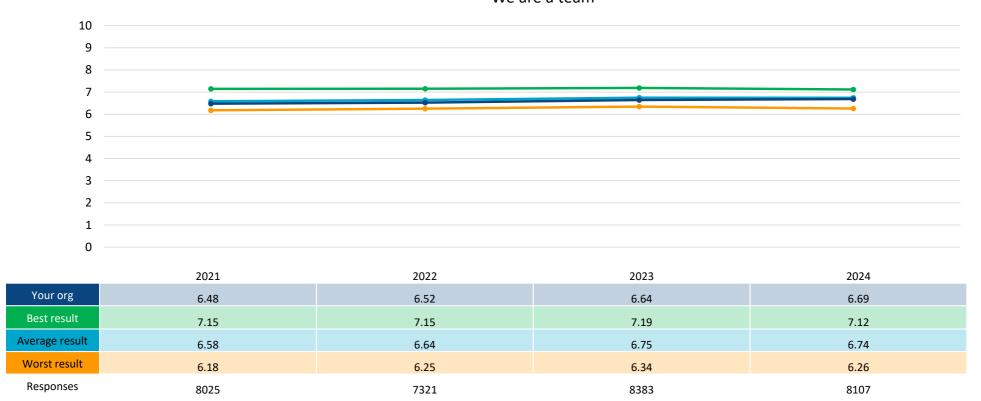
10. NHS Staff Survey: UHSussex Benchmarking Report

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



#### Promise element 7: We are a team

#### We are a team



#### People Promise elements, themes and sub-scores: Sub-score trends

Survey Coordination Centre

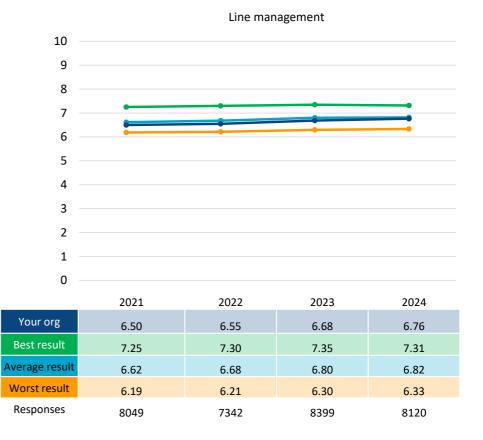


People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



#### Promise element 7: We are a team





## **People Promise elements and themes: Trends**

Survey Coordination Centre

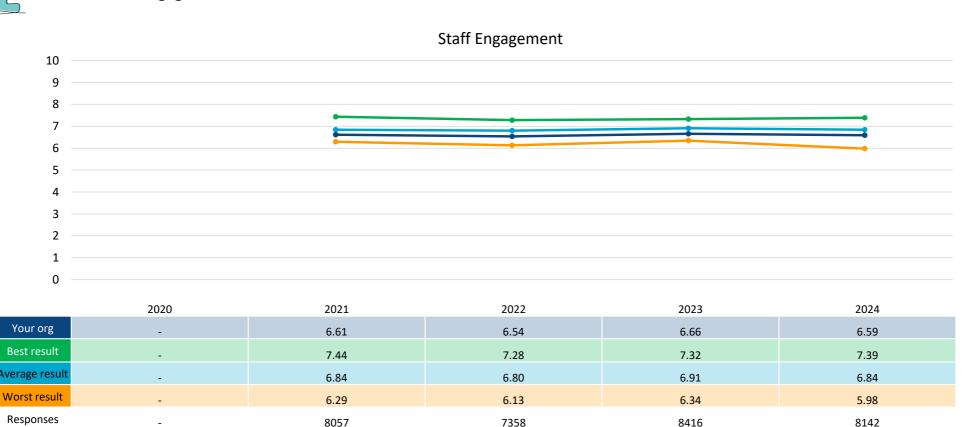


10. NHS Staff Survey: UHSussex Benchmarking Report

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



#### **Theme: Staff Engagement**



#### People Promise elements, themes and sub-scores: Sub-score trends

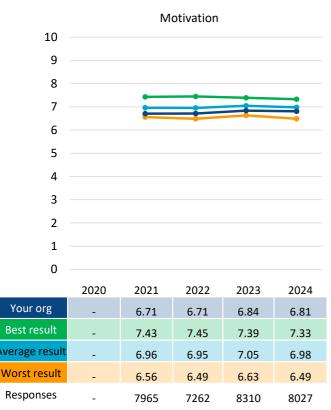
Survey Coordination Centre



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



#### **Theme: Staff Engagement**







## **People Promise elements and themes: Trends**

Survey Coordination Centre



10. NHS Staff Survey: UHSussex Benchmarking Report

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



#### **Theme: Morale**



34

#### People Promise elements, themes and sub-scores: Sub-score trends

Survey Coordination Centre

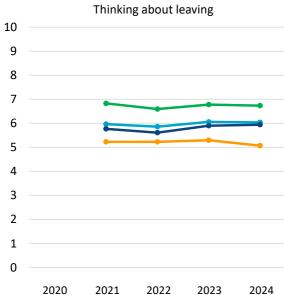


People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

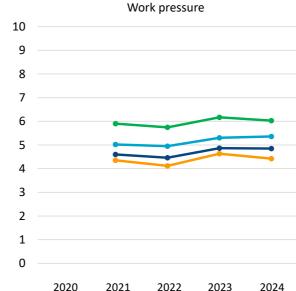


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#### **Theme: Morale**



	2020	2021	2022	2023	2024
Your org	-	5.77	5.61	5.90	5.94
Best result	-	6.83	6.59	6.78	6.73
Average result	-	5.97	5.86	6.06	6.04
Worst result	-	5.23	5.23	5.29	5.07
Responses	_	8036	7335	8391	8102



	2020	2021	2022	2023	2024
Your org	-	4.60	4.46	4.87	4.85
Best result	-	5.90	5.75	6.17	6.03
Average result	-	5.02	4.95	5.30	5.36
Worst result	-	4.35	4.12	4.63	4.42
Responses	-	8048	7350	8413	8135

Stressors						
10						
9						
8						
7						
6						
5						
4						
3						
2						
1						
0						

	2020	2021	2022	2023	2024
Your org	-	6.13	6.19	6.29	6.31
Best result	-	6.73	6.71	6.71	6.70
Average result	-	6.25	6.29	6.38	6.38
Worst result	-	5.90	5.91	6.10	5.91
Responses	_	8028	7327	8406	8129

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10. NHS Staff Survey: UHSussex Benchmarking Report

# Survey Coordination Centre



# People Promise element – We are compassionate and inclusive



#### Questions included:

Compassionate culture – Q6a, Q25a, Q25b, Q25c, Q25d

Compassionate leadership – Q9f, Q9g, Q9h, Q9i

Diversity and equality – Q15, Q16a, Q16b, Q21

Inclusion – Q7h, Q7i, Q8b, Q8c

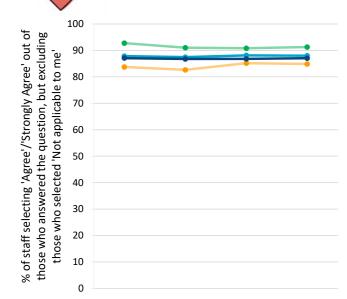
Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

#### People Promise elements and theme results – We are compassionate and inclusive: Compassionate culture

#### Survey Coordination Centre

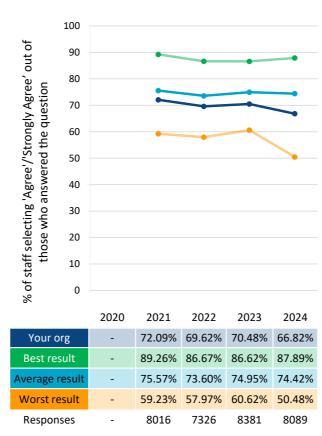


Q6a I feel that my role makes a difference to patients / service users.

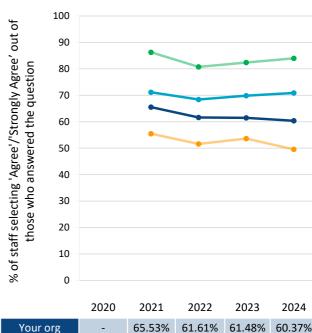


		2021	2022	2023	2024
	Your org	87.06%	86.78%	86.81%	87.04%
	Best result	92.76%	91.05%	90.84%	91.30%
	Average result	87.85%	87.48%	88.13%	88.00%
	Worst result	83.73%	82.67%	85.17%	84.88%
	Responses	7820	7150	8177	7896

Q25a Care of patients / service users is my organisation's top priority.



Q25b My organisation acts on concerns raised by patients / service users.



	2020	2021	2022	2023	2024
Your org	-	65.53%	61.61%	61.48%	60.37%
Best result	-	86.29%	80.75%	82.38%	84.00%
Average result	-	71.15%	68.42%	69.86%	70.89%
Worst result	-	55.47%	51.58%	53.65%	49.55%
Responses	_	7997	7311	8352	8059



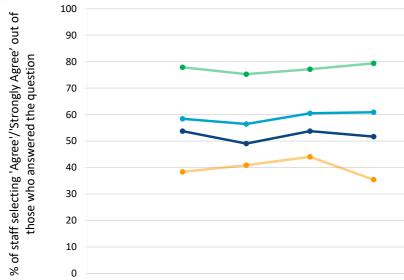
#### People Promise elements and theme results — We are compassionate and inclusive: Compassionate culture

#### Survey Coordination Centre



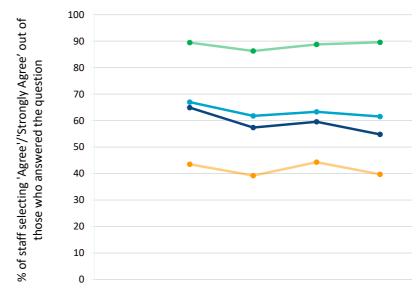


Q25c I would recommend my organisation as a place to work.



	2020	2021	2022	2023	2024
Your org	-	53.76%	49.06%	53.75%	51.68%
Best result	-	77.87%	75.29%	77.14%	79.38%
Average result	-	58.40%	56.46%	60.53%	60.90%
Worst result	-	38.38%	40.89%	44.05%	35.43%
Responses	-	8014	7318	8372	8088

Q25d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.



	2020	2021	2022	2023	2024	
Your org	-	64.93%	57.36%	59.54%	54.79%	
Best result	-	89.48%	86.30%	88.79%	89.59%	
Average result	-	67.01%	61.79%	63.34%	61.54%	
Worst result	-	43.50%	39.23%	44.30%	39.72%	
Responses	-	7993	7314	8369	8070	

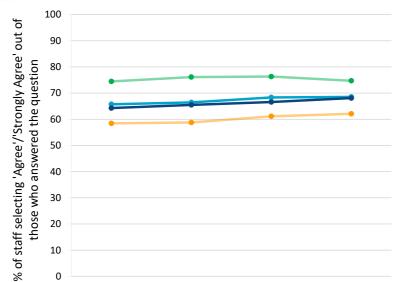
#### People Promise elements and theme results – We are compassionate and inclusive: Compassionate leadership

#### Survey Coordination Centre



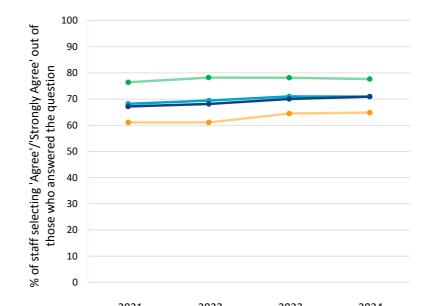


## Q9f My immediate manager works together with me to come to an understanding of problems.



	2021	2022	2023	2024	
Your org	64.28%	65.49%	66.61%	68.10%	
Best result	74.46%	76.11%	76.33%	74.72%	
Average result	65.72%	66.44%	68.34%	68.53%	
Worst result	58.44%	58.76%	61.14%	62.08%	
Responses	8030	7327	8378	8106	

Q9g My immediate manager is interested in listening to me when I describe challenges I face.



	2021	2022	2023	2024
Your org	67.19%	68.15%	70.04%	70.93%
Best result	76.43%	78.21%	78.15%	77.66%
Average result	68.18%	69.46%	71.02%	70.95%
Worst result	61.07%	61.09%	64.47%	64.83%
Responses	8030	7332	8390	8112



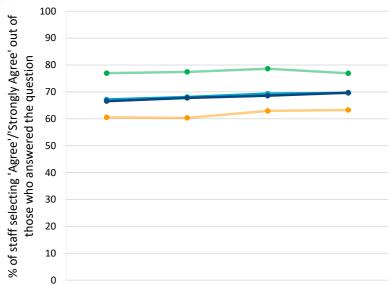
#### People Promise elements and theme results – We are compassionate and inclusive: Compassionate leadership

#### Survey Coordination Centre



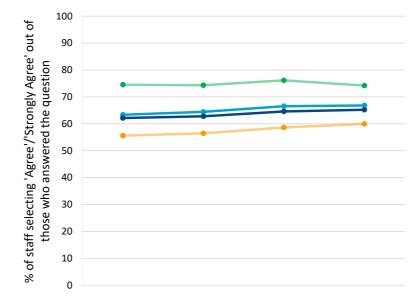


#### Q9h My immediate manager cares about my concerns.



	2021	2022	2023	2024	
Your org	66.54%	67.75%	68.57%	69.69%	
Best result	76.96%	77.43%	78.61%	76.91%	
Average result	67.18%	68.07%	69.37%	69.63%	
Worst result	60.55%	60.33%	62.93%	63.29%	
Responses	8012	7330	8383	8101	

Q9i My immediate manager takes effective action to help me with any problems I face.



	2021	2022	2023	2024	
Your org	62.14%	62.81%	64.59%	65.21%	
Best result	74.52%	74.33%	76.14%	74.21%	
Average result	63.36%	64.45%	66.52%	66.81%	
Worst result	55.61%	56.43%	58.64%	59.94%	
Responses	8031	7332	8385	8106	

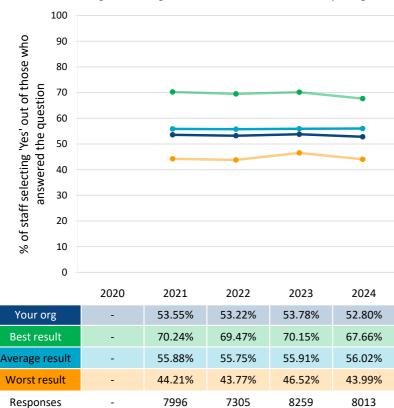
#### People Promise elements and theme results – We are compassionate and inclusive: Diversity and equality

#### Survey Coordination Centre

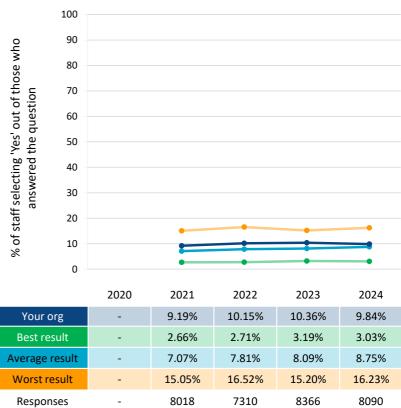




Q15 Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?



Q16a In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?





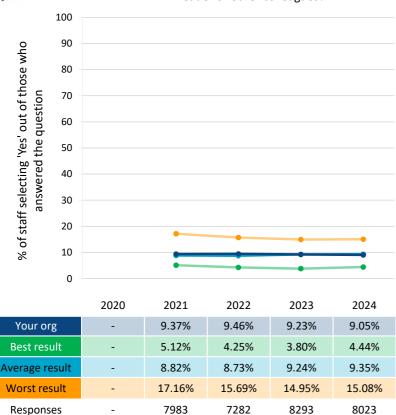
#### People Promise elements and theme results – We are compassionate and inclusive: Diversity and equality

#### Survey Coordination Centre

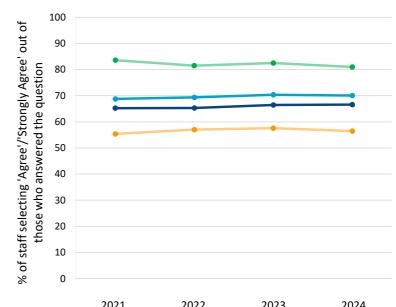




# Q16b In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?



Q21 I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).



		2021	2022	2023	2024
	Your org	65.23%	65.31%	66.47%	66.60%
	Best result	83.61%	81.51%	82.55%	81.02%
	Average result	68.79%	69.37%	70.37%	70.07%
	Worst result	55.39%	57.03%	57.59%	56.47%
	Responses	8046	7339	8360	8077



#### People Promise elements and theme results – We are compassionate and inclusive: Inclusion

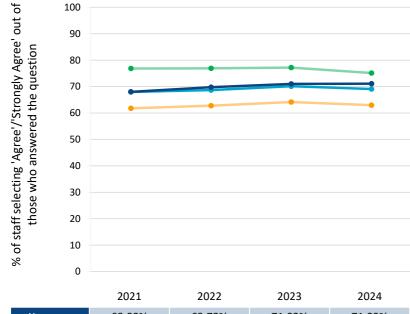
# Survey Coordination Centre



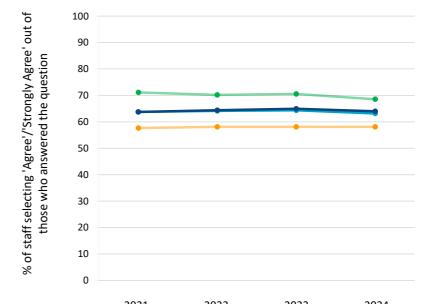


#### Q7h I feel valued by my team.

Q7i I feel a strong personal attachment to my team.



	2021	2022	2023	2024
Your org	68.00%	69.78%	71.03%	71.09%
Best result	76.84%	76.89%	77.18%	75.12%
Average result	67.97%	68.69%	70.13%	69.09%
Worst result	61.78%	62.75%	64.15%	62.98%
Responses	7988	7318	8366	8097



		2021	2022	2023	2024
	Your org	63.74%	64.40%	64.95%	63.98%
	Best result	71.13%	70.18%	70.53%	68.54%
	Average result	63.74%	64.17%	64.36%	63.16%
	Worst result	57.66%	58.07%	58.09%	58.08%
	Responses	8011	7315	8382	8110

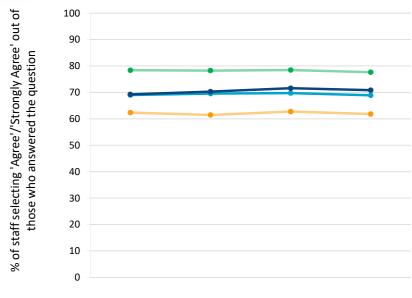
#### People Promise elements and theme results – We are compassionate and inclusive: Inclusion

#### Survey Coordination Centre



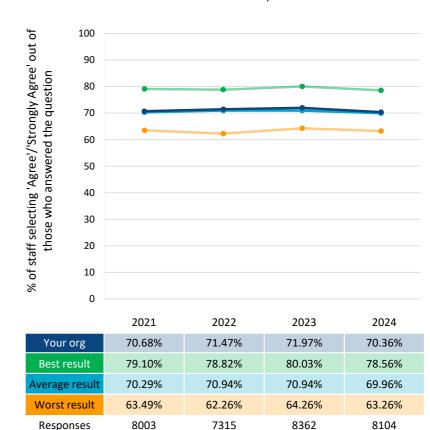


Q8b The people I work with are understanding and kind to one another.



	2021	2022	2023	2024
Your org	69.25%	70.31%	71.59%	70.85%
Best result	78.40%	78.25%	78.46%	77.64%
Average result	69.03%	69.56%	69.73%	68.91%
Worst result	62.36%	61.45%	62.76%	61.80%
Responses	8012	7312	8374	8116

Q8c The people I work with are polite and treat each other with respect.



#### Survey Coordination Centre



# People Promise element – We are recognised and rewarded



Questions included: Q4a, Q4b, Q4c, Q8d, Q9e

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

#### People Promise elements and theme results – We are recognised and rewarded

#### Survey Coordination Centre

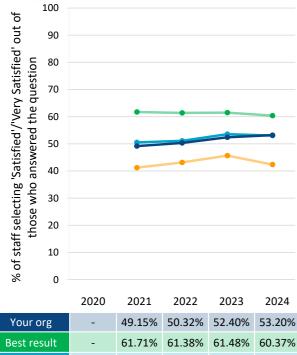


verage result

Worst result

Responses

Q4a How satisfied are you with each of the following aspects of your job? The recognition I get for good work.



41.22%

8019

50.52% 51.09% 53.56% 53.02%

43.12%

7329

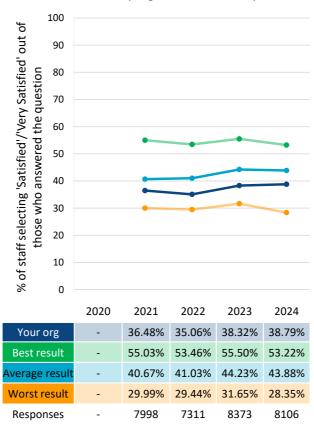
45.65%

8420

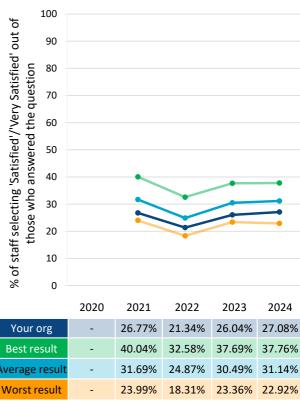
42.37%

8132

Q4b How satisfied are you with each of the following aspects of your job? The extent to which my organisation values my work.



Q4c How satisfied are you with each of the following aspects of your job? My level of pay.





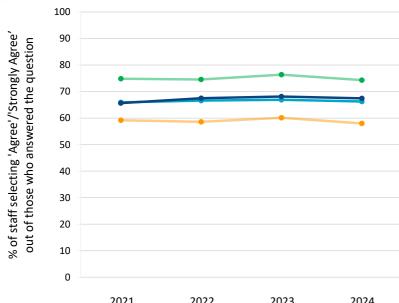
#### People Promise elements and theme results – We are recognised and rewarded

# Survey Coordination Centre



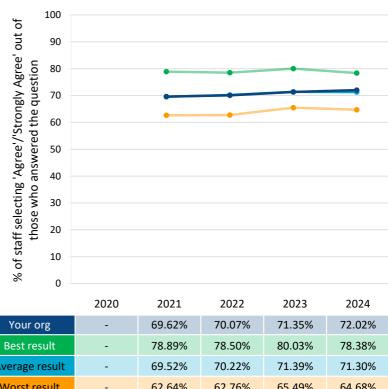


Q8d The people I work with show appreciation to one another.



		2021	2022	2023	2024	
	Your org	65.64%	67.51%	68.13%	67.46%	
	Best result	74.84%	74.55%	76.37%	74.33%	
	Average result	65.92%	66.61%	66.91%	66.25%	
	Worst result	59.18%	58.59%	60.13%	57.98%	
	Responses	7985	7305	8355	8087	

Q9e My immediate manager values my work.



Survey Coordination Centre



10. NHS Staff Survey: UHSussex Benchmarking Report

## People Promise element – We each have a voice that counts



Questions included:

Autonomy and control – Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b Raising concerns – Q20a, Q20b, Q25e, Q25f

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

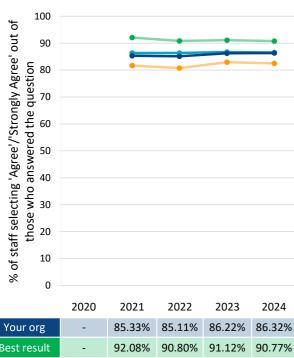
#### People Promise elements and theme results – We each have a voice that counts: Autonomy and control

#### Survey Coordination Centre



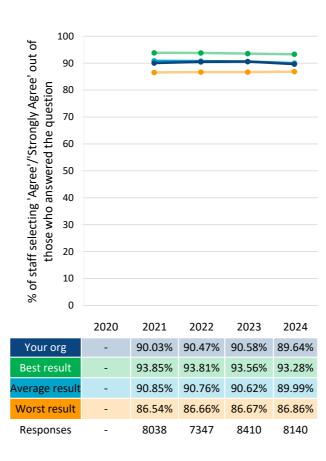


Q3a I always know what my work responsibilities are.

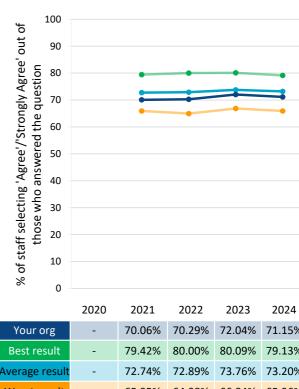




Q3b I am trusted to do my job.



Q3c There are frequent opportunities for me to show initiative in my role.



Your org	-	70.06%	70.29%	72.04%	71.15%
Best result	-	79.42%	80.00%	80.09%	79.13%
Average result	-	72.74%	72.89%	73.76%	73.20%
Worst result	-	65.95%	64.98%	66.84%	65.96%
Responses	-	8040	7334	8395	8121

#### People Promise elements and theme results – We each have a voice that counts: Autonomy and control

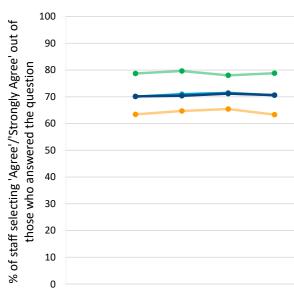
# Survey Coordination Centre



10. NHS Staff Survey: UHSussex Benchmarking Report

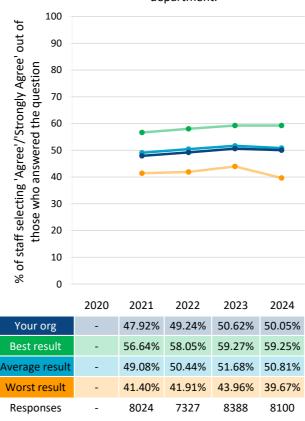


Q3d I am able to make suggestions to improve the work of my team / department.

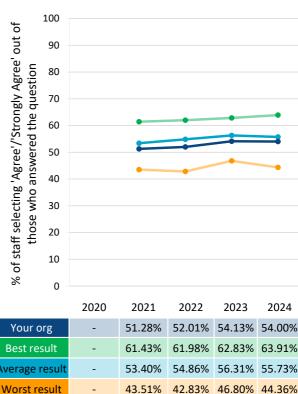


	2020	2021	2022	2023	2024
Your org	-	70.16%	70.39%	71.17%	70.62%
Best result	-	78.70%	79.64%	78.01%	78.83%
Average result	-	70.08%	70.96%	71.46%	70.60%
Worst result	-	63.41%	64.71%	65.42%	63.34%
Responses	-	8010	7323	8375	8102

Q3e I am involved in deciding on changes introduced that affect my work area / team / department.



Q3f I am able to make improvements happen in my area of work.

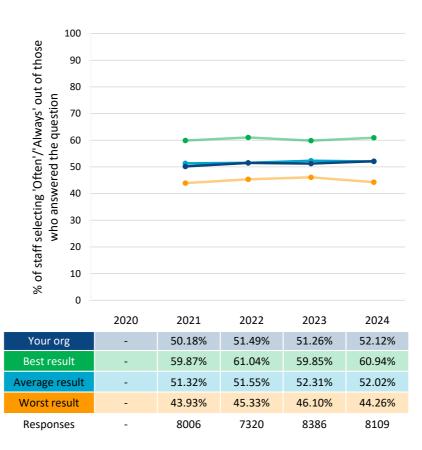


	2020	2021	2022	2023	2024
Your org	-	51.28%	52.01%	54.13%	54.00%
Best result	-	61.43%	61.98%	62.83%	63.91%
Average result	-	53.40%	54.86%	56.31%	55.73%
Worst result	-	43.51%	42.83%	46.80%	44.36%
Responses	-	7997	7322	8371	8097





Q5b I have a choice in deciding how to do my work.





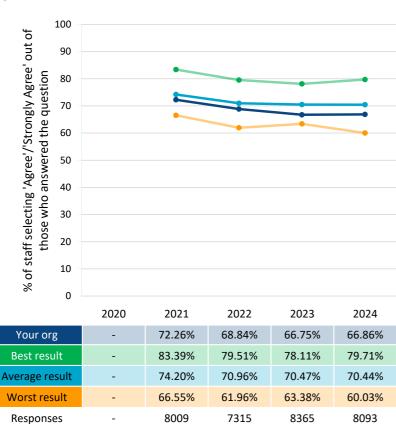
#### People Promise elements and theme results – We each have a voice that counts: Raising concerns

#### Survey Coordination Centre

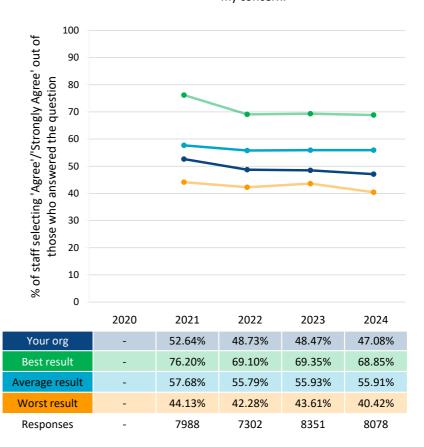




Q20a I would feel secure raising concerns about unsafe clinical practice.



Q20b I am confident that my organisation would address my concern.



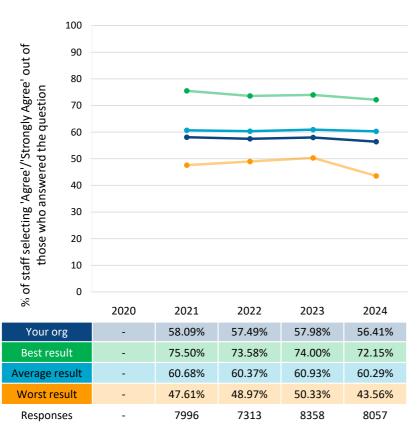
#### People Promise elements and theme results – We each have a voice that counts: Raising concerns

#### Survey Coordination Centre

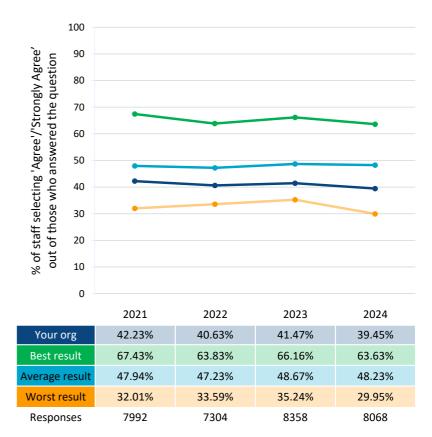




## Q25e I feel safe to speak up about anything that concerns me in this organisation.



# Q25f If I spoke up about something that concerned me I am confident my organisation would address my concern.



#### Survey Coordination Centre



# People Promise element – We are safe and healthy



Questions included:

Health and safety climate: Q3g, Q3h, Q3i, Q5a, Q11a, Q13d, Q14d

Burnout: Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g

Negative experiences: Q11b, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c

Other questions:\* Q17a, Q17b, Q22

\*Q17a, Q17b and Q22 do not contribute to the calculation of any scores or sub-scores.

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

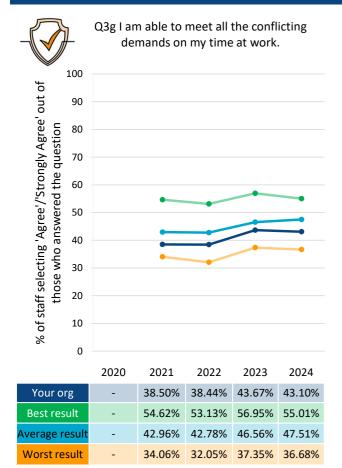
# 137 of 362

Responses

#### Survey Coordination Centre



#### People Promise elements and theme results – We are safe and healthy: Health and safety climate



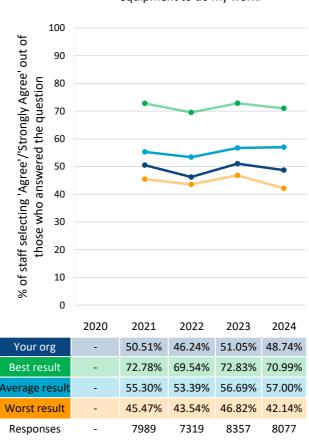
7999

7315

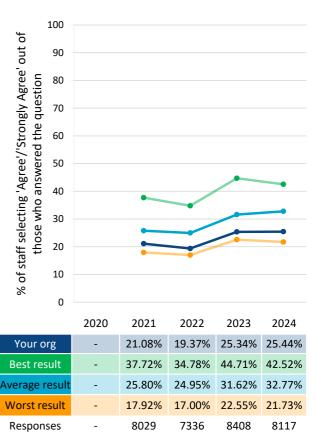
8371

8088

Q3h I have adequate materials, supplies and equipment to do my work.



Q3i There are enough staff at this organisation for me to do my job properly.



University Hospitals Sussex NHS Foundation Trust Benchmark report

Responses

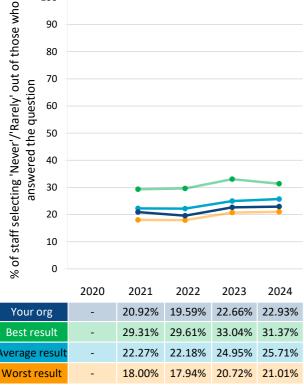


10. NHS Staff Survey: UHSussex Benchmarking Report

#### People Promise elements and theme results – We are safe and healthy: Health and safety climate



Q5a I have unrealistic time pressures.



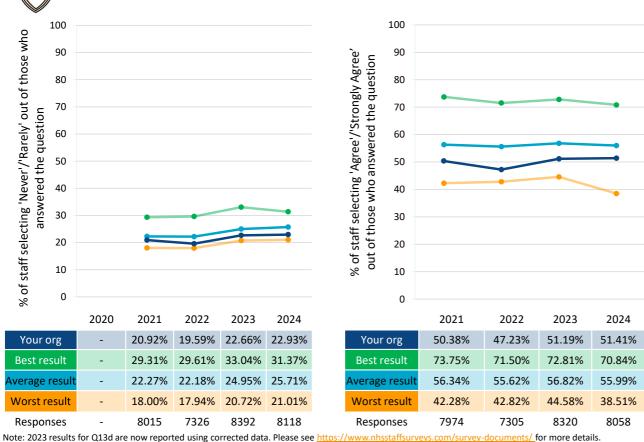
8015

7326

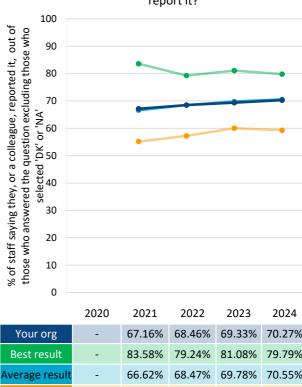
8392

8118

Q11a My organisation takes positive action on health and well-being.



Q13d The last time you experienced physical violence at work, did you or a colleague report it?



		2020	2021	2022	2023	2024
	Your org	-	67.16%	68.46%	69.33%	70.27%
	Best result	-	83.58%	79.24%	81.08%	79.79%
	Average result	-	66.62%	68.47%	69.78%	70.55%
	Worst result	-	55.15%	57.22%	60.04%	59.28%
	Responses	_	1204	1182	1414	1307

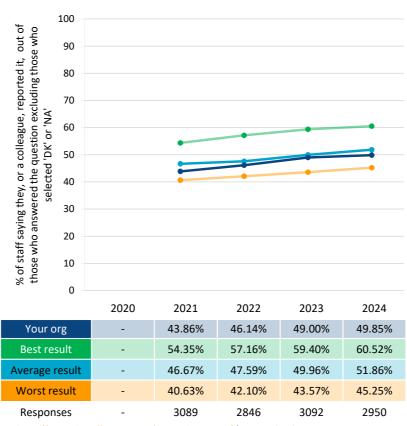
#### People Promise elements and theme results – We are safe and healthy: Health and safety climate

Survey Coordination Centre





## Q14d The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?



Note: 2023 results for Q14d are now reported using corrected data. Please see <a href="https://www.nhsstaffsurveys.com/survey-documents/">https://www.nhsstaffsurveys.com/survey-documents/</a> for more details.

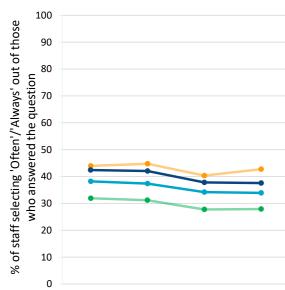
#### People Promise elements and theme results – We are safe and healthy: Burnout

#### Survey Coordination Centre



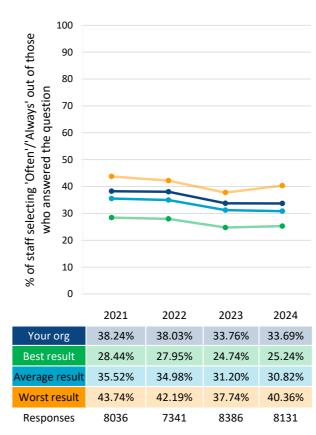


Q12a How often, if at all, do you find your work emotionally exhausting?

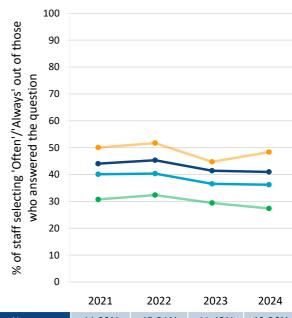


		2021	2022	2023	2024
	Your org	42.41%	42.06%	37.79%	37.57%
	Best result	31.92%	31.18%	27.73%	27.88%
	Average result	38.20%	37.36%	34.20%	33.91%
	Worst result	43.97%	44.75%	40.35%	42.73%
	Responses	8059	7351	8411	8138

Q12b How often, if at all, do you feel burnt out because of your work?



Q12c How often, if at all, does your work frustrate you?



		2021	2022	2023	2024
	Your org	44.03%	45.31%	41.43%	40.96%
	Best result	30.74%	32.35%	29.40%	27.37%
	Average result	40.11%	40.35%	36.52%	36.19%
	Worst result	50.04%	51.70%	44.72%	48.33%
	Responses	8037	7338	8391	8112

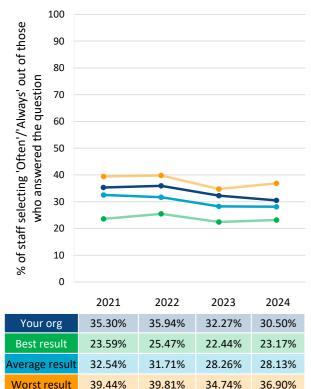
#### People Promise elements and theme results – We are safe and healthy: Burnout

#### Survey Coordination Centre





Q12d How often, if at all, are you exhausted at the thought of another day/shift at work?



7329

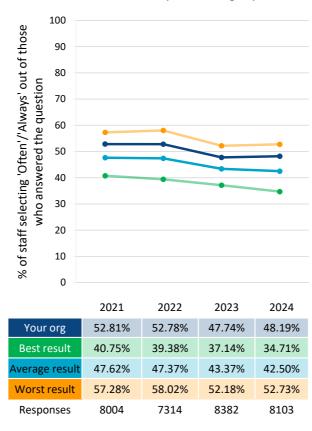
8372

8118

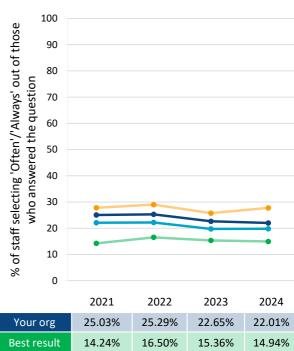
8027

Responses

Q12e How often, if at all, do you feel worn out at the end of your working day/shift?



Q12f How often, if at all, do you feel that every working hour is tiring for you?



	2021	2022	2023	2024
Your org	25.03%	25.29%	22.65%	22.01%
Best result	14.24%	16.50%	15.36%	14.94%
Average result	22.12%	22.19%	19.73%	19.80%
Worst result	27.81%	29.01%	25.76%	27.74%
Responses	7988	7313	8360	8095

University Hospitals Sussex NHS Foundation Trust Benchmark report



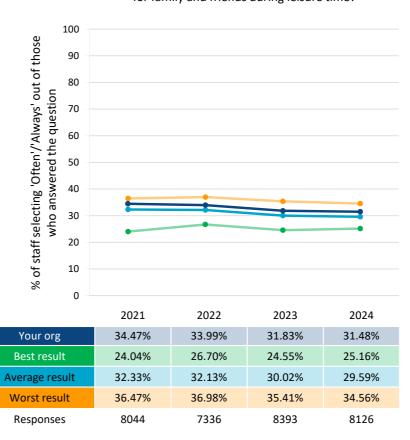
#### People Promise elements and theme results – We are safe and healthy: Burnout

Survey Coordination Centre





## Q12g How often, if at all, do you not have enough energy for family and friends during leisure time?



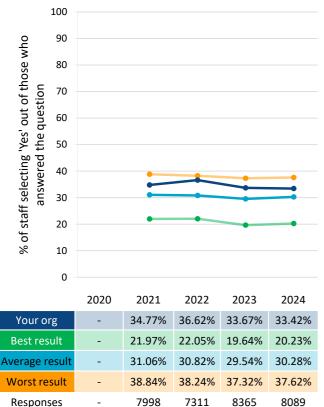
#### People Promise elements and theme results – We are safe and healthy: Negative experiences

#### Survey Coordination Centre

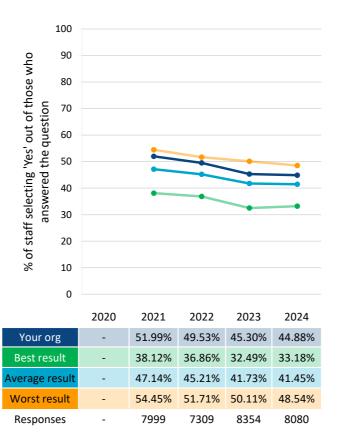




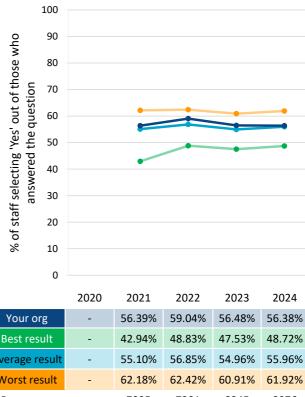
Q11b In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?



Q11c During the last 12 months have you felt unwell as a result of work related stress?



Q11d In the last three months have you ever come to work despite not feeling well enough to perform your duties?



		2020	2021	2022	2020	202.
	Your org	-	56.39%	59.04%	56.48%	56.38%
	Best result	-	42.94%	48.83%	47.53%	48.72%
	Average result	-	55.10%	56.85%	54.96%	55.96%
	Worst result	-	62.18%	62.42%	60.91%	61.92%
	Responses	-	7995	7301	8345	8076

61

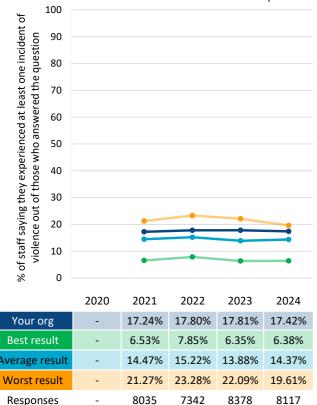
#### People Promise elements and theme results – We are safe and healthy: Negative experiences

#### Survey Coordination Centre

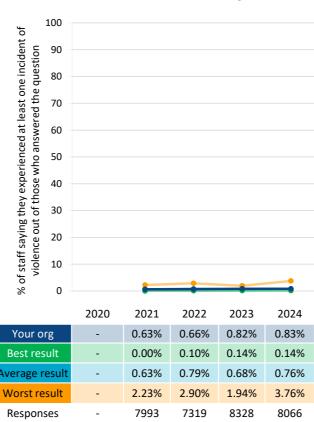




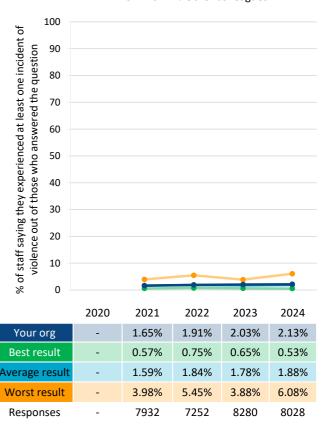
Q13a In the last 12 months how many times have you personally experienced physical violence at work from...? Patients / service users, their relatives or other members of the public.



Q13b In the last 12 months how many times have you personally experienced physical violence at work from...? Managers.



Q13c In the last 12 months how many times have you personally experienced physical violence at work from...? Other colleagues.



Note: 2023 results for Q13a-c are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/\_for more details.

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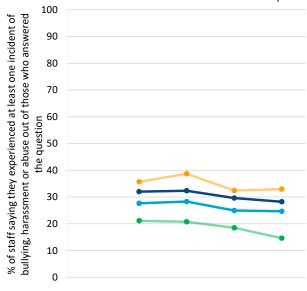
#### People Promise elements and theme results – We are safe and healthy: Negative experiences

#### Survey Coordination Centre



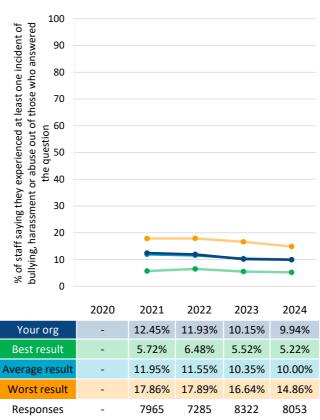


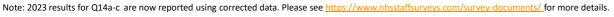
Q14a In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Patients / service users, their relatives or other members of the public.



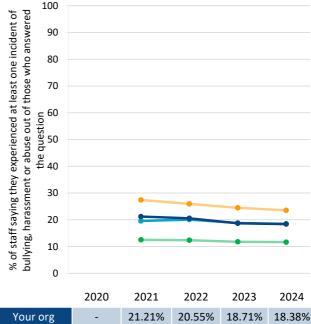


Q14b In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Managers.





Q14c In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Other colleagues.



Your org	-	21.21%	20.55%	18.71%	18.38%
Best result	-	12.51%	12.37%	11.80%	11.66%
Average result	-	19.56%	20.08%	18.78%	18.49%
Worst result	-	27.43%	25.97%	24.45%	23.55%
Responses	-	7932	7255	8322	8049

University Hospitals Sussex NHS Foundation Trust Benchmark report

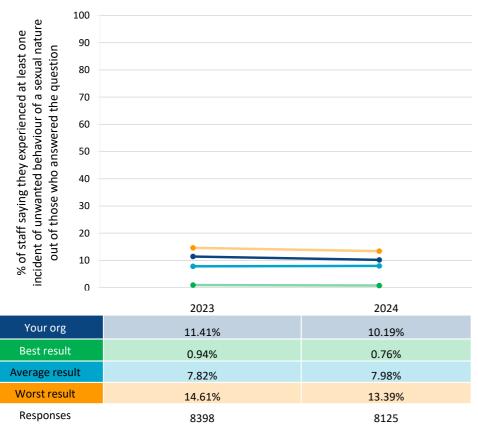


#### People Promise elements and theme results – We are safe and healthy: Other questions\*

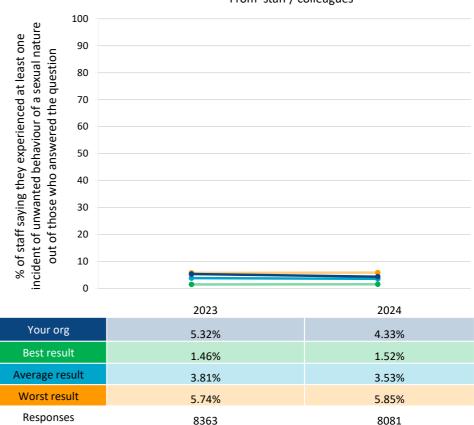
#### Survey Coordination Centre



Q17a In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? From patients / service users, their relatives or other members of the public



# Q17b In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? From staff / colleagues

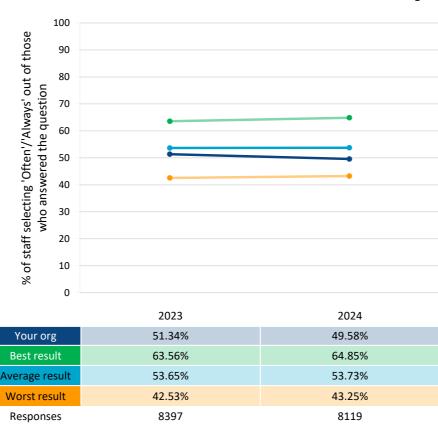


<sup>\*</sup>These questions do not contribute towards any People Promise element score, theme score or sub-score



## People Promise elements and theme results – We are safe and healthy: Other questions\*

#### Q22 I can eat nutritious and affordable food while I am working



<sup>\*</sup>These questions do not contribute towards any People Promise element score, theme score or sub-score

Survey Coordination Centre



# People Promise element – We are always learning



#### Questions included:

Development – Q24a, Q24b, Q24c, Q24d, Q24e

Appraisals – Q23a\*, Q23b, Q23c, Q23d

Other questions\*\* - Q24f

\*Q23a is a filter question and therefore influences the sub-score without being a directly scored question.

\*\*Q24f does not contribute to the calculation of any scores or sub-scores.

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

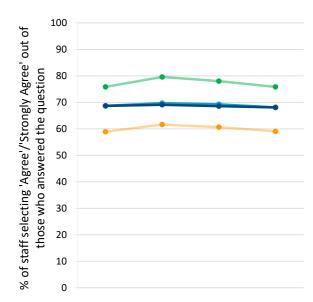
#### People Promise elements and theme results – We are always learning: Development

## Survey Coordination Centre



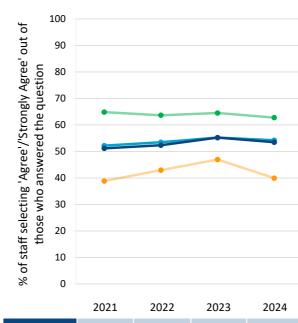


Q24a This organisation offers me challenging work.



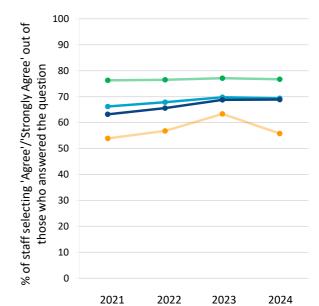
	2021	2022	2023	2024
Your org	68.64%	69.07%	68.57%	68.07%
Best result	75.83%	79.59%	78.00%	75.84%
Average result	68.68%	69.68%	69.23%	68.08%
Worst result	58.89%	61.62%	60.63%	59.05%
Responses	8028	7314	8374	8089

Q24b There are opportunities for me to develop my career in this organisation.



	2021	2022	2023	2024
Your org	51.16%	52.34%	55.22%	53.51%
Best result	64.85%	63.63%	64.50%	62.77%
Average result	52.19%	53.47%	55.24%	54.25%
Worst result	38.85%	42.97%	46.95%	39.91%
Responses	8021	7320	8380	8095

Q24c I have opportunities to improve my knowledge and skills.



Your org	63.18%	65.59%	68.74%	68.88%
Best result	76.28%	76.49%	77.10%	76.67%
Average result	66.20%	67.87%	69.76%	69.39%
Worst result	53.90%	56.77%	63.34%	55.79%
Responses	8011	7312	8369	8084



#### People Promise elements and theme results – We are always learning: Development

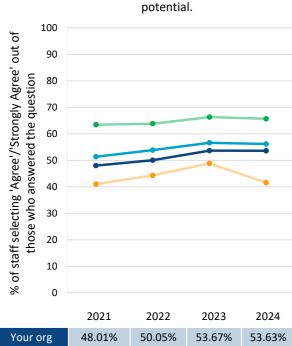
#### Survey Coordination Centre

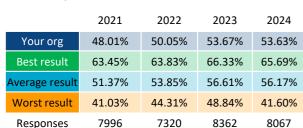


10. NHS Staff Survey: UHSussex Benchmarking Report

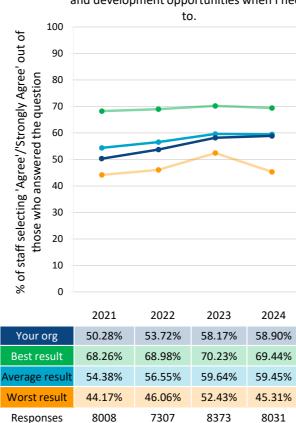


Q24d I feel supported to develop my potential.

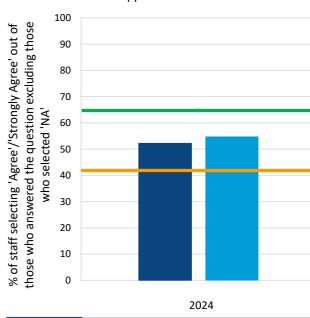




Q24e I am able to access the right learning and development opportunities when I need



Q24f\* I am able to access clinical supervision opportunities when I need to.



Your org	52.22%
Best result	64.73%
Average result	54.75%
Worst result	41.87%
Responses	6155

<sup>\*</sup>Q24f was introduced in 2024 and does not currently contribute towards any People Promise element score, theme score or sub-score to protect trend data over five years.

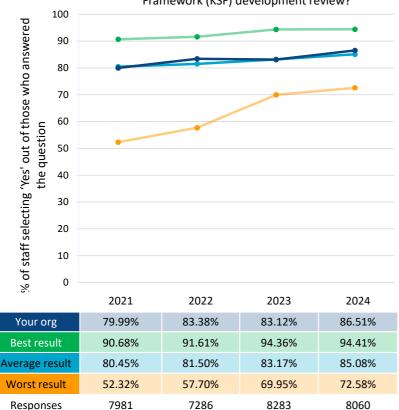
#### People Promise elements and theme results – We are always learning: Appraisals

## Survey Coordination Centre

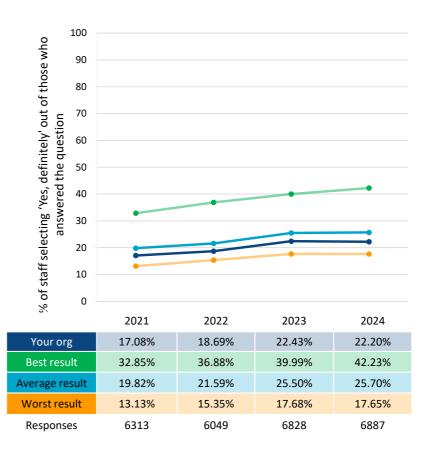




Q23a\* In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills
Framework (KSF) development review?



Q23b It helped me to improve how I do my job.



<sup>\*</sup>Q23a is a filter question and therefore influences the sub-score without being a directly scored question.



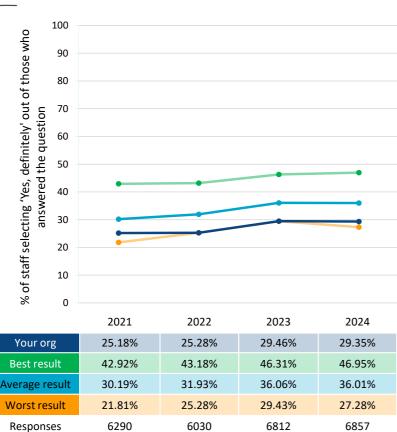
#### People Promise elements and theme results – We are always learning: Appraisals

## Survey Coordination Centre

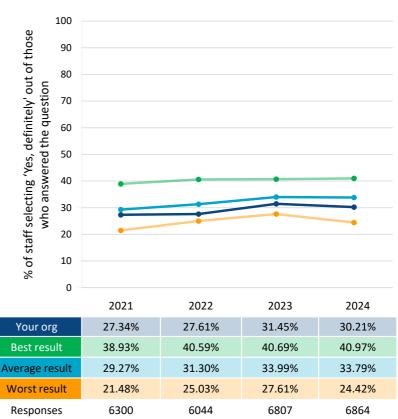




Q23c It helped me agree clear objectives for my work.



Q23d It left me feeling that my work is valued by my organisation.



70

#### Survey Coordination Centre



# People Promise element – We work flexibly



Questions included: Support for work-life balance – Q6b, Q6c, Q6d Flexible working – Q4d

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

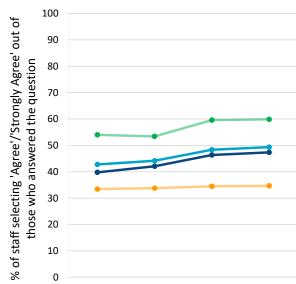
#### People Promise elements and theme results – We work flexibly: Support for work-life balance

## Survey Coordination Centre



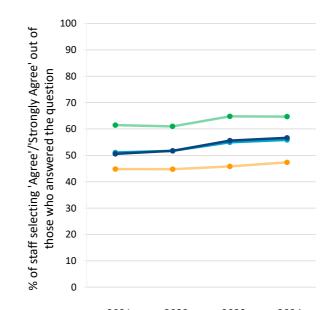


Q6b My organisation is committed to helping me balance my work and home life.



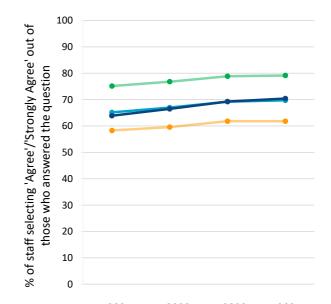
		2021	2022	2023	2024
	Your org	39.75%	42.09%	46.34%	47.34%
	Best result	53.99%	53.39%	59.57%	59.88%
	Average result	42.75%	44.14%	48.33%	49.34%
	Worst result	33.43%	33.74%	34.44%	34.64%
	Responses	8027	7331	8403	8111

Q6c I achieve a good balance between my work life and my home life.



	2021	2022	2023	2024
Your org	50.57%	51.70%	55.57%	56.65%
Best result	61.48%	60.97%	64.79%	64.71%
Average result	51.09%	51.73%	54.93%	55.86%
Worst result	44.80%	44.75%	45.81%	47.36%
Responses	8016	7334	8378	8101

Q6d I can approach my immediate manager to talk openly about flexible working.



	2021	2022	2023	2024
Your org	63.90%	66.50%	69.27%	70.42%
Best result	75.16%	76.80%	78.85%	79.16%
Average result	65.17%	66.99%	69.24%	69.74%
Worst result	58.30%	59.57%	61.83%	61.80%
Responses	8027	7334	8404	8104

## Peo

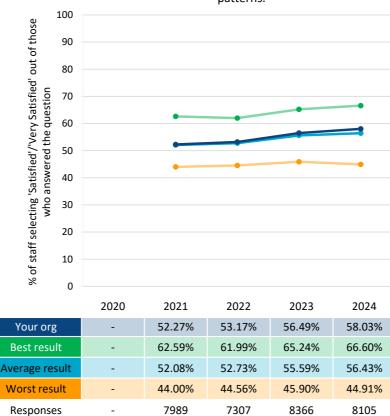
#### People Promise elements and theme results – We work flexibly: Flexible working

Survey Coordination Centre





Q4d How satisfied are you with each of the following aspects of your job? The opportunities for flexible working patterns.



# Survey Coordination Centre



10. NHS Staff Survey: UHSussex Benchmarking Report

## **People Promise element – We are** a team



Questions included:

Team working - Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a Line management – Q9a, Q9b, Q9c, Q9d

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.



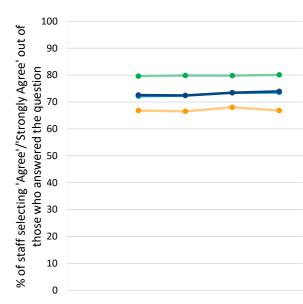
#### People Promise elements and theme results – We are a team: Team working

#### Survey Coordination Centre



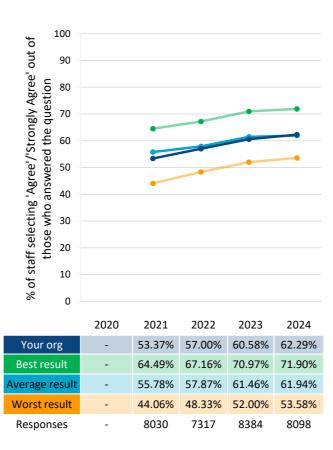


Q7a The team I work in has a set of shared objectives.

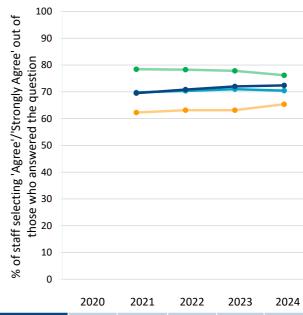




Q7b The team I work in often meets to discuss the team's effectiveness.



Q7c I receive the respect I deserve from my colleagues at work.



	2020	2021	2022	2023	2024
Your org	-	69.51%	70.83%	72.01%	72.41%
Best result	-	78.45%	78.29%	77.84%	76.21%
Average result	-	69.79%	70.36%	70.99%	70.44%
Worst result	-	62.27%	63.14%	63.16%	65.37%
Responses	-	8028	7328	8395	8113

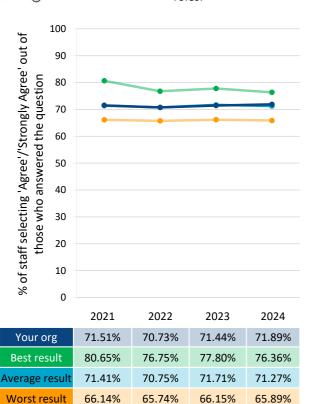
#### People Promise elements and theme results – We are a team: Team working

# Survey Coordination Centre





Q7d Team members understand each other's roles.



7328

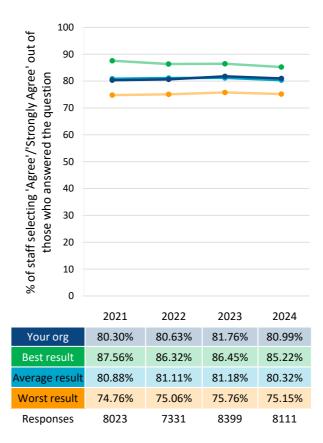
8392

8120

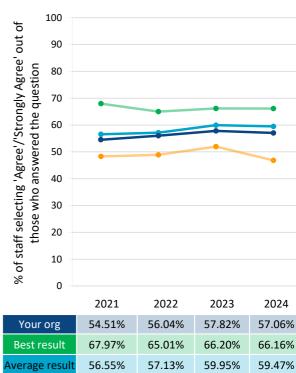
8020

Responses

Q7e I enjoy working with the colleagues in my team.



Q7f My team has enough freedom in how to do its work.



	2021	2022	2023	2024
Your org	54.51%	56.04%	57.82%	57.06%
Best result	67.97%	65.01%	66.20%	66.16%
Average result	56.55%	57.13%	59.95%	59.47%
Worst result	48.31%	48.90%	51.97%	46.83%
Responses	8008	7313	8365	8110



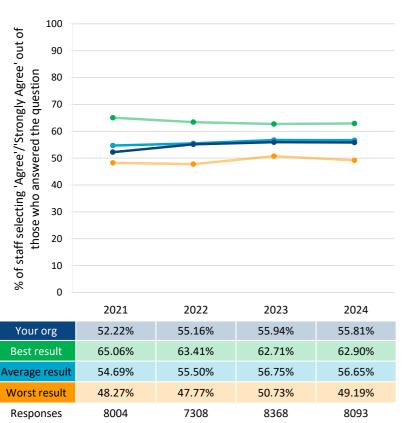
#### People Promise elements and theme results – We are a team: Team working

## Survey Coordination Centre

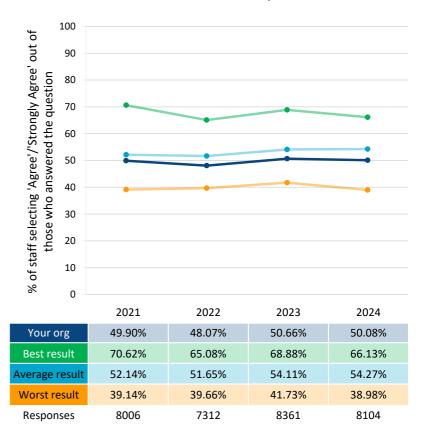




Q7g In my team disagreements are dealt with constructively.



Q8a Teams within this organisation work well together to achieve their objectives.



## >

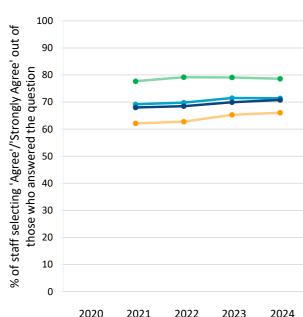
#### People Promise elements and theme results – We are a team: Line management

#### Survey Coordination Centre



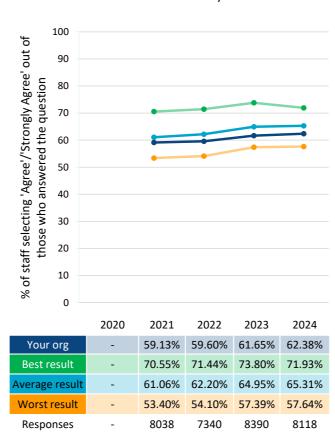


Q9a My immediate manager encourages me at work.

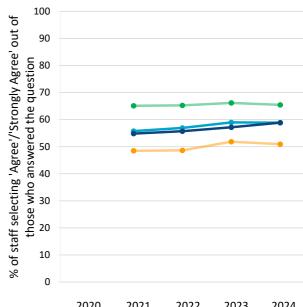


2024 2020 2021 2022 2023 68.00% 68.50% 69.93% 70.78% Your org 79.11% 78.63% Best result 77.71% 79.19% 69.81% 71.50% 71.38% Average result 69.19% 65.30% 66.06% Worst result 62.13% 62.79% Responses 8041 7335 8390 8117

Q9b My immediate manager gives me clear feedback on my work.



Q9c My immediate manager asks for my opinion before making decisions that affect my work.



	2020	2021	2022	2023	2024
Your org	-	54.82%	55.72%	57.17%	58.87%
Best result	-	65.11%	65.23%	66.16%	65.47%
Average result	-	55.75%	56.93%	58.97%	58.84%
Worst result	-	48.47%	48.62%	51.84%	50.94%
Responses	-	8024	7338	8378	8108

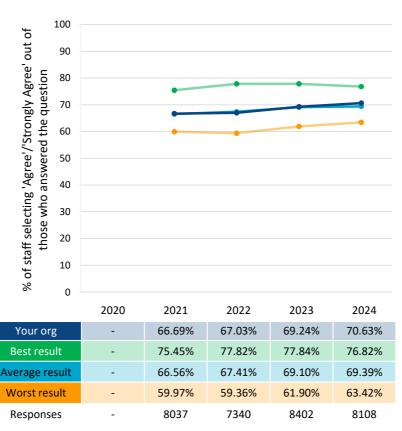
## Survey Coordination Centre



#### People Promise elements and theme results – We are a team: Line management



## Q9d My immediate manager takes a positive interest in my health and well-being.



#### Survey Coordination Centre



10. NHS Staff Survey: UHSussex Benchmarking Report

## Theme – Staff engagement



Questions included: Motivation – Q2a, Q2b, Q2c Involvement – Q3c, Q3d, Q3f Advocacy – Q25a, Q25c, Q25d

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.



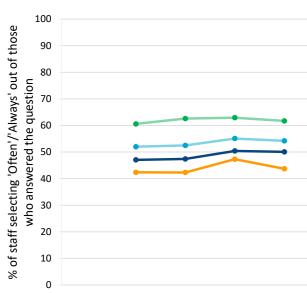
#### People Promise elements and theme results – Staff engagement: Motivation

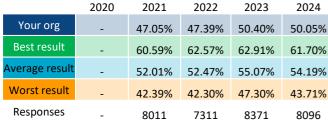
Survey Coordination Centre



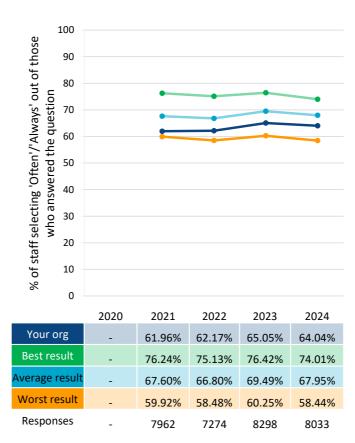


#### Q2a I look forward to going to work.

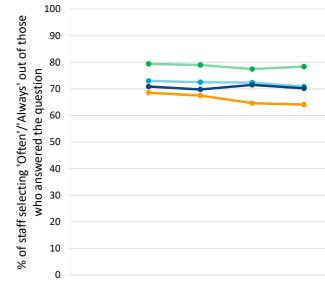




#### Q2b I am enthusiastic about my job.



#### Q2c Time passes quickly when I am working.



	2020	2021	2022	2023	2024
Your org	-	70.87%	69.77%	71.50%	70.17%
Best result	-	79.39%	78.98%	77.45%	78.37%
Average result	-	72.99%	72.52%	72.36%	70.90%
Worst result	-	68.54%	67.46%	64.61%	64.08%
Responses	_	7973	7281	8325	8030

81



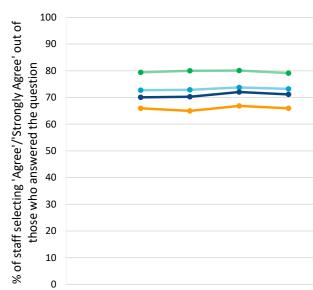
#### People Promise elements and theme results - Staff engagement: Involvement

#### Survey Coordination Centre



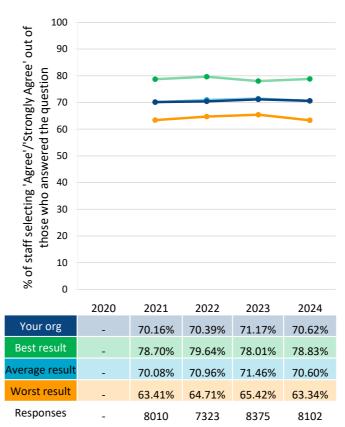


Q3c There are frequent opportunities for me to show initiative in my role.

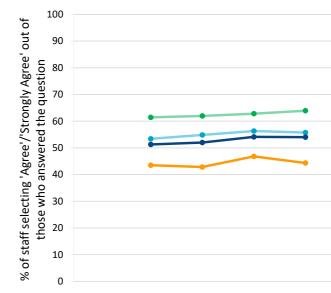




Q3d I am able to make suggestions to improve the work of my team / department.



Q3f I am able to make improvements happen in my area of work.



	2020	2021	2022	2023	2024
Your org	-	51.28%	52.01%	54.13%	54.00%
Best result	-	61.43%	61.98%	62.83%	63.91%
Average result	-	53.40%	54.86%	56.31%	55.73%
Worst result	-	43.51%	42.83%	46.80%	44.36%
Responses	_	7997	7322	8371	8097

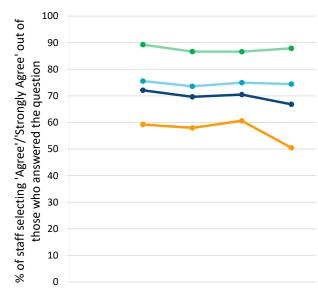
#### People Promise elements and theme results – Staff engagement: Advocacy

# Survey Coordination Centre



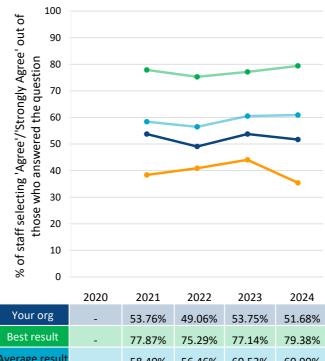


Q25a Care of patients / service users is my organisation's top priority.



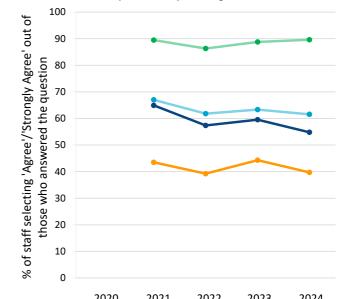
		2020	2021	2022	2023	2024
	Your org	-	72.09%	69.62%	70.48%	66.82%
	Best result	-	89.26%	86.67%	86.62%	87.89%
	Average result	-	75.57%	73.60%	74.95%	74.42%
	Worst result	-	59.23%	57.97%	60.62%	50.48%
	Responses		9016	7226	0201	9090

Q25c I would recommend my organisation as a place to work.



	2020		-0	2020	202.
Your org	-	53.76%	49.06%	53.75%	51.68%
Best result	-	77.87%	75.29%	77.14%	79.38%
Average result	-	58.40%	56.46%	60.53%	60.90%
Worst result	-	38.38%	40.89%	44.05%	35.43%
Responses	-	8014	7318	8372	8088

Q25d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.



	2020	2021	2022	2023	2024
Your org	-	64.93%	57.36%	59.54%	54.79%
Best result	-	89.48%	86.30%	88.79%	89.59%
Average result	-	67.01%	61.79%	63.34%	61.54%
Worst result	-	43.50%	39.23%	44.30%	39.72%
Responses	-	7993	7314	8369	8070

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#### Survey Coordination Centre



## **Theme - Morale**



Questions included:

Thinking about leaving – Q26a, Q26b, Q26c Work pressure – Q3g, Q3h, Q3i Stressors – Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

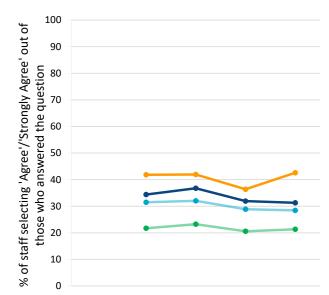
#### People Promise elements and theme results – Morale: Thinking about leaving

## Survey Coordination Centre



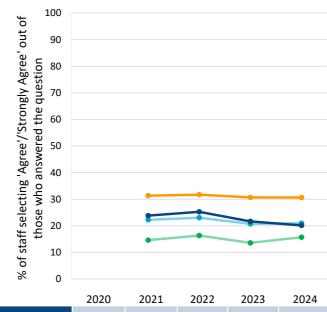


## Q26a I often think about leaving this organisation.



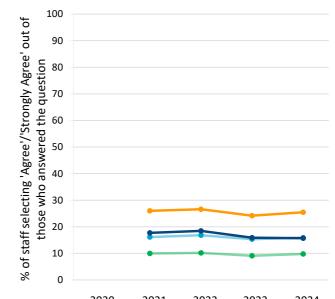
	2020	2021	2022	2023	2024
Your org	-	34.38%	36.75%	31.89%	31.28%
Best result	-	21.69%	23.23%	20.56%	21.30%
Average result	-	31.47%	32.02%	28.87%	28.43%
Worst result	-	41.84%	41.90%	36.37%	42.58%
Responses	-	8037	7340	8399	8122

Q26b I will probably look for a job at a new organisation in the next 12 months.



	2020	2021	2022	2023	2024
Your org	-	23.80%	25.25%	21.66%	20.14%
Best result	-	14.62%	16.33%	13.58%	15.68%
Average result	-	22.25%	23.04%	20.73%	20.98%
Worst result	-	31.32%	31.70%	30.70%	30.62%
Responses	-	8019	7327	8370	8086

Q26c As soon as I can find another job, I will leave this organisation.



	2020	2021	2022	2023	2024
Your org	-	17.72%	18.46%	15.87%	15.71%
Best result	-	9.95%	10.19%	9.10%	9.76%
Average result	-	16.15%	16.83%	15.32%	15.87%
Worst result	-	25.99%	26.60%	24.17%	25.47%
Responses	_	7984	7300	8344	8039

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Trust Board in Public, Monday 31 March 2025, 13:30-15:45, Washington Suite Boardroom, Worthing-31/03/25

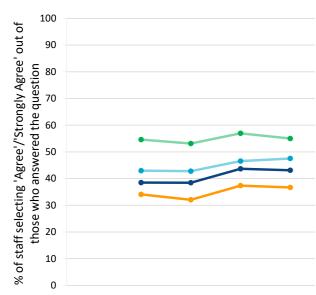
#### People Promise elements and theme results – Morale: Work pressure

## Survey Coordination Centre



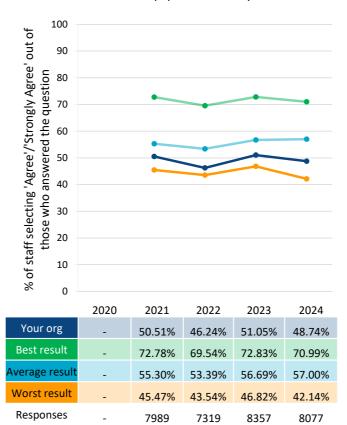


Q3g I am able to meet all the conflicting demands on my time at work.

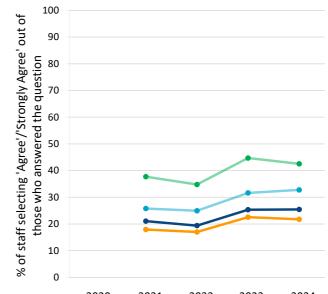


		2020	2021	2022	2023	2024
	Your org	-	38.50%	38.44%	43.67%	43.10%
	Best result	-	54.62%	53.13%	56.95%	55.01%
	Average result	-	42.96%	42.78%	46.56%	47.51%
	Worst result	-	34.06%	32.05%	37.35%	36.68%
	Responses	-	7999	7315	8371	8088

Q3h I have adequate materials, supplies and equipment to do my work.



Q3i There are enough staff at this organisation for me to do my job properly.



	2020	2021	2022	2023	2024
Your org	-	21.08%	19.37%	25.34%	25.44%
Best result	-	37.72%	34.78%	44.71%	42.52%
Average result	-	25.80%	24.95%	31.62%	32.77%
Worst result	-	17.92%	17.00%	22.55%	21.73%
Responses	_	8029	7336	8408	8117

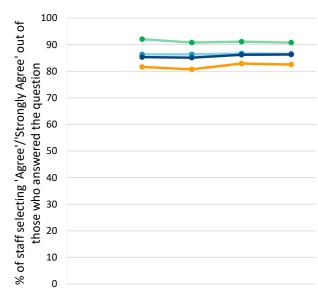
#### People Promise elements and theme results – Morale: Stressors

## Survey Coordination Centre



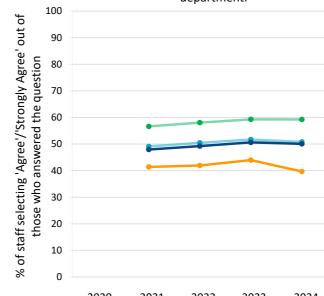


Q3a I always know what my work responsibilities are.



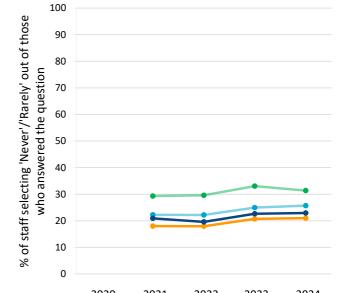
		2020	2021	2022	2023	2024
	Your org	-	85.33%	85.11%	86.22%	86.32%
	Best result	-	92.08%	90.80%	91.12%	90.77%
	Average result	-	86.35%	86.35%	86.70%	86.55%
	Worst result	-	81.65%	80.73%	82.92%	82.51%
	Responses	-	8060	7362	8429	8151

Q3e I am involved in deciding on changes introduced that affect my work area / team / department.



		2020	2021	2022	2023	2024
	Your org	-	47.92%	49.24%	50.62%	50.05%
	Best result	-	56.64%	58.05%	59.27%	59.25%
	Average result	-	49.08%	50.44%	51.68%	50.81%
	Worst result	-	41.40%	41.91%	43.96%	39.67%
	Responses	_	8024	7327	8388	8100

Q5a I have unrealistic time pressures.



	2020	2021	2022	2023	2024
Your org	-	20.92%	19.59%	22.66%	22.93%
Best result	-	29.31%	29.61%	33.04%	31.37%
Average result	-	22.27%	22.18%	24.95%	25.71%
Worst result	-	18.00%	17.94%	20.72%	21.01%
Responses	_	8015	7326	8392	8118

87

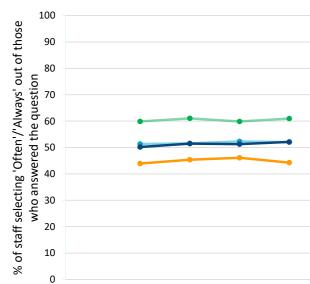
#### People Promise elements and theme results – Morale: Stressors

## Survey Coordination Centre



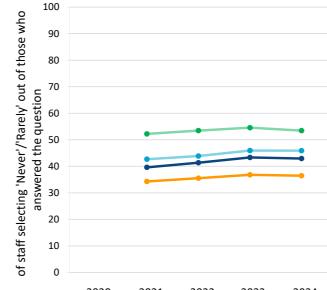


Q5b I have a choice in deciding how to do my work.



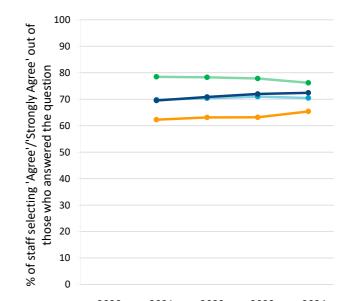
	2020	2021	2022	2023	2024
Your org	-	50.18%	51.49%	51.26%	52.12%
Best result	-	59.87%	61.04%	59.85%	60.94%
Average result	-	51.32%	51.55%	52.31%	52.02%
Worst result	-	43.93%	45.33%	46.10%	44.26%
Responses	-	8006	7320	8386	8109

Q5c Relationships at work are strained.



	2020	2021	2022	2023	2024
Your org	-	39.61%	41.33%	43.34%	42.93%
Best result	-	52.22%	53.46%	54.56%	53.48%
Average result	-	42.67%	43.89%	45.94%	45.91%
Worst result	-	34.28%	35.52%	36.80%	36.48%
Responses	-	7995	7317	8380	8093

Q7c I receive the respect I deserve from my colleagues at work.



	2020	2021	2022	2023	2024
Your org	-	69.51%	70.83%	72.01%	72.41%
Best result	-	78.45%	78.29%	77.84%	76.21%
Average result	-	69.79%	70.36%	70.99%	70.44%
Worst result	-	62.27%	63.14%	63.16%	65.37%
Responses	-	8028	7328	8395	8113

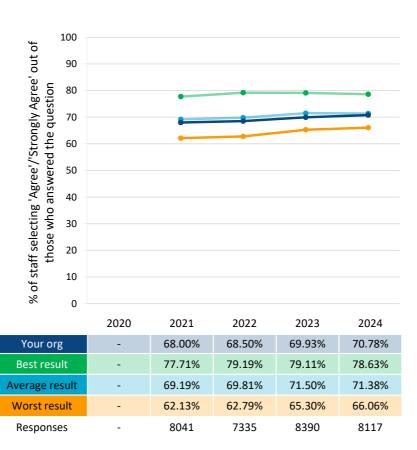
## People Promise elements and theme results – Morale: Stressors

Survey Coordination Centre





#### Q9a My immediate manager encourages me at work.





10. NHS Staff Survey: UHSussex Benchmarking Report

# **Questions not linked to People Promise elements or themes**

Questions included:\*

Q1, Q10a, Q10b, Q10c, Q11e, Q16c, Q18, Q19a, Q19b, Q19c, Q19d, Q31b, Q26d

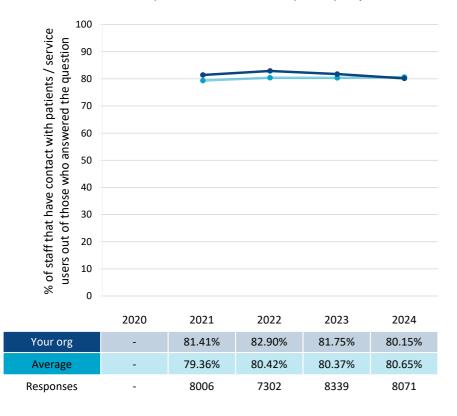
\*The results for Q17a, Q17b and Q22 are reported in the section for People Promise element 4: We are safe and healthy. The results for Q24f are reported in the section for People Promise element 5: We are always learning. These questions do not contribute to any score or sub-score calculations.

Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

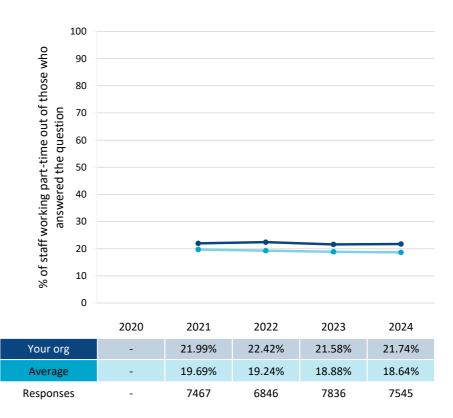
#### Survey Coordination Centre



## Q1 Do you have face-to-face, video or telephone contact with patients / service users as part of your job?



#### Q10a How many hours a week are you contracted to work?



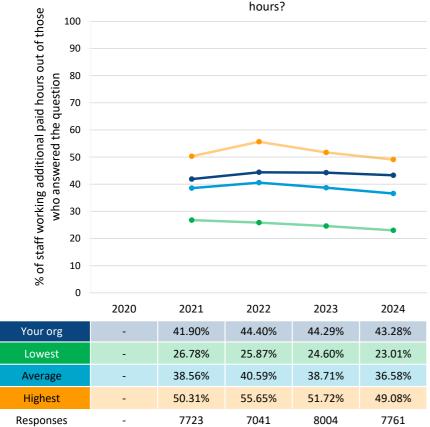
Trust Board in Public, Monday 31 March 2025, 13:30-15:45, Washington Suite Boardroom, Worthing-31/03/25

#### People Promise elements and theme results – Questions not linked to People Promise elements or themes

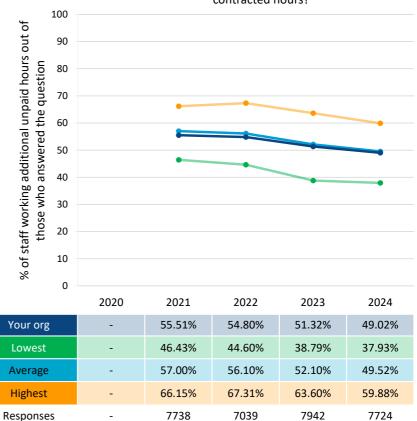
#### Survey Coordination Centre



## Q10b On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted



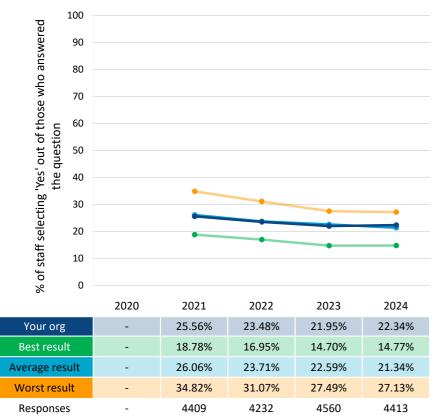
# Q10c On average, how many additional UNPAID hours do you work per week for this organisation, over and above your contracted hours?



## Survey Coordination Centre

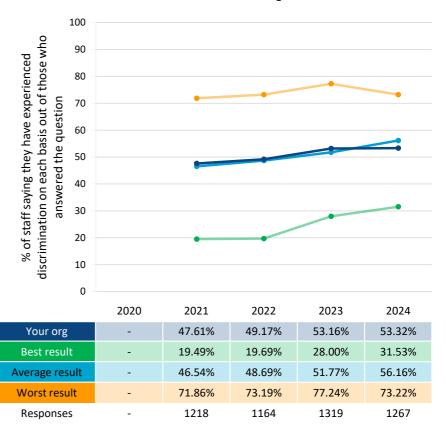


Q11e\* Have you felt pressure from your manager to come to work?



\*Q11e is only answered by staff who responded 'Yes' to Q11d.

Q16c.1 On what grounds have you experienced discrimination?
- Ethnic background.



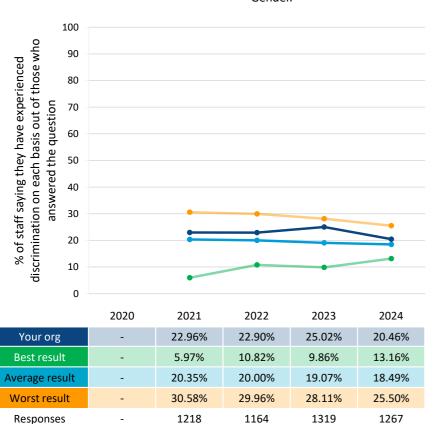


## Survey Coordination Centre



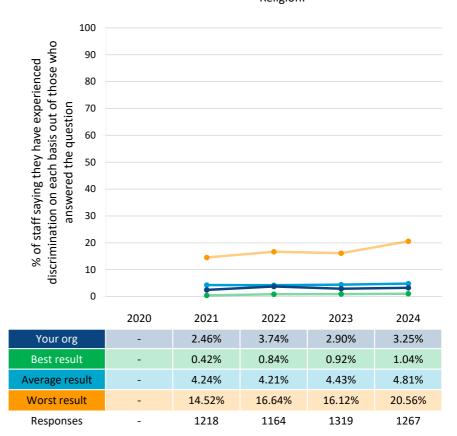
Q16c.2 On what grounds have you experienced discrimination?

— Gender.



Q16c.3 On what grounds have you experienced discrimination?

— Religion.

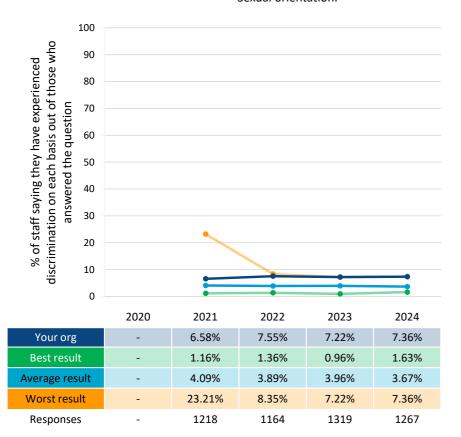


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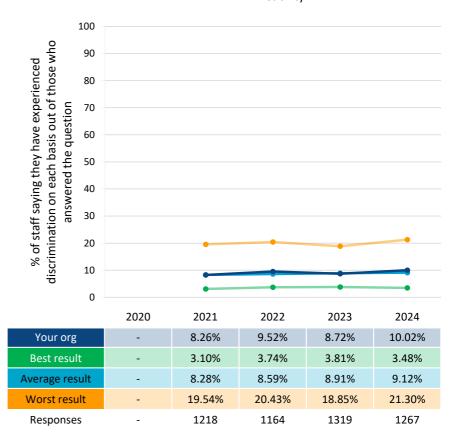
# Survey Coordination Centre

#### People Promise elements and theme results – Questions not linked to People Promise elements or themes

Q16c.4 On what grounds have you experienced discrimination? - Sexual orientation.



Q16c.5 On what grounds have you experienced discrimination? - Disability.



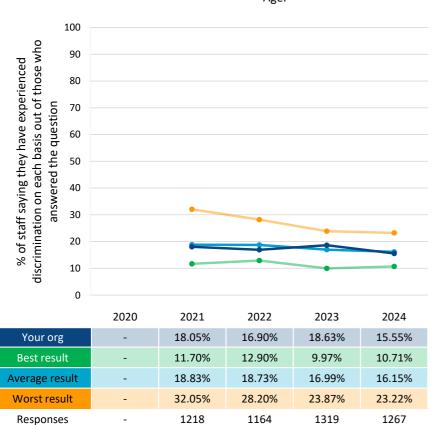


#### Survey Coordination Centre



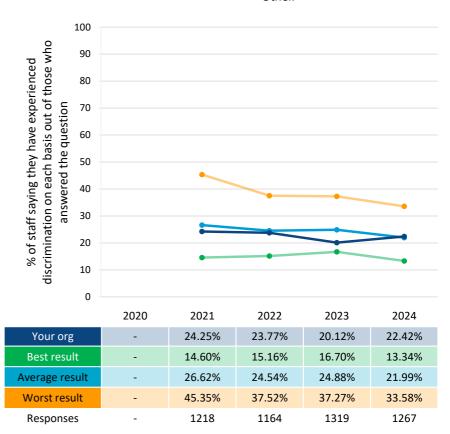
Q16c.6 On what grounds have you experienced discrimination?

— Age.



Q16c.7 On what grounds have you experienced discrimination?

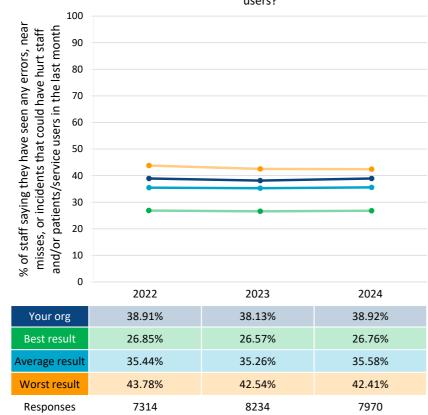
– Other.



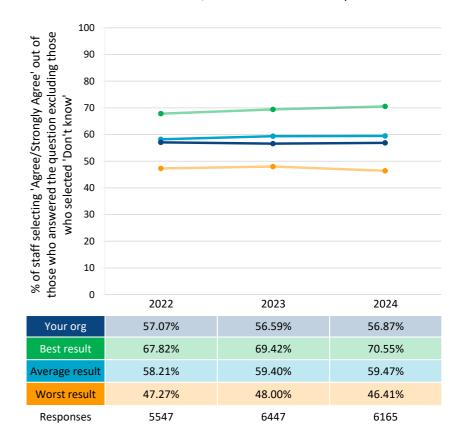
#### Survey Coordination Centre



# Q18 In the last month have you seen any errors, near misses, or incidents that could have hurt staff and/or patients/service users?



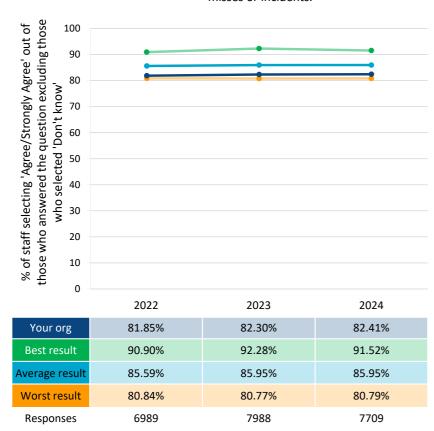
## Q19a My organisation treats staff who are involved in an error, near miss or incident fairly.



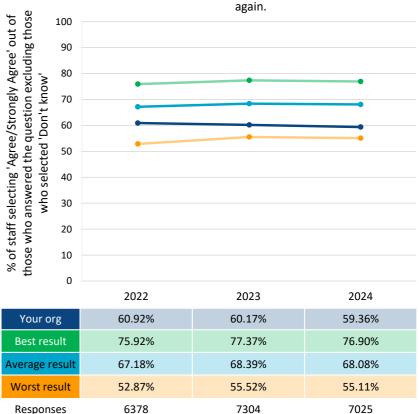
#### Survey Coordination Centre



## Q19b My organisation encourages us to report errors, near misses or incidents.



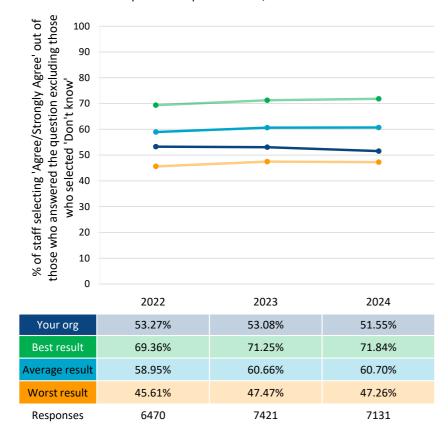
## Q19c When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen



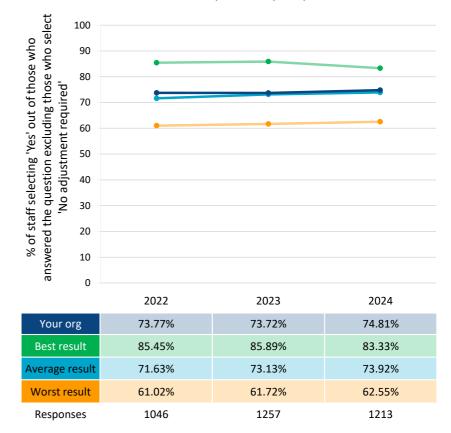
### Survey Coordination Centre



### Q19d We are given feedback about changes made in response to reported errors, near misses and incidents.

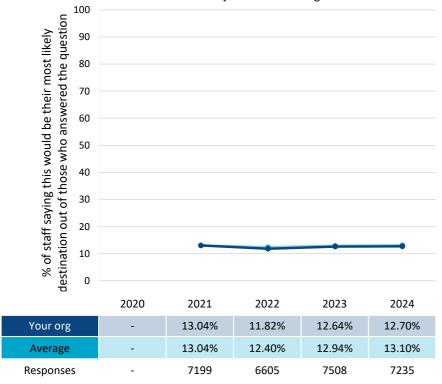


## Q31b Has your employer made reasonable adjustment(s) to enable you to carry out your work?

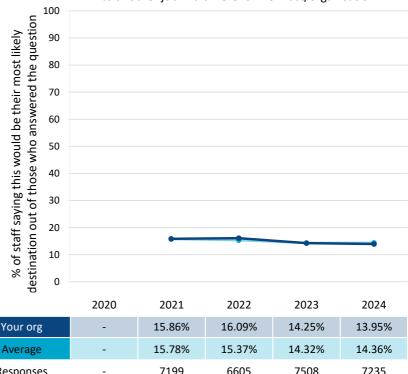




Q26d.1 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to another job within this organisation.



Q26d.2 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to another job in a different NHS Trust/organisation.

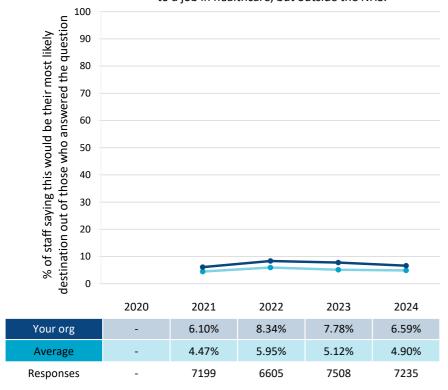


	2020	2021	2022	2023	2024
Your org	-	15.86%	16.09%	14.25%	13.95%
Average	-	15.78%	15.37%	14.32%	14.36%
Posponsos		7100	6605	7500	7225

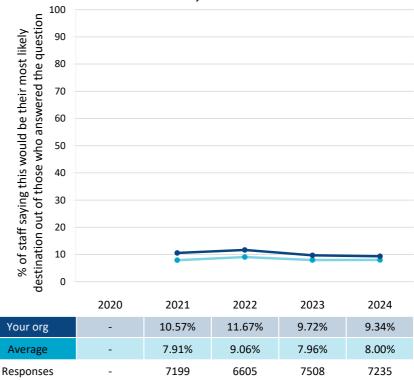
### Survey Coordination Centre



Q26d.3 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to a job in healthcare, but outside the NHS.



Q26d.4 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to a job outside healthcare.

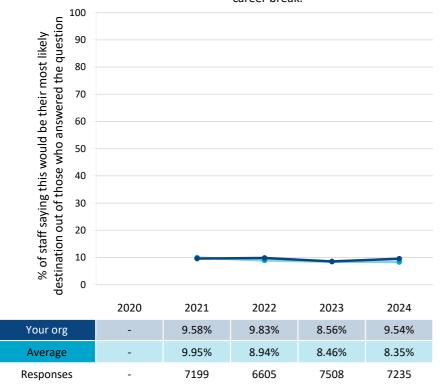




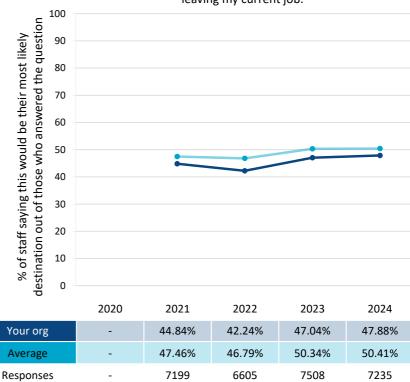
### Survey Coordination Centre



Q26d.5 If you are considering leaving your current job, what would be your most likely destination? - I would retire or take a career break.



Q26d.9 If you are considering leaving your current job, what would be your most likely destination? - I am not considering leaving my current job.



### Survey Coordination Centre



# **Workforce Equality Standards**

Note where there are fewer than 10 responses for a question, results are suppressed to protect staff confidentiality and reliability of data.

### **Workforce Equality Standards**

Survey Coordination Centre



NHS Staff Survey: UHSussex Benchmarking Report

### **Workforce Race Equality Standards (WRES)**

This section contains data for the organisation required for the NHS Staff Survey indicators used in the Workforce Race Equality Standard (WRES). It includes the 2020-2024 organisation and benchmarking group median results for q13a, q13b&c combined, q15, and q16b split by ethnicity (by white staff / staff from all other ethnic groups combined).

### **Workforce Disability Equality Standards (WDES)**

This section contains data for the organisation required for the NHS Staff Survey metrics used in the Workforce Disability Equality Standard (WDES). It includes the 2020-2024 organisation and benchmarking group median results for q4b, q11e, q14a-d, and q15 split by staff with a long lasting health condition or illness compared to staff without a long lasting health condition or illness only), and the staff engagement score for staff with a long lasting health condition or illness, compared to staff without a long lasting health condition or illness and the overall engagement score for the organisation.

In 2022, the text for q31b was updated and the word 'adequate' was changed to 'reasonable'.

The WDES breakdowns are based on the responses to q31a Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?

### **Workforce Equality Standards**





This section contains data required for the staff survey indicators used in the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES). Data presented in this section are unweighted.

### **Workforce Race Equality Standards (WRES)**

Indicator	Qu No	Workforce Race Equality Standard			
For each of the following indicators, compare the outcomes of the responses for white staff and staff from all other ethnic groups combined					
5	Q14a	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months			
6	Q14b & Q14c	Q14b & Q14c Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months			
7	Q15	Percentage believing that their organisation provides equal opportunities for career progression or promotion			
8	Q16b	In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues			

### **Workforce Disability Equality Standards (WDES)**

Metric	Qu No	Workforce Disability Equality Standard				
	For each of the following metrics, compare the responses for staff with a LTC* or illness vs staff without a LTC or illness					
4a	Q14a	Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public				
4b	Q14b	Percentage of staff experiencing harassment, bullying or abuse from managers				
4c	Q14c	Percentage of staff experiencing harassment, bullying or abuse from other colleagues				
4d	Q14d	Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it				
5	Q15	Percentage believing that their organisation provides equal opportunities for career progression or promotion				
6	Q11e Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties					
7	Q4b	Percentage staff saying that they are satisfied with the extent to which their organisation values their work				
8	Q31b	Percentage of staff with a long lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work				
9a	theme_engagement	The staff engagement score for staff with LTC or illness vs staff without a LTC or illness				

<sup>\*</sup>Staff with a long term condition

# Survey Coordination Centre



10. NHS Staff Survey: UHSussex Benchmarking Report

# **Workforce Race Equality Standards (WRES)**

Vertical scales on the following charts vary from slide to slide and this effects how results are displayed. This allows incremental changes and small differences between results for subgroups to be more easily interpreted.

Data shown in the WRES charts are unweighted.

Averages are calculated as the median for the benchmark group.

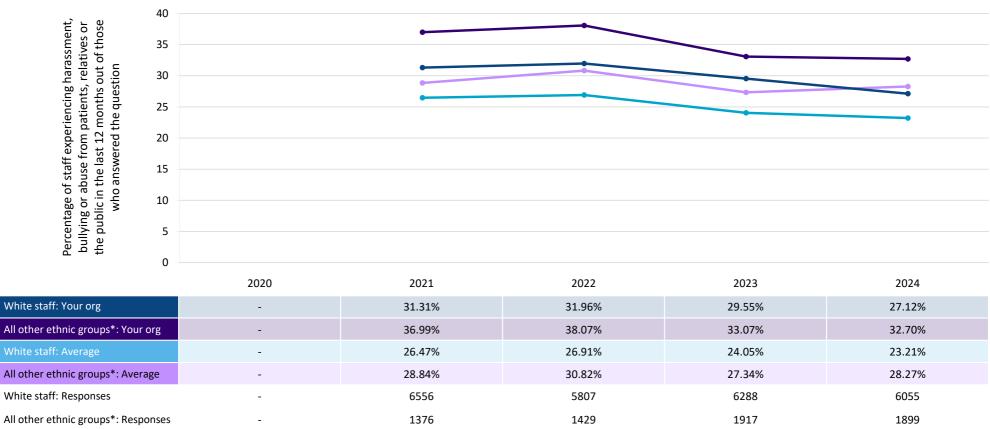
Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

### **Workforce Race Equality Standard (WRES)**

Survey Coordination Centre







<sup>\*</sup>Staff from all other ethnic groups combined

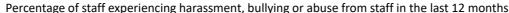
Note: 2023 results for WRES indicator 5 (Q14a) are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

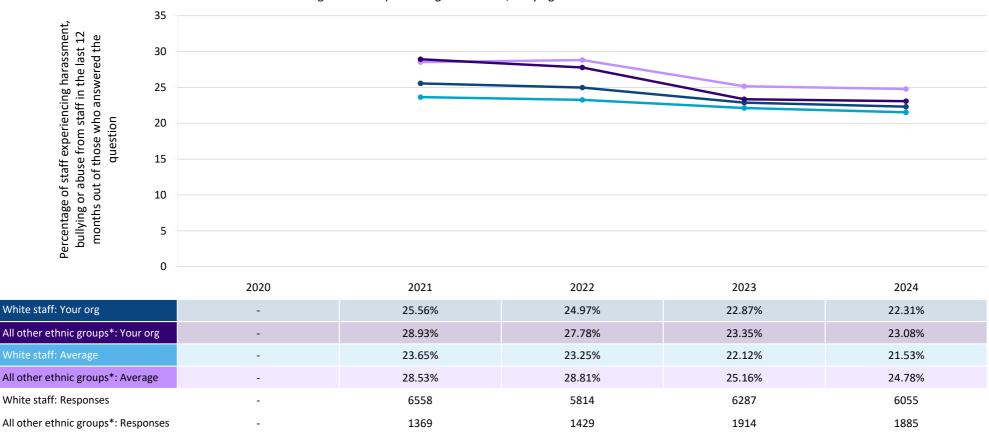
Trust Board in Public, Monday 31 March 2025, 13:30-15:45, Washington Suite Boardroom, Worthing-31/03/25

### **Workforce Race Equality Standard (WRES)**

### Survey Coordination Centre







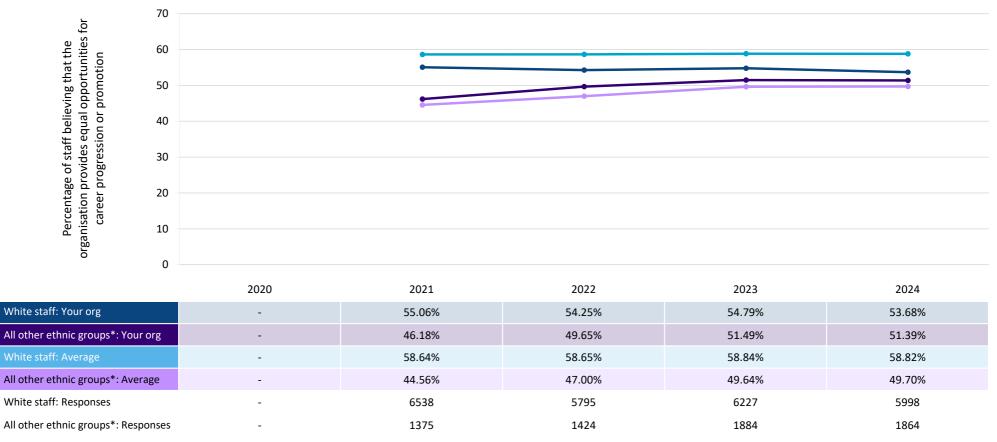
<sup>\*</sup>Staff from all other ethnic groups combined

Note: 2023 results for WRES indicator 6 (Q14b & Q14c) are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

## Workforce Race Equality Standard (WRES)





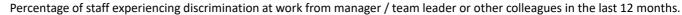


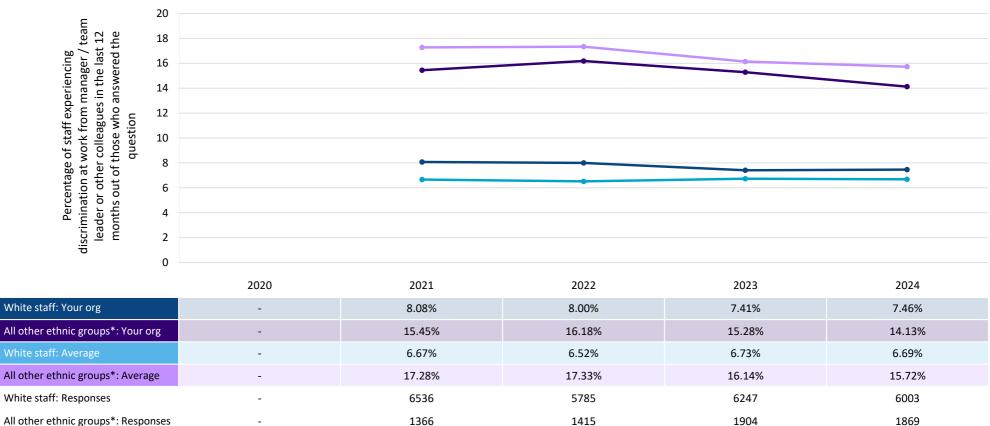
<sup>\*</sup>Staff from all other ethnic groups combined



### **Workforce Race Equality Standard (WRES)**







<sup>\*</sup>Staff from all other ethnic groups combined

### Survey Coordination Centre

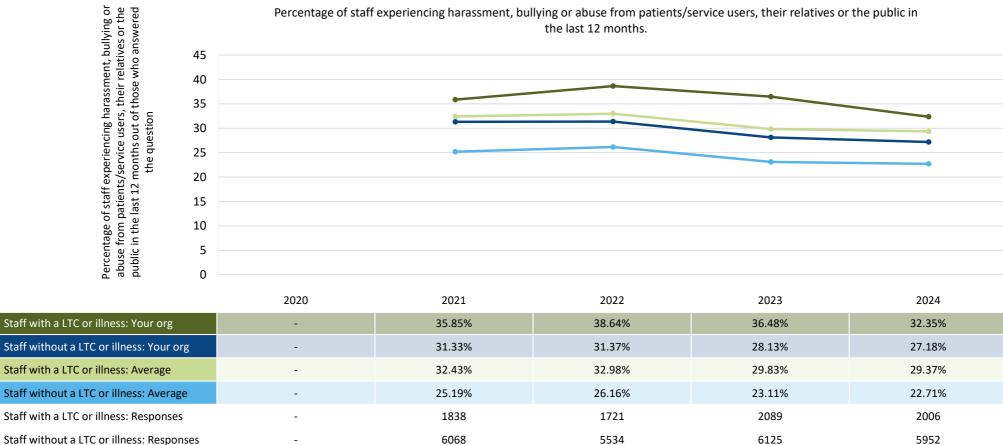


# **Workforce Disability Equality Standards (WDES)**

Vertical scales on the following charts vary from slide to slide and this effects how results are displayed. This allows incremental changes and small differences between results for subgroups to be more easily interpreted.

Data shown in the WDES charts are unweighted.

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

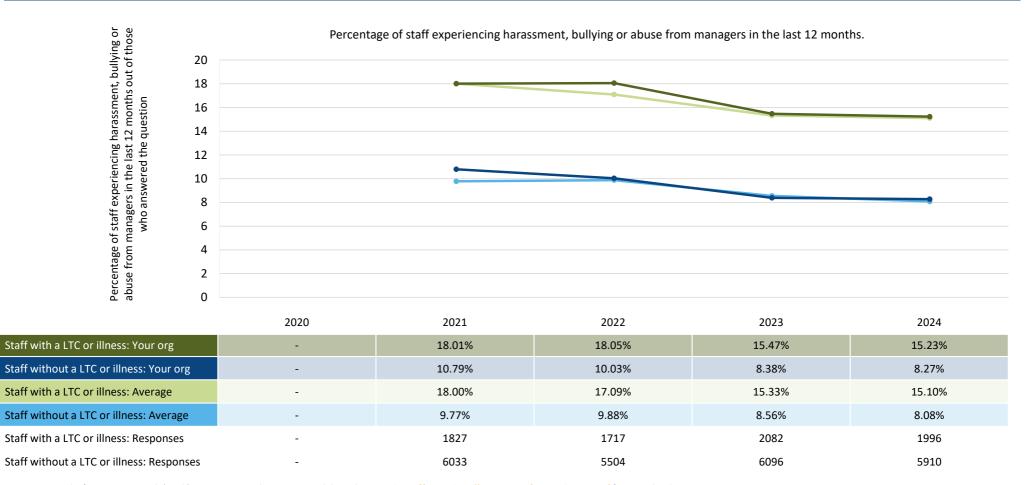


Note: 2023 results for WDES metric 4a (Q14a) are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

10. NHS Staff Survey: UHSussex Benchmarking Report

Survey Coordination Centre

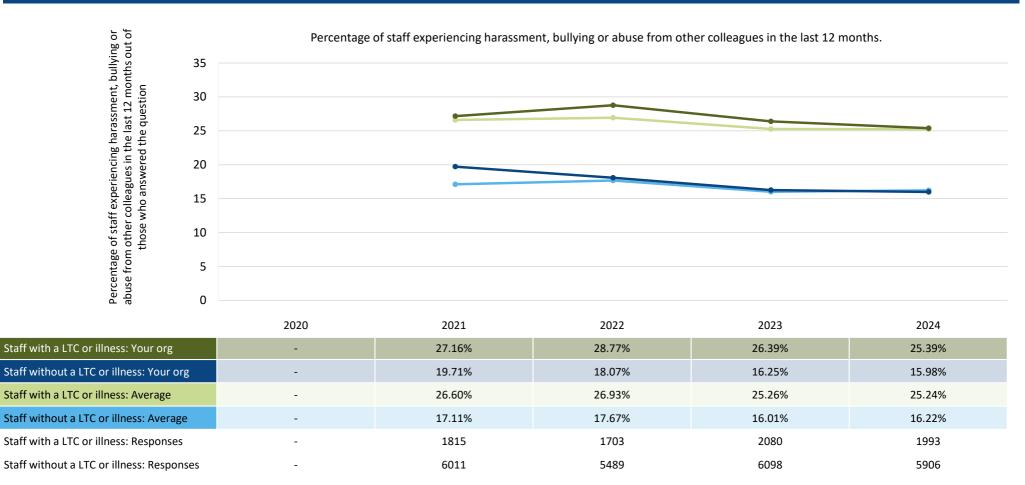




Note: 2023 results for WDES metric 4b (Q14b) are now reported using corrected data. Please see <a href="https://www.nhsstaffsurveys.com/survey-documents/">https://www.nhsstaffsurveys.com/survey-documents/</a> for more details.

Survey Coordination Centre

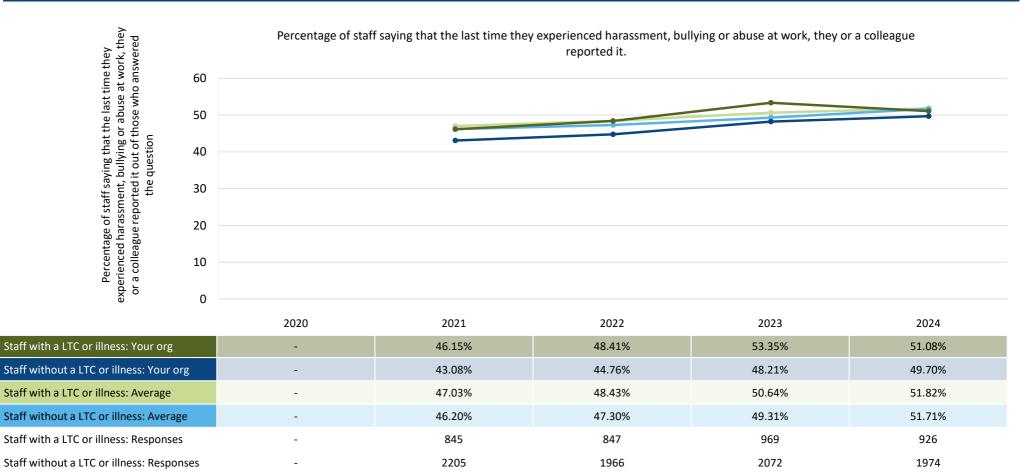




Note: 2023 results for WDES metric 4c (Q14c) are now reported using corrected data. Please see <a href="https://www.nhsstaffsurveys.com/survey-documents/">https://www.nhsstaffsurveys.com/survey-documents/</a> for more details.

Survey Coordination Centre



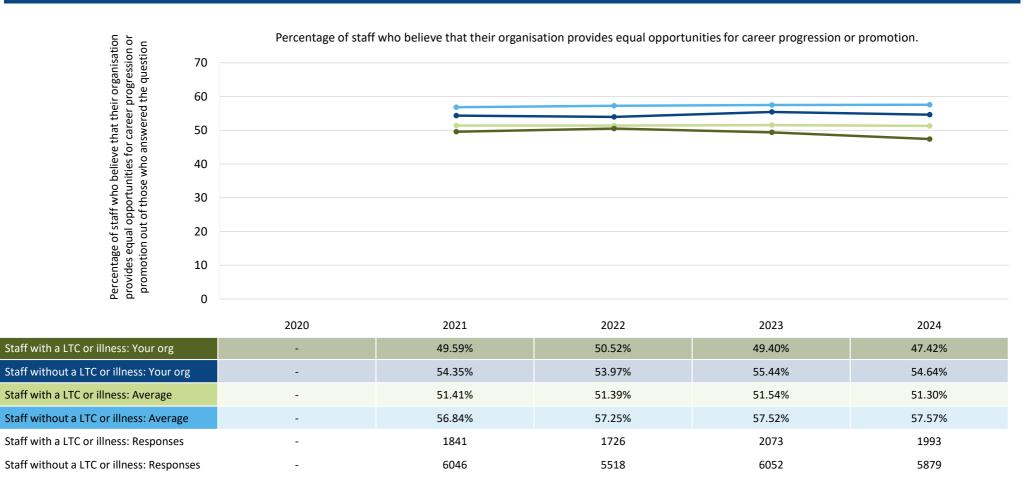


Note: 2023 results for WDES metric 4d (Q14d) are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/for more details.

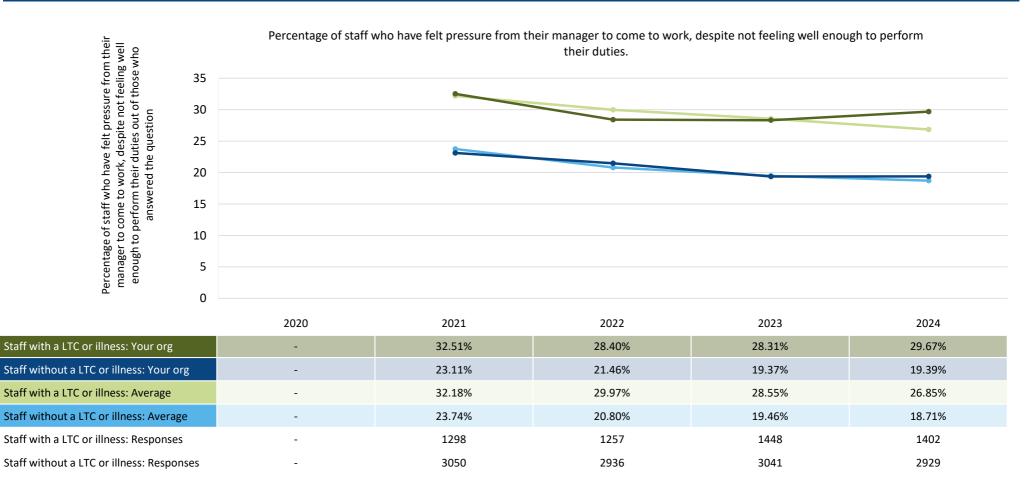
# **>**

### **Workforce Disability Equality Standards**

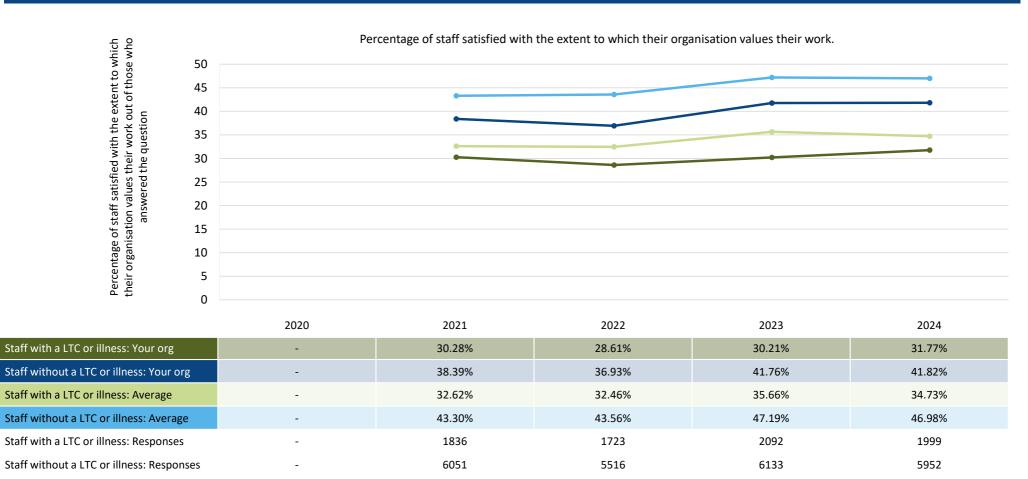












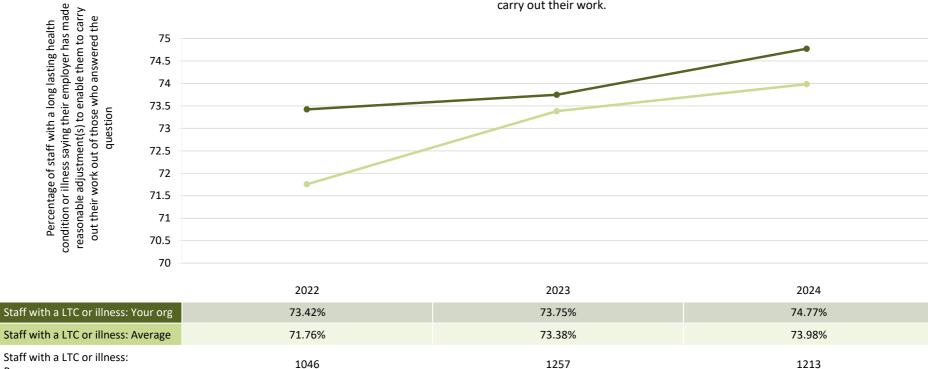
Responses

### **Workforce Disability Equality Standards**

Survey Coordination Centre



Percentage of staff with a long lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work.

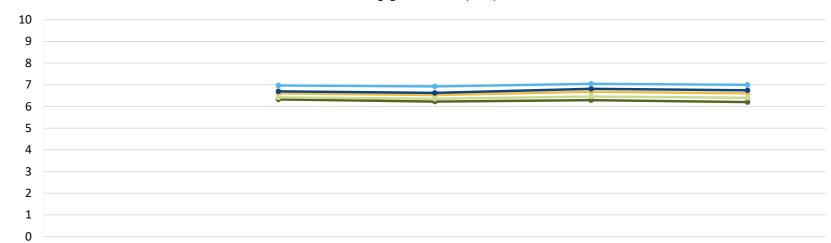


### Survey Coordination Centre



### Staff engagement score (0-10)





	2020	2021	2022	2023	2024
Organisation average	-	6.61	6.52	6.68	6.60
Staff with a LTC or illness: Your org	-	6.33	6.22	6.29	6.20
Staff without a LTC or illness: Your org	-	6.70	6.63	6.81	6.74
Staff with a LTC or illness: Average	-	6.42	6.35	6.46	6.40
Staff without a LTC or illness: Average	-	6.97	6.92	7.04	7.00
Staff with a LTC or illness: Responses	-	1853	1735	2099	2011
Staff without a LTC or illness: Responses	-	6093	5551	6166	5974

Note: Data shown in this chart are unweighted therefore will not match weighted staff engagement scores in other outputs.



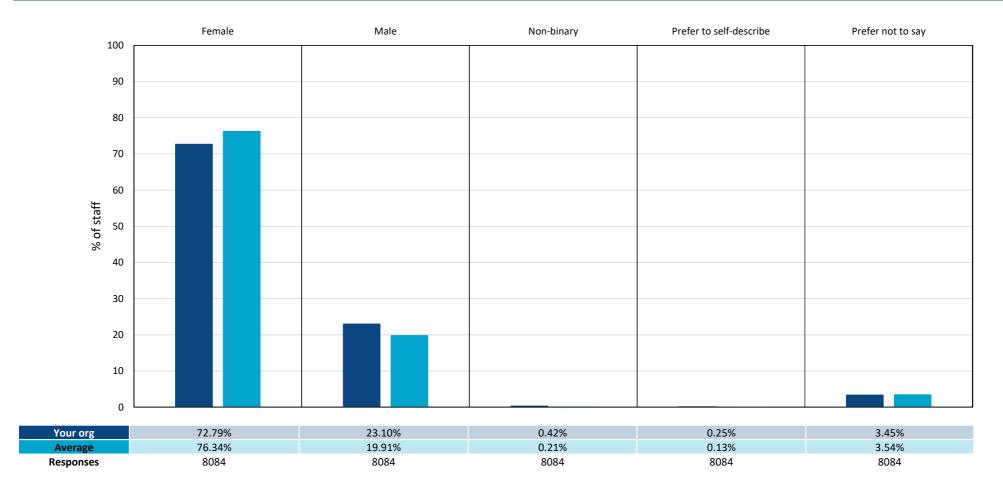
# **About your respondents**

This section shows demographic and other background information for 2024.

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

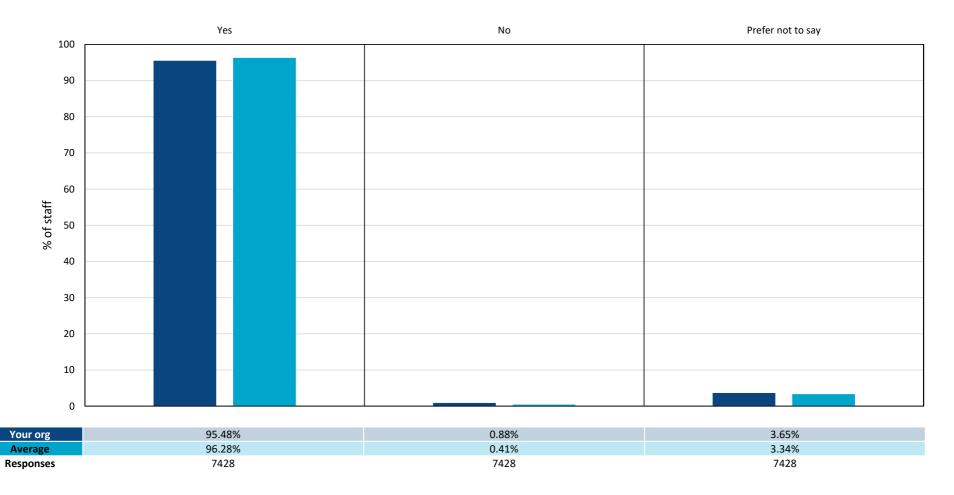
## **Background details - Gender**



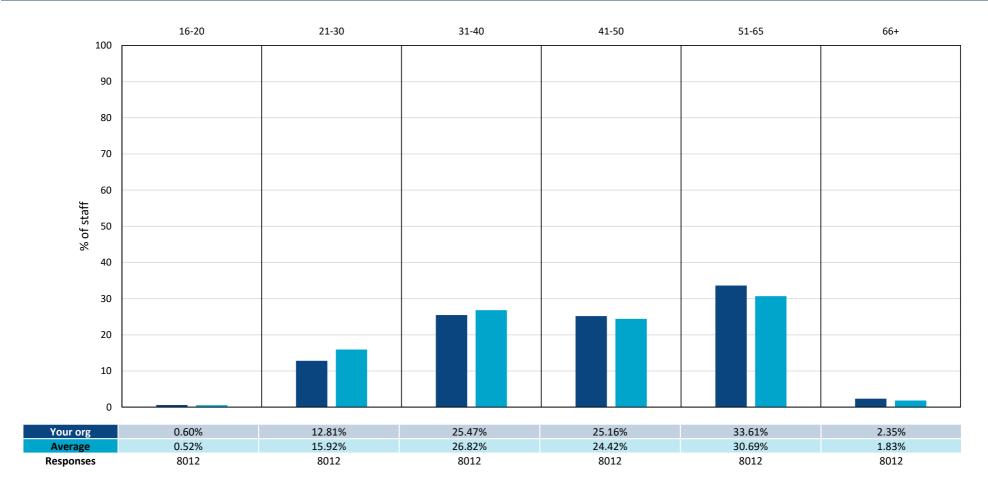


### **Background details** — Is your gender identity the same as the sex you were registered at birth?



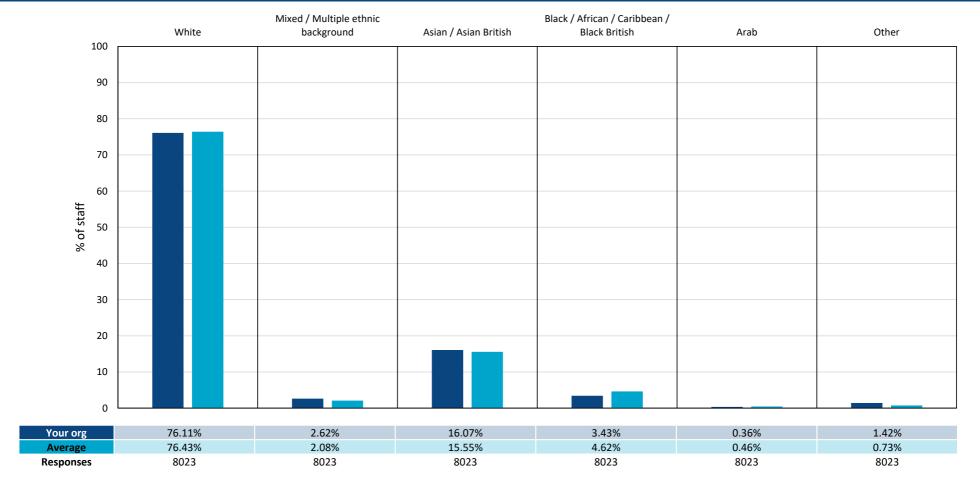


# Background details - Age Survey Coordination Centre



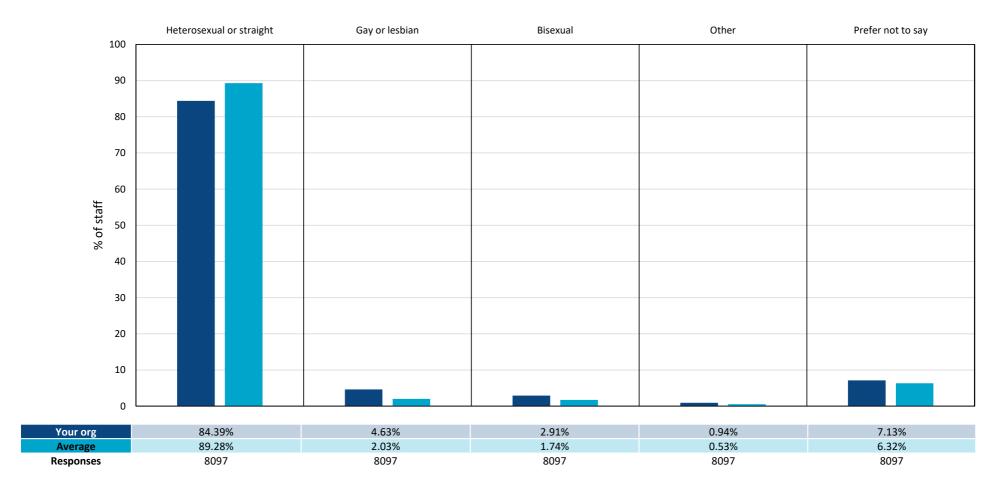
### **Background details - Ethnicity**





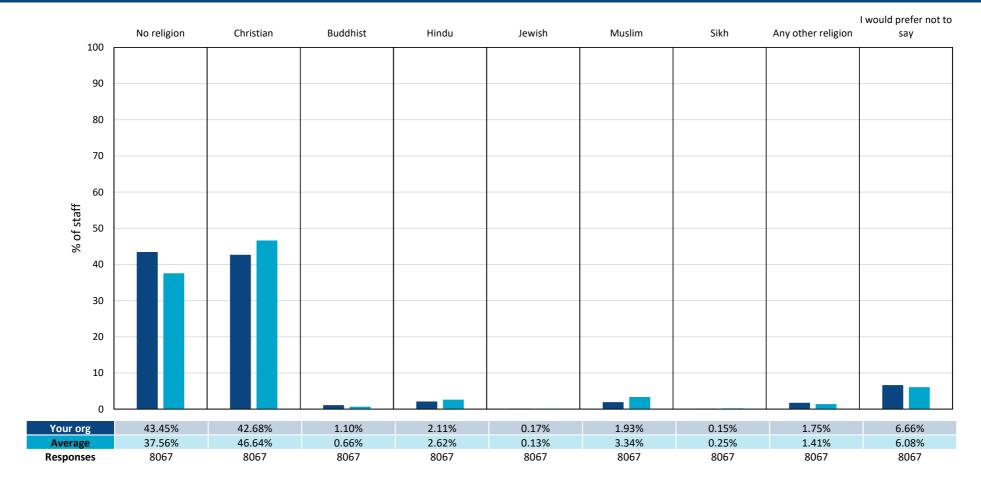
## **Background details – Sexual orientation**





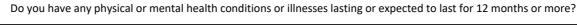
# Background details - Religion

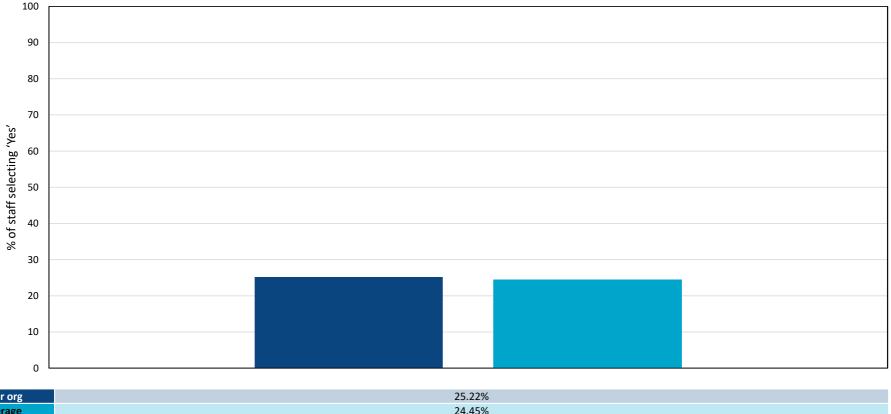




### **Background details** — Long lasting health condition or illness



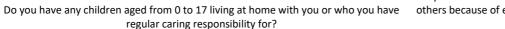




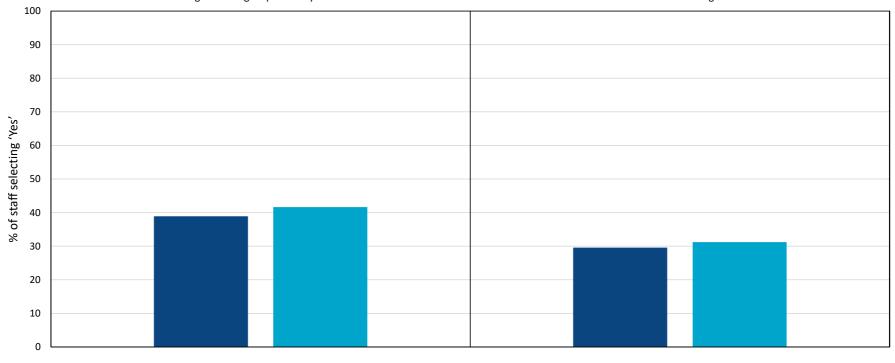
## Background details — Parental / caring responsibilities

### Survey Coordination Centre





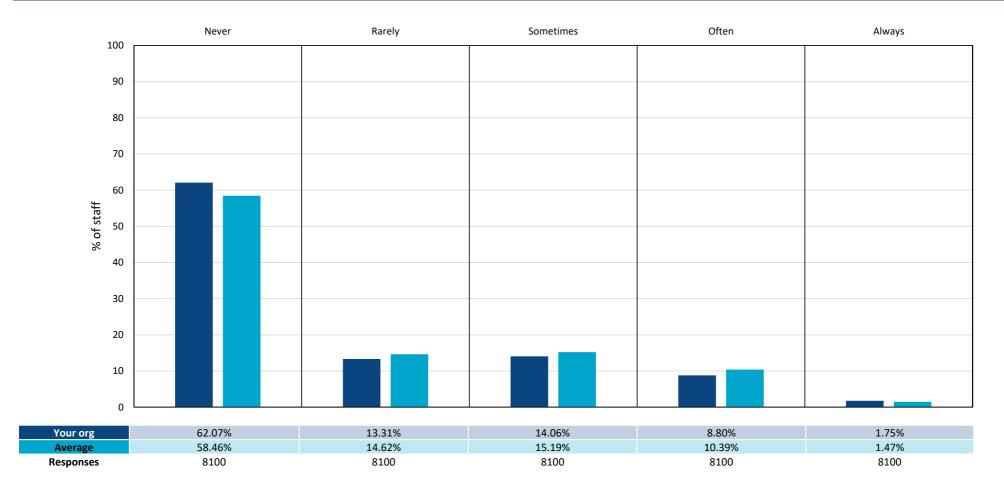
Do you look after or give any help or support to family members, friends, neighbours or others because of either: long term physical or mental ill health / disability, or problems related to old age.



Your org	38.91%	29.56%
Average	41.64%	31.24%
Responses	8032	7987

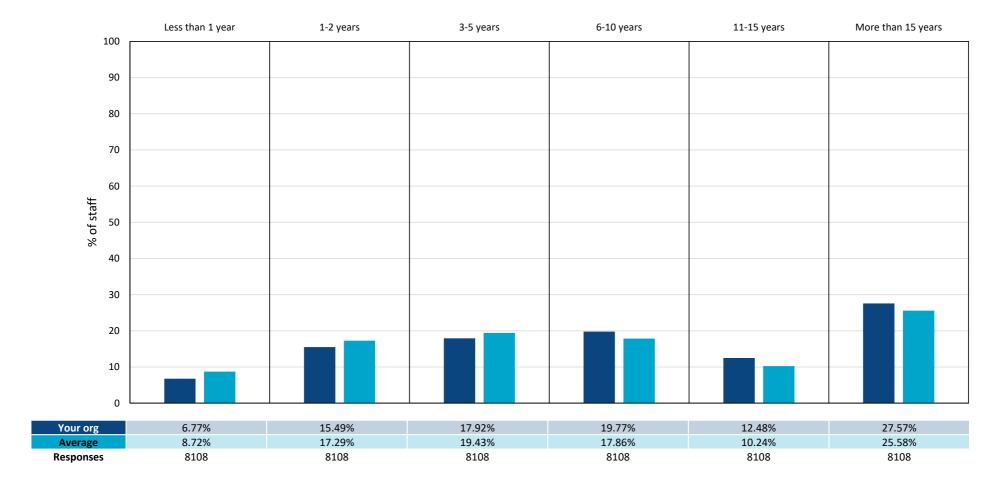
## Background details – How often do you work at/from home?





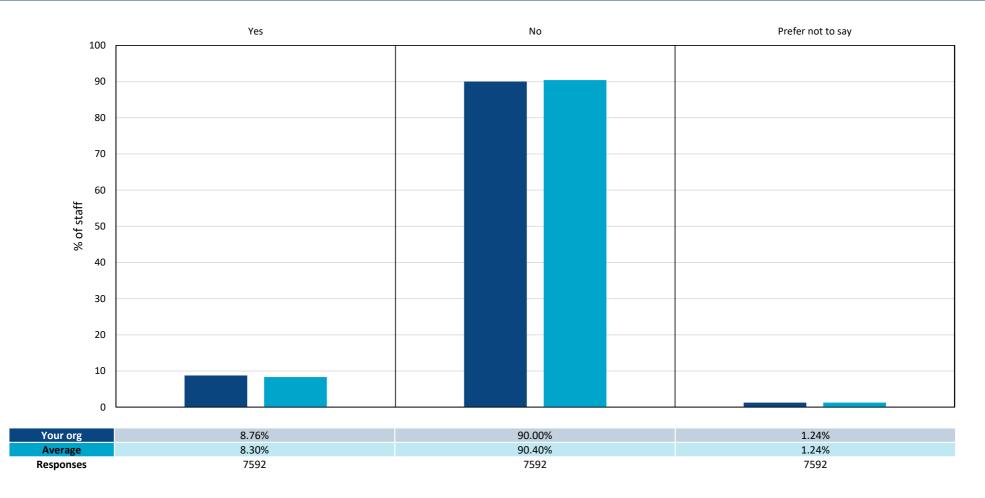
# Background details – Length of service





## Background details — When you joined this organisation, were you recruited from outside of the UK?

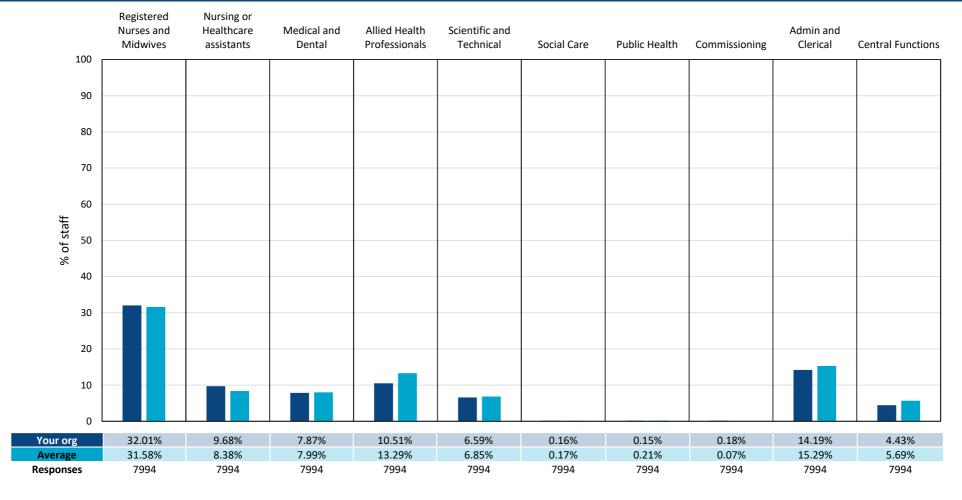




# 215 of 362

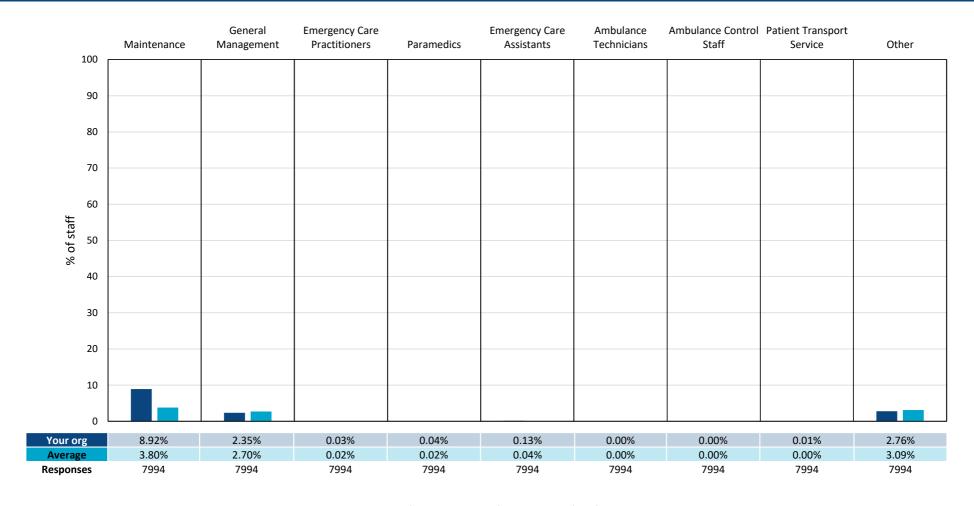
# **Background details – Occupational group**





Trust Board in Public, Monday 31 March 2025, 13:30-15:45, Washington Suite Boardroom, Worthing-31/03/25





**Background details – Occupational group** 

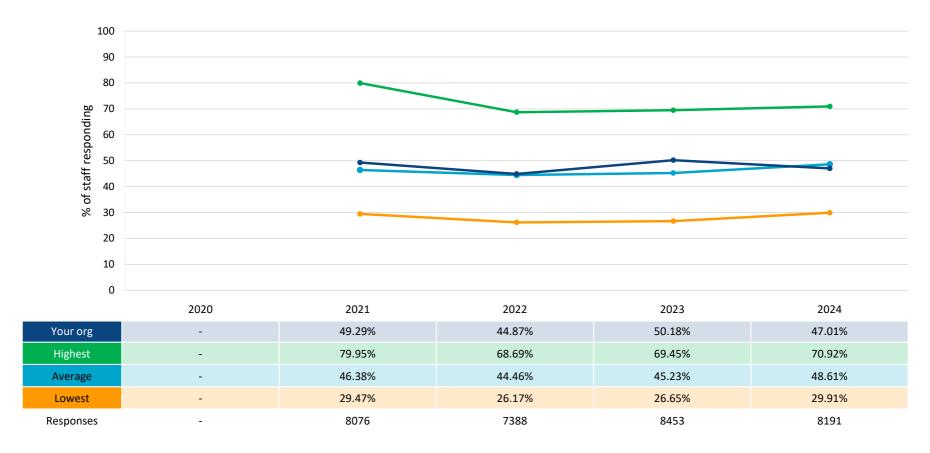
10. NHS Staff Survey: UHSussex Benchmarking Report

## **Appendix A: Response rate**





#### Response rate



Survey Coordination Centre



10. NHS Staff Survey: UHSussex Benchmarking Report

Appendix B: Significance testing 2023 vs 2024

## **Appendix B: Significance testing – 2023 vs 2024**

Survey Coordination Centre



Statistical significance helps quantify whether a result is likely due to chance or to some factor of interest. The table below presents the results of significance testing conducted on the theme scores calculated in both 2023 and 2024\*. For more details, please see the <u>technical document.</u>

People Promise elements	2023 score	2023 respondents	2024 score	2024 respondents	Statistically significant change?
We are compassionate and inclusive	7.12	8406	7.10	8129	Not significant
We are recognised and rewarded	5.75	8419	5.80	8136	Not significant
We each have a voice that counts	6.48	8319	6.46	8005	Not significant
We are safe and healthy	5.84	8334	5.86	8069	Not significant
We are always learning	5.41	7927	5.48	7729	Not significant
We work flexibly	6.19	8347	6.28	8072	Significantly higher
We are a team	6.64	8383	6.69	8107	Not significant
Themes					
Staff Engagement	6.66	8416	6.59	8142	Significantly lower
Morale	5.68	8422	5.70	8143	Not significant

<sup>\*</sup> Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

Note: 2023 results for 'We are safe and healthy' are now reported using corrected data. Please see <a href="https://www.nhsstaffsurveys.com/survey-documents/">https://www.nhsstaffsurveys.com/survey-documents/</a> for more details.



10. NHS Staff Survey: UHSussex Benchmarking Report

# Appendix C: Tips on using your benchmark report

## **Appendix C: Data in the benchmark reports**

Survey Coordination Centre



The following pages include tips on how to read, interpret and use the data in this report. The suggestions are aimed at users who would like some guidance on how to understand the data in this report. These suggestions are by no means the only way to analyse or use the data but have been included to aid users.

#### Key points to note



The seven People Promise elements, the two themes and the sub-scores that feed into them cover key areas of staff experience and present results in these areas in a clear and consistent way. The People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher result is more positive than a lower result. These results are created by scoring questions linked to these areas of experience and grouping these results together. Details of how the results are calculated can be found in the technical document available on the <a href="Staff">Staff</a> Survey website.



A key feature of the reports is that they **provide organisations with up to five years of trend data**. Trend data provides a much more reliable indication of whether the most recent results represent a change from the norm for an organisation than comparing the most recent results only to those from the previous year. Taking a longer-term view will help organisations to identify trends over several years that may have been missed when comparisons are drawn solely between the current and previous year.



People Promise elements, themes and sub-scores are benchmarked so that organisations can make comparisons to their peers on specific areas of staff experience. Question results provide organisations with more granular data that will help them to identify particular areas of concern. The trend data are benchmarked so that organisations can identify how results on each question have changed for themselves and their peers over time by looking at a single chart.



## **Appendix C: 1. Reviewing People Promise and theme results**

Survey Coordination Centre



When analysing People Promise element and theme results, it is easiest to start with the **overview** page to quickly identify areas of interest which can then be compared to the best, average, and worst result in the benchmarking group.

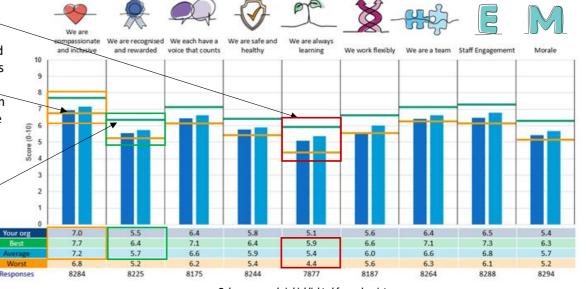
It is important to **consider each result within the range of its benchmarking group 'Best result' and 'Worst result'**, rather than comparing People Promise element and theme results to one another. Comparing organisation results to the benchmarking group average is another point of reference.

#### Areas to improve

- By checking where, the 'Your org' column/value is lower than the benchmarking group 'Average result' you can quickly identify areas for improvement.
- It is worth looking at the difference between the 'Your org' result and the benchmarking group 'Worst result'. The closer your organisation's result is to the worst result, the more concerning the result.
- Results where your organisation's result is only marginally better than the 'Average result', but still lags behind the 'Best result' by a notable margin, could also be considered as areas for further improvement.

## **Positive outcomes**

- Similarly, using the overview page it is easy to identify People Promise elements and themes which show a positive outcome for your organisation, where 'Your org' results are distinctly higher than the benchmarking group 'Average result'.
- Positive stories to report could be ones where your organisation approaches or matches the benchmarking group's 'Best result'.



Only one example is highlighted for each point

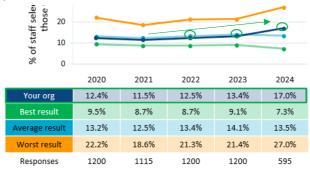
## Appendix C: 2. Reviewing results in more detail

Survey Coordination Centre



#### **Review trend data**

Trend data can be used to identify measures which have been consistently improving for your organisation (i.e. showing an upward trend) over the past years and ones which have been declining over time. These charts can help establish if there is genuine change in the results (if the results are consistently improving or declining over time), or whether a change between years is just a minor year-on-year fluctuation.

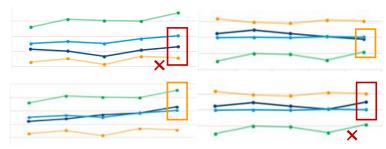


Benchmarked trend data also allows you to review local changes and benchmark comparisons at the same time, allowing for various types of questions to be considered: e.g. how have the results for my organisation changed over time? Is my organisation improving faster than our peers?

### Review the sub-scores and questions feeding into the People Promise elements and themes

In order to understand exactly which factors are driving your organisation's People Promise element and theme results, you should review the sub-scores and questions feeding into these results. The **sub-score results** and the 'Question results' section contain the sub-scores and questions contributing to each People Promise element and theme, grouped together. By comparing 'Your org' results to the benchmarking group 'Average', 'Best' and 'Worst' results for each question, the questions which are driving your organisation's People Promise element and theme results can be identified.

For areas of experience where results need improvement, action plans can be formulated to **focus on the questions** where the organisation's results fall between the benchmarking group average and worst results. Remember to keep an eye out for questions where a lower percentage is a better outcome – such as questions on violence or harassment, bullying and abuse.



 = Negative driver, org result falls between average and worst benchmarking group result for question

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## **Appendix C: 3. Reviewing question results**

Survey Coordination Centre



NHS Staff Survey: UHSussex Benchmarking Report

This benchmark report displays results for all questions in the questionnaire, including benchmarked trend data wherever available. While this a key feature of the report, at first glance the amount of information contained on more than 140 pages might appear daunting. The below suggestions aim to provide some guidance on how to get started with navigating through this set of data.

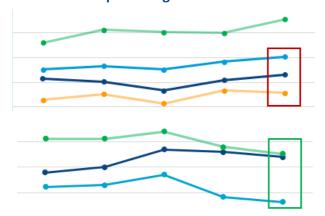
#### **Identifying questions of interest**

#### > Pre-defined questions of interest – key questions for your organisation

Most organisations will have questions which have traditionally been a focus for them - questions which have been targeted with internal policies or programmes, or whose results are of heightened importance due to organisation values or because they are considered a proxy for key issues. Outcomes for these questions can be assessed on the backdrop of benchmark and historical trend data.

#### > Identifying questions of interest based on the results in this report

The methods recommended to review your People Promise and theme results can also be applied to pick out question level results of interest. However, unlike People Promise elements, themes and sub-scores where a higher result always indicates a better result, it is important to keep an eye out for questions where a lower percentage relates to a better outcome (see details on the 'Using the report' page in the 'Introduction' section).



- To identify areas of concern: look for questions where the organisation value falls between the benchmarking group average and the worst result, particularly questions where your organisation result is very close to the worst result. Review changes in the trend data to establish if there has been a decline or stagnation in results across multiple years but consider the context of how the organisation has performed in comparison to its benchmarking group over this period. A positive trend for a question that is still below the average result can be seen as good progress to build on further in the future.
- When looking for positive outcomes: search for results where your organisation is closest to the benchmarking group best result (but remember to consider results for previous years), or ones where there is a clear trend of continued improvement over multiple years.



# Appendix D: Additional reporting outputs

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.



## **Appendix D: Additional reporting outputs**





Below are links to other key reporting outputs that complement this report. A full list and more detailed explanation of the reporting outputs is included in the Technical Document.

#### **Supporting documents**



Basic Guide: Provides a brief overview of the NHS Staff Survey data and details on what is contained in each of the reporting outputs.



<u>Technical Guide:</u> Contains technical details about the NHS Staff Survey data, including data cleaning, weighting, benchmarking, People Promise, historical comparability of organisations and questions in the survey.

### Other reporting outputs



Online Dashboards: Interactive dashboards containing results for all trusts nationally, each participating organisation (local), and for each region and ICS. Results are shown with trend data for up to five years where possible and show the full breakdown of response options for each question.



<u>Breakdown reports:</u> Reports containing People Promise and theme results split by breakdown (locality) for University Hospitals Sussex NHS Foundation Trust.



<u>National Briefing Document:</u> Report containing the national results for the People Promise elements, themes and sub-scores. Results are shown with trend data for up to five years where possible.



<u>Detailed spreadsheets</u> Contain detailed weighted results for all participating organisations, all trusts nationally, and for each region and ICS.



## University Hospitals Sussex NHS Foundation Trust Constitution

Version 0.1 October 2020 (for enlarged FT)

Version 0.2 November 2020 (revised post capsticks review)

Version 0.3 Considered by Governors in December 2020

Version 0.4 January 2021 (revised definition of monitor following feedback from NHSI review)

Version 0.5 February 2021 (revision of public membership numbers)

Version 1.0 March 2021 approved by Board and Council of Governors including new name

Version 1.1 May 2022 (revised Annex 4, para 3.4.3 and Annex 5, para 1.19.2)

Version 1.2 March 2025 (removed gender specifics, adjust for NHS I being subsumed into NHS England, Annex 4: Additional Provisions Council of Governors removal of reference to formal Deputy Lead Governor and add clarity about pre-requisite values, and added Annex 10: Summary of Scheme of Reservation)

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### **University Hospitals Sussex NHS Foundation Trust**

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- Annex 1 Constituency Details Public / Staff / Patient
- Annex 2 Composition of Board of Governors
- Annex 3 The Model Election Rules
- Annex 4 Additional Provisions Board of Governors
- Annex 5 Standing Orders Board of Governors
- Annex 6 Standing Orders Board of Directors
- Annex 7 Further Provisions
- Annex 8 Role Descriptions for Governor and Lead Governor
- Annex 9 Governor Code of Conduct
- Annex 10 Scheme of Reservation



#### 1. Interpretation and definitions

Unless otherwise stated, words or expressions contained in this Constitution shall bear the same meaning as in the National Health Service Act 2006 as amended by the Health and Social Care Act 2012.

Words importing the masculine gender only shall include the feminine gender; words importing the singular shall import the plural and vice-versa.

the 2006 Act is the National Health Service Act 2006.

the 2012 Act is the Health and Social Care Act 2012.

the 2022 Act is the Health and Care Act 2022

**Acquisition Date** means the date of the acquisition by Western Sussex Hospitals NHS Foundation Trust (**WSHFT**) of Brighton and Sussex University Hospitals NHS Trust (**BSUHT**) being the date on which NHS Improvement granted the application of WSHFT to acquire BSUHT pursuant to Section 56A of the 2006 Act.

**Annual Members Meeting** is defined in paragraph 10 of the Constitution.

**Constitution** means this constitution and all annexes to it.

**Initial Public Governors** means the elected public governors of the Trust who hold office with WSHFT immediately prior to the Acquisition Date, as set out in Part A of Annex 2.

**Initial Staff Governors** means the elected staff governors of the Trust who hold office with WSHFT immediately prior to the Acquisition Date, as set out in Part A of Annex 2.

**Monitor** is the body corporate known (together with the NHS Trust Development Authority) as NHS Improvement now NSH England and created pursuant to Section 61 of the 2012 Act.

the **Accounting Officer** is the person who from time to time discharges the functions specified in paragraph 25(5) of Schedule 7 to the 2006 Act.

**Code of Governance for NHS Provider Trusts** means the Code of Governance for NHS Provider Trusts published by NHS England in October 2022 or such similar or further guidance as NHS England may publish from time to time.

#### 2. Name

The name of the Foundation Trust is University Hospitals Sussex NHS Foundation Trust (the **Trust**).

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#### 3. Principal purpose

- 3.1 The principal purpose of the Trust is the provision of goods and services for the purposes of the health service in England.
- 3.2 The Trust does not fulfill its principal purpose unless, in each financial year, its total income from the provision of goods and services for the purposes of the health service in England is greater than its total income from the provision of goods and services for any other purposes.
- 3.3 The Trust may provide goods and services for any purposes related to
  - 3.3.1 the provision of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness, and
  - 3.3.2 the promotion and protection of public health.
- 3.4 The Trust may also carry on activities other than those mentioned in the above paragraph for the purpose of making additional income available in order better to carry on its principal purpose.

#### 4. Powers

- 4.1 The powers of the Trust are set out in the 2006 Act.
- 4.2 All the powers of the Trust shall be exercised by the Board of Directors on behalf of the Trust.
- 4.3 Any of these powers may be delegated to a committee of directors or to an executive director.

#### 5. Membership and constituencies

- 5.1 The Trust shall have members, each of whom shall be a member of one of the following constituencies:
  - 5.1.1 a public constituency; or
  - 5.1.2 a staff constituency

#### 6. Application for membership

6.1 An individual who is eligible to become a member of the Trust may do so on application to the Trust.

#### 7. Public Constituency

7.1 An individual who lives in an area specified in Annex 1 as an area for a public constituency may become or continue as a

Page 5 of 134



member of the Trust.

- 7.2 Those individuals who live in an area specified as an area for any public constituency are referred to collectively as the Public Constituency.
- 7.3 The minimum number of members in each area for the Public Constituency is specified in Annex 1.

#### 8. Staff Constituency

- 8.1 An individual who is employed by the Trust under a contract of employment with the Trust may become or continue as a member of the Trust provided:
  - 8.1.1 he is employed by the Trust under a contract of employment which has no fixed term or has a fixed term of at least 12 months; or
  - 8.1.2 he has been continuously employed by the Trust under a contract of employment for at least 12 months.
- 8.2 Individuals who exercise functions for the purposes of the Trust, otherwise than under a contract of employment with the Trust, may become or continue as members of the staff constituency provided such individuals have exercised these functions continuously for a period of at least 12 months.
- 8.3 Those individuals who are eligible for membership of the Trust by reason of the previous provisions are referred to collectively as the Staff Constituency.
- 8.4 The Staff Constituency shall be divided into five descriptions of individuals who are eligible for membership of the Staff Constituency, each description of individuals being specified within Annex 1 and being referred to as a class within the Staff Constituency.
- 8.5 The minimum number of members in each class of the Staff Constituency is specified in Annex 1.

#### Automatic membership by default - staff

- 8.6 An individual who is:
  - 8.6.1 eligible to become a member of the Staff Constituency, and
  - 8.6.2 invited by the Trust to become a member of the Staff Constituency and a member of the appropriate class within the Staff Constituency,

shall become a member of the Trust as a member of the Staff Constituency and Page 6 of 134



appropriate class within the Staff Constituency without an application being made, unless they inform the Trust that they do not wish to do so.

#### 9. Restriction on membership

- 9.1 An individual, who is a member of a constituency, or of an area or class within a constituency, may not while membership of that constituency, area or class continues, be a member of any other constituency, area or class.
- 9.2 An individual who satisfies the criteria for membership of the Staff Constituency may not become or continue as a member of any constituency other than the Staff Constituency.
- 9.3 An individual must be at least 16 years old to become a member of the Trust.
- 9.4 Further provisions as to the circumstances in which an individual may not become or continue as a member of the Trust are set out in Annex 7 Further Provisions Part B (Membership of the Trust).

#### 10. Annual Members' Meeting

10.1 The Trust shall hold an annual meeting of its members ('Annual Members' Meeting'). The Annual Members' Meeting shall be open to members of the public.

#### 11. Council of Governors - composition

- 11.1 The Trust is to have a Council of Governors, which shall comprise both elected and appointed governors.
- 11.2 The composition of the Council of Governors is specified in Annex 2 and shall change in accordance with the dates set out in Table 1 and Table 2 of Annex 2.
- 11.3 The members of the Council of Governors, other than the appointed members, shall be chosen by election by their constituency or, where there are areas or classes within a constituency, by their area or class within that constituency.
- 11.4 To reflect the enlarged size of the Trust, the public constituency and the staff constituency and the number of governors to be elected by each constituency, or, where appropriate, by each area or class of each constituency, shall increase and shall be revised on the dates specified in Annex 2.

#### 12. Council of Governors - election of governors

12.1 Elections for elected members of the Council of Governors shall be conducted in accordance with the Model Election Rules on the basis of

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- first past the post (FPP) polling and the Model Election Rules shall be construed accordingly.
- 12.2 The Model Election Rules as published by NHS Providers (previously the Foundation Trust Network) form part of this Constitution. The Model Election Rules current at the date of the Trust's Authorisation are attached at Annex 3.
- 12.3 A subsequent variation of the Model Election Rules by the Department of Health shall not constitute a variation of the terms of this Constitution for the purposes of paragraph 43 of the Constitution (amendment of the Constitution).
- 12.4 An election, if contested, shall be by secret ballot.

#### 13. Council of Governors - tenure

13.1 The composition of the Council of Governors as at the Acquisition Date is set out in Table 1 of Annex 2. In determining which Initial Public Governors and Initial Staff Governors transfer at the Acquisition Date, the process set out in paragraphs 13.2 – 13.6 below will apply.

#### Lead governor

13.2 The lead governor elected to represent the public constituency and holding office immediately prior to the Acquisition Date will transfer automatically to the same public constituency area to sit as lead governor from the Acquisition Date. For the avoidance of doubt, if no lead governor holds office immediately prior to the Acquisition Date than this paragraph 13.2 shall not apply.

#### Initial Public Governors

- 13.3 After applying paragraph 13.2, where the total number of Initial Public Governor posts that would qualify to represent a specific public constituency area is:
  - 13.3.1 equal to or fewer than the number of posts available for that public constituency area, the Initial Public Governor(s) shall transfer automatically;
  - 13.3.2 greater than the number of posts available for that public constituency area, then the process set out in paragraph 13.4 below will apply.
- 13.4 Where on the Acquisition Date there is a greater number of Initial Public Governors for any public constituency area those Initial Public Governors with the greatest aggregate consecutive length of service will automatically vacate office first with the Initial Public Governor with the next greatest aggregate consecutive length of service vacating office second until the remaining number of Initial Public Governors is equal to the relevant constituency area at which point all remaining Initial Public Governors shall transfer automatically.

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#### Initial Staff Governors

- 13.5 Where the total number of Initial Staff Governors posts that would qualify to represent a specific staff class is:
  - 13.5.1 equal to the number of posts available for that staff class, the Initial Staff Governor(s) shall transfer automatically;
  - 13.5.2 greater than the number of posts available for that staff class then the process set out in paragraph 13.6 below will apply.
- 13.6 Where on the Acquisition Date there is a greater number of Initial Staff Governors for any staff class than available posts, those Initial Staff Governors with the shortest aggregate consecutive length of service will automatically vacate office first with the Initial Staff Governor with the next shortest aggregate consecutive length of service vacating office second until the remaining number of Initial Staff Governors is equal to the relevant staff class at which point all remaining Initial Staff Governors shall transfer automatically.
- 13.7 For the avoidance of doubt, as at the Acquisition Date there will be no elected public governors for the Brighton & Hove and Mid Sussex areas of the public constituency and no elected staff governors for the Princess Royal Hospital and Royal Sussex County Hospital staff class.
- 13.8 The first governor election held after the Acquisition Date to fill the governor vacancies identified in paragraph 13.7 above shall be conducted in such a way as to result in the initial terms of office for those elected governors to end on a phased basis to ensure that those elected governors do not all vacate the office on the same day and in order that future elections also occur on a phased basis. As demonstrated in the below table and summarised as follows: in relation to the first elections for the:
  - 13.8.1 public governors; in respect of the candidates for Brighton & Hove and Mid Sussex, the candidate with the highest number of votes shall hold office for a period of three years and where more than one governor post is available, the candidate with the second highest number of votes shall hold office for a period of two years;
  - 13.8.2 staff governor; in respect of the candidate for the Princess Royal Hospital class, the candidate with the highest number of votes shall hold office for a period of two years;
  - 13.8.3 staff governor; in respect of the candidate for the Royal Sussex County Hospital class, the candidate with the highest number of votes shall hold office for a period of three years.

Constituency	Class	3-year terms	2-year terms	Total
Public	Brighton & Hove	1	1	2

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Constituency	Class	3-year terms	2-year terms	Total
Public	Mid Sussex	1	1	2
Staff	Princess Royal Hospital	0	1	1
Staff	Royal Sussex County Hospital	1	0	1
	Totals	3	3	6

- 13.9 An elected governor may hold office for a period of up to 3 years from the date of nomination and at the end of this term they shall be eligible for re-election for up to two further terms of up to 3 years each (i.e. 9 years in total). For the avoidance of doubt, the Initial Public Governors and Initial Staff Governors that shall transfer after the Acquisition Date in accordance with the process set out in paragraphs 13.2 13.6 above will cease to hold office in accordance with the term set out in their original letters of appointment.
- 13.10 An elected governor shall cease to hold office if they cease to be a member of a constituency, area or class.
- 13.11 An appointed governor may hold office for a period of up to 3 years and at the end of this term they shall be eligible for re-appointment for up to two further terms of up to 3 years each (i.e. 9 years in total).
- 13.12 An appointed governor shall cease to hold office if the appointing organisation withdraws its sponsorship of them.
- 13.13 A governor whose tenure of office is terminated shall not be eligible for re-appointment or to stand for re-election for a period of at least one year from the date of removal from office or the date upon which any appeal against their removal from office is disposed of whichever is the later except by resolution carried by a two thirds of the voting members of the Council of Governors.

#### 14. Council of Governors - disqualification and removal

- 14.1 Governors must be at least 16 years of age at the date they are nominated for election or appointment.
- 14.2 The following may not become or continue as a member of the Council of Governors:
  - 14.2.1 a person who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged;
  - 14.2.2 a person who has made a composition or arrangement with, or granted a Trust deed for, their creditors and has not been discharged in respect of it;
  - 14.2.3 a person who within the preceding five years has been convicted in the British Islands of any offence if a sentence of Page 10 of 134



imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on them.

- 14.3 Further provisions as to the circumstances in which an individual may not become or continue as a member of the Council of Governors are set out in Annex 4.
- 14.4 Provisions as to the removal of Governors are set out Annex 4 of this Constitution and Annex 9 of the Code of Conduct for Governors.

#### 15. Council of Governors - duties of governors

- 15.1 The general duties of the Council of Governors are
  - 15.1.1 to hold the non-executive directors individually and collectively to account for the performance of the Board of Directors; and
  - 15.1.2 to represent the interests of the members of the Trust as a whole and the interests of the public.
- 15.2 The Trust must take steps to secure that the governors are equipped with the skills and knowledge they require in their capacity as such.
  - 15.3 All governors must comply with the Trust's Code of Conduct for Governors set out in Annex 9.

#### 16. Council of Governors - meetings of governors

- 16.1 The Chair of the Trust (i.e. the Chair of the Board of Directors, appointed in accordance with the provisions of paragraph 24.1 or paragraph 25.1 below) or, in their absence, the Deputy Chair (appointed in accordance with the provisions of paragraph 26.1 below), shall preside at meetings of the Council of Governors.
- 16.2 The Council of Governors shall appoint one of the governors, who is a member of the public constituency, to be the Lead Governor for such period, not exceeding the remainder of their term as a governor of the Trust and in accordance with the terms of appointment and role and description set out in Annex 8.
- Meetings of the Council of Governors shall be open to members of the public unless the Council of Governors decides otherwise in relation to all or part of any particular meeting. Members of the public shall be excluded from meetings of the Council of Governors only where the business under discussion is commercially sensitive or is otherwise considered to be confidential.
- 16.4 For the purposes of obtaining information about the Trust's Page 11 of 134



performance of its functions or the directors' performance of their duties (and deciding whether to propose a vote on the Trust's or directors' performance), the Council of Governors may require one or more of the Directors to attend a meeting.

#### 17. Council of Governors – standing orders

17.1 The standing orders for the practice and procedure of the Council of Governors as may be amended from time to time are attached at Annex 5.

#### 18. Council of Governors - referral to the Panel

- 18.1 In this paragraph, the Panel means a panel of persons appointed by Monitor to which a governor of an NHS foundation Trust may refer a question as to whether the Trust has failed or is failing
  - 18.1.1 to act in accordance with its Constitution: or
  - 18.1.2 to act in accordance with provisions made by or under Chapter 5 of the 2006 Act
- 18.2 A governor may refer a question to the Panel only if more than half of the members of the Council of Governors voting approve the referral.

#### 19. Council of Governors - conflicts of interest of governors

19.1 If a governor has a pecuniary, personal or family interest, whether that interest is actual or potential and whether that interest is direct or indirect, in any proposed contract or other matter which is under consideration or is to be considered by the Council of Governors, the governor shall disclose that interest to the members of the Council of Governors as soon as he becomes aware of it. The Standing Orders for the Council of Governors shall make provision for the disclosure of interests and arrangements for the exclusion of a governor declaring any interest from any discussion or consideration of the matter in respect of which an interest has been disclosed.

#### 20. Council of Governors - travel expenses

20.1 Governors shall not receive remuneration for acting as governors but the Trust may pay travelling and other expenses to members of the Council of Governors at rates, and in accordance with a policy, determined by the Trust.

#### 21. Council of Governors – further provisions

21.1 Further provisions with respect to the Council of Governors are set out in Annex 4.

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#### 22. Board of Directors - composition

- 22.1 The Trust is to have a Board of Directors, which shall comprise both executive and non-executive directors. The composition will be such that there will always be a majority of non-executive directors (including the Chair).
- 22.2 The Board of Directors is to comprise:
  - 22.2.1 a non-executive Chair
  - 22.2.2 at least 8 other non-executive directors, and
  - 22.2.3 up to 8 executive directors.
- 22.3 One of the executive directors shall be the Chief Executive.
- 22.4 The Chief Executive shall be the Accounting Officer.
- 22.5 One of the executive directors shall be the finance director.
- 22.6 One of the executive directors is to be a registered medical practitioner or a registered dentist (within the meaning of the Dentists Act 1984).
- 22.7 One of the executive directors is to be a registered nurse or a registered midwife.
- 22.8 The directors shall at all times have one vote each save that the Chair shall be entitled to exercise a second or casting vote where the number of votes for and against a motion is equal.
- 22.9 The post of an executive director (excluding the Chief Executive) may be held by more than one eligible person on a job share basis. Where such an agreement is in force then the two individuals may only exercise one vote between them at a meeting of the Board of Directors. In the case of disagreements, they must abstain from voting and no vote may be cast. This must be recorded in the minutes for the Board meeting.

#### 23. Board of Directors - general duty

23.1 The general duty of the Board of Directors and of each director individually is to act with a view to promoting the success of the Trust so as to maximise the benefits for the members of the Trust as a whole and for the public.

## 24. <u>Board of Directors – qualification for appointment as a non-executive director</u>

24.1 A person may be appointed as a non-executive director only if:

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24.1.1 he is a member of a public constituency and he is not disqualified by virtue of paragraph 28 below.

## 25. <u>Board of Directors – appointment and removal of Chair and other non-executive directors</u>

- 25.1 The Council of Governors at a general meeting of the Council of Governors shall appoint and, where necessary, remove (with the approval of three-quarters of the Council of Governors) the Chair of the Trust and the other non-executive directors. The Council of Governors Nomination Committee may identify suitable candidates to fill non-executive director vacancies as they arise and may make written recommendations to the Council of Governors. The Council of Governors shall be required to appoint one non-executive director who exercises functions for Brighton and Sussex Medical School. This candidate will be nominated by Brighton and Sussex Medical School for the Council of Governors Nomination Committee to review and consider and, where appropriate, recommend to the Council of Governors.
- 25.2 The Council of Governors at a general meeting of the Council of Governors shall appoint and, where necessary, remove the Chair of the Trust and the other non-executive directors.
- 25.3 Removal of the Chair or another non-executive director shall require the approval of three-quarters of the members of the Council of Governors.

## 26. <u>Board of Directors – appointment of deputy Chair and senior independent director</u>

- 26.1 The Council of Governors at a general meeting of the Council of Governors shall appoint one of the non-executive directors as a deputy Chair.
- 26.2 The Board shall, following consultation with the Council of Governors, appoint one of the independent non-executive directors as a Senior Independent Director to act in accordance with the NHS Foundation Trust Code of Governance published by Monitor in 2013 and updated in July 2014 and the Board's Standing Orders.
- 26.3 The offices of Deputy Chair and Senior Independent Director may be held by the same Non-Executive Director.

## 27. <u>Board of Directors - appointment and removal of the Chief Executive</u> and other executive directors

27.1 The non-executive directors shall appoint or remove the Chief Executive.

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- 27.2 The appointment of the Chief Executive shall require the approval of the Council of Governors.
- 27.3 A committee consisting of the Chair, the Chief Executive and the other non-executive directors shall appoint or remove the other executive directors.

#### 28. Board of Directors - disqualification

The following may not become or continue as a member of the Board of Directors:

- 28.1 A person who fails to meet the requirements of the CQC fit and proper person regulations.
- 28.2 a person who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged.
- 28.3 a person who has made a composition or arrangement with, or granted a trust deed for, their creditors and has not been discharged in respect of it.
- 28.4 a person who within the preceding five years has been convicted in the British Islands of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on them.

#### 29. Board of Directors - meetings

- 29.1 Meetings of the Board of Directors shall be open to members of the public. Members of the public may be excluded from a meeting for special reasons.
- 29.2 Before holding a meeting the Board of Directors must send a copy of the agenda of the meeting to the Council of Governors. As soon as practicable after holding a meeting, the Board of Directors must send a copy of the minutes of the meeting to the Council of Governors.

#### 30. Board of Directors - standing orders

- 30.1 The standing orders for the practice and procedure of the Board of Directors, as may be amended from time to time, are attached at Annex 6
- 30.2 The Board of Directors may adopt such procedures and protocols as it shall deem to be appropriate for the good governance of the Trust from time to time.

#### 31. Board of Directors - conflicts of interest of directors

31.1 The duties that a director of the Trust has by virtue of being a director



#### include in particular -

- 31.1.1 A duty to avoid a situation in which the director has (or can have) a direct or indirect interest that conflicts (or possibly may conflict) with the interests of the Trust.
- 31.1.2 A duty not to accept a benefit from a third party by reason of being a director or doing (or not doing) anything in that capacity.
- 31.2 The duty referred to in sub-paragraph 31.1.1 is not infringed if -
  - 31.2.1 The situation cannot reasonably be regarded as likely to give rise to a conflict of interest, or
  - 31.2.2 The matter has been authorised in accordance with the Constitution.
- 31.3 The duty referred to in sub-paragraph 31.1.2 is not infringed if acceptance of the benefit cannot reasonably be regarded as likely to give rise to a conflict of interest.
- 31.4 In sub-paragraph 31.1.2 "third party" means a person other than -
  - 31.4.1 The Trust. or
  - 31.4.2 A person acting on its behalf
- 31.5 If a director of the Trust has in any way a direct or indirect interest in a proposed transaction or arrangement with the Trust, the director must declare the nature and extent of that interest to the other directors
- 31.6 If a declaration under this paragraph proves to be, or becomes, inaccurate, incomplete, a further declaration must be made.
- 31.7 Any declaration required by this paragraph must be made before the Trust enters into the transaction or arrangement.
- 31.8 This paragraph does not require a declaration of an interest of which the director is not aware or where the director is not aware of the transaction or arrangement in question.
- 31.9 A director need not declare an interest -
  - 31.9.1 If it cannot reasonably be regarded as likely to give rise to a conflict of interest:
  - 31.9.2 If, or to the extent that, the directors are already aware of it:
  - 31.9.3 If, or to the extent that, it concerns terms of the director's appointment that have been or are to be considered
    - 34.9.3.1 by a meeting of the Board of Directors, or

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- 34.9.3.2 by a committee of the directors appointed for the purpose under the Constitution.
- 31.10 A matter shall be authorised for the purposes of paragraph 31.2.2:
  - 31.10.1 the Board of Directors by majority disapplies the provision of the Constitution which would otherwise prevent a director from being counted as participating in the decision-making process;
  - 31.10.2 the director's interest cannot reasonably be regarded as likely to give rise to a conflict of interest; or
  - 31.10.3 the director's conflict of interest arises from a permitted cause (as determined by the Board of Directors from time to time).

#### 32. Board of Directors - remuneration and terms of office

- 32.1 The Council of Governors at a general meeting of the Council of Governors shall decide the remuneration and allowances, and the other terms and conditions of office, of the Chair and the other non-executive directors.
- 32.2 The Trust shall establish a committee of non-executive directors to decide the remuneration and allowances, and the other terms and conditions of office, of the Chief Executive and other executive directors.

#### 33. Registers

The Trust shall have:

- 33.1 a register of members showing, in respect of each member, the constituency to which he belongs and, where there are areas or classes within it, the area or class to which he belongs;
- 33.2 a register of members of the Council of Governors;
- 33.3 a register of interests of governors;
- 33.4 a register of directors; and
- 33.5 a register of interests of the directors.

#### 34. Admission to and removal from the registers

34.1 Further provisions as to the registers are set out within Annex 7.

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#### 35. Registers - inspection and copies

- 35.1 The Trust shall make the registers specified in paragraph 33 above available for inspection by members of the public, except in the circumstances set out below or as otherwise prescribed by regulations.
- 35.2 The Trust shall not make any part of its registers available for inspection by members of the public which shows details of
  - 35.2.1 any member of the Patients' Constituency; or
  - 35.2.2 any other member of the Trust, if he so requests
- 35.3 So far as the registers are required to be made available:
  - 35.3.1 they are to be available for inspection free of charge at all reasonable times; and
  - 35.3.2 a person who requests a copy of or extract from the registers is to be provided with a copy or extract.
- 35.4 If the person requesting a copy or extract is not a member of the Trust, the Trust may impose a reasonable charge for doing so.

#### 36. Documents available for public inspection

- 36.1 The Trust shall make the following documents available for inspection by members of the public free of charge at all reasonable times:
  - 36.1.1 a copy of the current Constitution;
  - 36.1.2 a copy of the latest annual accounts and of any report of the auditor on them; and
  - 36.1.3 a copy of the latest annual report.
- 36.2 Any person who requests a copy of or extract from any of the above documents is to be provided with a copy.
- 36.3 If the person requesting a copy or extract is not a member of the Trust, the Trust may impose a reasonable charge for doing so.
- 36.4 The Trust shall also make the following documents relating to a special administration of the Trust available for inspection by members of the public free of charge at all reasonable times:
  - 36.4.1 a copy of any order made under section 65D (appointment of Trust special administrator) 65J (power to extend time), 65KC (action following Secretary of State's rejection of final report), 65L (Trusts coming out of administration), or 65LA (Trusts to be dissolved) of the 2006 Act.

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- 36.4.2 a copy of any report laid under section 65D (appointment of Trust special administrator) of the 2006 Act.
- 36.4.3 a copy of any information published under section 65D (appointment of Trust special administrator) of the 2006 Act.
- 36.4.4 a copy of any draft report published under section 65F (administrator's draft report) of the 2006 Act.
- 36.4.5 a copy of any statement provided under section 65F (administrator's draft report) of the 2006 Act.
- 36.4.6 a copy of any notice published under section 65F (administrator's draft report), 65G (consultation plan), 65H (consultation requirements), 65J (power to extend time), 65KA (Monitor's decision), 65KB (Secretary of State's response to Monitor's decision), 65KC (action following Secretary of State's rejection of final report) or 65KD (Secretary of State's response to re-submitted final report of the 2006 Act.
- 36.4.7 a copy of any statement published or provided under section 65G (consultation plan) of the 2006 Act.
- 36.4.8 a copy of any final report published under section 65l (administrator's final report).
- 36.4.9 a copy of any statement published under section 65J (power to extend time) or 65KC (action following Secretary of State's rejection of final report) of the 2006 Act.
- 36.4.10a copy of any information published under section 65M (replacement of Trust special administrator) of the 2006 Act.
- 36.5 Any person who requests a copy of or extract from any of the above documents is to be provided with a copy.
- 36.6 If the person requesting a copy or extract is not a member of the Trust, the Trust may impose a reasonable charge for doing so.

#### 37. External Auditor

- 37.1 The Trust shall have an external auditor.
- 37.2 The Council of Governors shall appoint or remove the external auditor at a general meeting of the Council of Governors.
- 37.3 The external auditor shall carry out their duties in accordance with Schedule 10 to the 2006 Act and in accordance with any directions given by NHS England (previously Monitor / NSH Improvement) on standards, procedures and techniques to be adopted.

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#### 38. Audit committee

38.1 The Trust shall establish a committee of non-executive directors as an audit committee to perform such monitoring, reviewing and other functions as are appropriate. The membership and terms of reference of the Audit Committee shall be subject to approval by the Board of Directors.

#### 39. Accounts

- 39.1 The Trust must keep proper accounts and proper records in relation to the accounts.
- 39.2 NHS England may with the approval of the Secretary of State give directions to the Trust as to the content and form of its accounts.
- 39.3 The accounts are to be audited by the Trust's external auditor.
- 39.4 The Trust shall prepare in respect of each financial year annual accounts in such form as NHS England may with the approval of the of the Secretary of State direct.
- 39.5 The functions of the Trust with respect to the preparation of the annual accounts shall be delegated to the Accounting Officer.

#### 40. Annual report, forward plans and non-NHS work

- 40.1 The Trust shall prepare an Annual Report and send it to NHS Improvement.
- 40.2 The Trust shall give information as directed with regards its forward planning in respect of each financial year to NHS Improvement.
- 40.3 The document containing the information with respect to forward planning (referred to above) shall be prepared by the directors.
- 40.4 In preparing the document, the directors shall have regard to the views of the Council of Governors.
- 40.5 Each forward plan must include information about -
  - 40.5.1 the activities other than the provision of goods and services for the purposes of the health service in England that the Trust proposes to carry on, and
  - 40.5.2 the income it expects to receive from doing so.
- 40.6 Where a forward plan contains a proposal that the Trust carry on an activity of a kind mentioned in sub-paragraph 40.5.1 the Council of Governors must
  - 40.6.1 determine whether it is satisfied that the carrying on of the Page **20** of **134**



activity will not to any significant extent interfere with the fulfillment by the Trust of its principal purpose or the performance of its other functions, and

- 40.6.2 notify the directors of the Trust of its determination.
- 40.7 A Trust which proposes to increase by 5% or more the proportion of its total income in any financial year attributable to activities other than the provision of goods and services for the purposes of the health service in England may implement the proposal only if more than half of the members of the Council of Governors of the Trust voting approve its implementation.

## 41. <u>Presentation of the annual accounts and reports to the governors and members</u>

- 41.1 The following documents are to be presented to the Council of Governors at a general meeting of the Council of Governors:
  - 41.1.1 the annual accounts
  - 41.1.2 any report of the auditor on them
  - 41.1.3 the annual report.
- 41.2 The documents shall also be presented to the members of the Trust at the Annual Members' Meeting by at least one member of the Board of Directors in attendance.
- 41.3 The Trust may combine a meeting of the Council of Governors convened for the purposes of sub-paragraph 41.1 with the Annual Members' Meeting.

#### 42. Instruments

- 42.1 The Trust shall have a seal.
- 42.2 The seal shall not be affixed except under the authority of the Board of Directors.
- 42.3 A document purporting to be duly executed under the Trust's seal or to be signed on its behalf is to be received in evidence and, unless the contrary is proved, taken to be executed or signed.
- 42.4 See further Annex 7 Part C (Custody of Seal and Sealing of Documents).

#### 43. Amendment of the Constitution

43.1 The Trust may make amendments of its Constitution only if –

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- 43.1.1 Over half of the membership of the Council of Governors of the Trust voting approve the amendments, and
- 43.1.2 Over half of the members of the Board of Directors of the Trust voting approve the amendments.
- 43.2 Amendments made under paragraph 43.1 take effect as soon as the conditions in that paragraph are satisfied, but the amendment has no effect in so far as the Constitution would, as a result of the amendment, not accord with schedule 7 of the 2006 Act.
- 43.3 Where an amendment is made to the Constitution in relation to the powers and duties of the Council of Governors (or otherwise with respect to the role that the Council of Governors has as part of the Trust)
  - 43.3.1 At least one member of the Council of Governors must attend the next Annual Members' Meeting and present the amendment, and
  - 43.3.2 The Trust must give the members an opportunity to vote on whether they approve the amendment.
- 43.4 If more than half of the members voting approve the amendment, the amendment continues to have effect, otherwise, it ceases to have effect and the Trust must take such steps as are necessary as a result.
- 43.5 Amendments by the Trust of its Constitution are to be notified to NHS Improvement. For the avoidance of doubt, NHS Improvement's functions do not include a power or duty to determine whether or not the Constitution, as a result of the amendments, accords with Schedule 7 of the 2006 Act.

#### 44. Mergers etc. and significant transactions

- 44.1 The Trust may only apply for a merger, acquisition, separation or dissolution with the approval of over half of the members of the Council of Governors.
- 44.2 The Trust may enter into a significant transaction only if over half of the members of the Council of Governors voting approve entering into the transaction.
- 44.3 In this paragraph, the following words have the following meanings:
  - 44.3.1 "Significant transaction" means a transaction which meets any one of the tests below:

the fixed asset test; or

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#### the turnover test:

- 44.4 The turnover test is met if, following the completion of the relevant transaction, the gross income of the Trust will increase or decrease by more than 25%.
- 44.5 The fixed asset is met if the assets which are the subject of the transaction exceeds 25% of the fixed assets of the Trust.

#### 44.6 A transaction:

- 44.6.1 includes all agreements (including amendments to agreements) entered into by the Trust
- 44.6.2 excludes a transaction in the ordinary course of business including the renewal, extension or entering into an agreement in respect of healthcare services carried out by the Trust;
- 44.6.3 excludes any agreement or changes to healthcare services carried out by the Trust following a reconfiguration of services led by the commissioners of such services;
- 44.6.4 excludes any grant of public dividend capital or the entering into of a working capital facility or other loan, which does not involve the acquisition or disposal of any fixed asset of the Trust.

#### 45. Indemnity

- 45.1 Members of the Board of Directors and Council of Governors who act honestly and in good faith will not have to meet out of their personal resources any personal civil liability which is incurred in the execution of their functions, save where they have acted recklessly.
- 45.2 The Trust may purchase and maintain for members of the Board of Directors and Council of Governors insurance in respect of directors' and governors' liability to meet all or any liabilities which are properly the liabilities of the Trust under paragraph 45.1, including, without limitation, liability arising by reason of the Trust acting as a corporate trustee of an NHS charity.



#### **ANNEX 1 - CONSTITUENCY DETAILS**

#### THE PUBLIC CONSTITUENCY

Members of the public shall be eligible for membership of the public constituency areas as shown in the table below, which also sets out the minimum numbers required in each area.

Public Constituency Area	Minimum Membership Per Area
Adur	90
Arun	220
Brighton & Hove	100
Chichester	160
East Sussex	30
Horsham	130
Mid Sussex	35
Worthing	150
Out of Area	75

#### THE STAFF CONSTITUENCY

The staff constituency is divided into a number of classes. Trust staff shall be eligible for membership of the class within the staff constituency as shown below.

Staff Class	Minimum Number of Members Per Class
Peripatetic	100
Princess Royal Hospital	100
Royal Sussex County Hospital	100
St Richards Hospital	100
Worthing & Southlands Hospital	100

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# ANNEX 2 - COMPOSITION OF COUNCIL OF GOVERNORS

# **Table 1 - Elected Governors**

For the period from the Acquisition Date until new governor elections are held and new governors are elected on around August 2021 (**Post Acquisition Elections**) the Elected Governors shall comprise:

Constituency	Area/Class	Number
Public	Adur	1
Public	Arun	1
Public	Brighton & Hove	0
Public	Chichester	2
Public	Horsham	1
Public	Mid Sussex	0
Public	Worthing	1
Public	Out of Area	1
Staff	Peripatetic	1
Staff	Princess Royal Hospital	0
Staff	Royal Sussex County Hospital	0
Staff	St Richards Hospital	1
Staff	Worthing and Southlands Hospitals	1
Total Number of Elected Governors		

## Table 2 - Elected Governors

Following the Post Acquisition Elections the Elected Governors shall comprise:

Constituency	Area/Class	Number
Public	Adur	1
Public	Arun	1
Public	Brighton & Hove	2
Public	Chichester	2
Public	Horsham	1
Public	Mid Sussex	2
Public	Worthing	1
Public	East Sussex and Out of Area	1
Staff	Peripatetic	1
Staff	Princess Royal Hospital	1
Staff	Royal Sussex County Hospital	1
Staff	St Richards Hospital	1
Staff	Worthing and Southlands Hospitals	1
Total Number of Elected Governors		



**Table 3 - Appointed Governors** 

Туре	Governor Appointed By:	Number
Local Authority*	Brighton and Hove City Council West Sussex County Council	1
Brighton & Sussex Medical School *	A governor would be appointed by agreement between Brighton & Sussex Universities.	1
Voluntary Sector	A governor shall be appointed, by agreement of the Council of Voluntary Services	1
Inclusion	A governor shall be appointed from the three Trust inclusion staff networks covering BAME, LGBT+ and Disability	1
Total Number of Appointed Governors		5
Total Number of Governors		21

<sup>\*</sup>Note: These Governors must be appointed under paragraphs 9(4) and 9(6) of Schedule 7 of the National Health Service Act 2006 (as amended from time to time).

In summary, the total number of Governors:

On the Acquisition Date there shall be 10 elected governors plus 5 appointed governors (15 in total) (composed as set out above); and

From on or around August 2021 there shall be 21 Governors (composed as set out above).



# **Annex 3 - Model Election Rules**

#### **MODEL ELECTION RULES 2014**

## **PART 1: INTERPRETATION**

1. Interpretation

#### **PART 2: TIMETABLE FOR ELECTION**

- 2. Timetable
- 3. Computation of time

## **PART 3: RETURNING OFFICER**

- 4. Returning officer
- 5. Staff
- 6. Expenditure
- 7. Duty of co-operation

#### PART 4: STAGES COMMON TO CONTESTED AND UNCONTESTED ELECTIONS

- Notice of election
- 9. Nomination of candidates
- 10. Candidate's particulars
- 11. Declaration of interests
- Declaration of eligibility
- 13. Signature of candidate
- 14. Decisions as to validity of nomination forms
- 15. Publication of statement of nominated candidates
- Inspection of statement of nominated candidates and nomination forms
- Withdrawal of candidates
- 18. Method of election

#### **PART 5: CONTESTED ELECTIONS**

- 19. Poll to be taken by ballot
- 20. The ballot paper
- 21. The declaration of identity (public and patient constituencies)

# Action to be taken before the poll

- 22. List of eligible voters
- 23. Notice of poll
- 24. Issue of voting information by returning officer
- 25. Ballot paper envelope and covering envelope
- 26. E-voting systems

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#### The poll

27.	Eligibility to vote
28.	Voting by persons who require assistance
29.	Spoilt ballot papers and spoilt text message votes
30.	Lost voting information
31.	Issue of replacement voting information
32.	ID declaration form for replacement ballot papers (public and patient
	constituencies)
33	Procedure for remote voting by internet
34.	Procedure for remote voting by telephone
35.	Procedure for remote voting by text message

Procedure for receipt of envelopes, internet votes, telephone vote and text message votes

36.	Receipt of voting documents
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- 37. Validity of votes
- 38. Declaration of identity but no ballot (public and patient constituency)
- 39. De-duplication of votes
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#### **PART 6: COUNTING THE VOTES**

- 41. Interpretation of Part 6
- 42. Arrangements for counting of the votes
- 43. The count
- 44. Rejected ballot papers and rejected text voting records
- 45. Equality of votes

# PART 7: FINAL PROCEEDINGS IN CONTESTED AND UNCONTESTED ELECTIONS

- 46. Declaration of result for contested elections
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## **PART 8: DISPOSAL OF DOCUMENTS**

- 48. Sealing up of documents relating to the poll
- 49. Delivery of documents
- 50. Forwarding of documents received after close of the poll
- 51. Retention and public inspection of documents
- 52. Application for inspection of certain documents relating to election

## PART 9: DEATH OF A CANDIDATE DURING A CONTESTED ELECTION

53. Countermand or abandonment of poll on death of candidate

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# **PART 10: ELECTION EXPENSES AND PUBLICITY**

## Expenses

- 54. Election expenses
- 55. Expenses and payments by candidates56. Expenses incurred by other persons

# **Publicity**

- 57. Publicity about election by the corporation
- 58. Information about candidates for inclusion with voting information
- 59. Meaning of "for the purposes of an election"

## **PART 11: QUESTIONING ELECTIONS AND IRREGULARITIES**

60. Application to question an election

## **PART 12: MISCELLANEOUS**

- 61. Secrecy
- 62. Prohibition of disclosure of vote
- 63. Disqualification
- 64. Delay in postal service through industrial action or unforeseen event



#### **PART 1: INTERPRETATION**

## 1. Interpretation

1.1. In these rules, unless the context otherwise requires:

"2006 Act" means the National Health Service Act 2006:

"corporation" means the public benefit corporation subject to this constitution;

"council of governors" means the council of governors of the corporation;

"declaration of identity" has the meaning set out in rule 21.1;

"election" means an election by a constituency, or by a class within a constituency, to fill a vacancy among one or more posts on the council of governors;

"e-voting" means voting using either the internet, telephone or text message;

"e-voting information" has the meaning set out in rule 24.2;

"ID declaration form" has the meaning set out in Rule 21.1; "internet voting record" has the meaning set out in rule 26.4(d);

"internet voting system" means such computer hardware and software, data other equipment and services as may be provided by the returning officer for the purpose of enabling voters to cast their votes using the internet;

"lead governor" means the governor nominated by the corporation to fulfil the role described in Appendix B to The NHS Foundation Trust Code of Governance (published by Monitor in December 2013) or any later version of such code.

"list of eligible voters" means the list referred to in rule 22.1, containing the information in rule 22.2:

"method of polling" means a method of casting a vote in a poll, which may be by post, internet, text message or telephone;

"Monitor" means the corporate body known as Monitor as provided by section 61 of the 2012 Act and reference in these Model Election Rules to "Monitor" shall be read as reference to its statutory successor, "NHS Improvement";

"NHS Improvement" is the operational name for the organisation which consists of (inter alia) Monitor and the NHS Trust Development Authority;

"numerical voting code" has the meaning set out in rule 64.2(b)

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"polling website" has the meaning set out in rule 26.1;

"postal voting information" has the meaning set out in rule 24.1;

"telephone short code" means a short telephone number used for the purposes of submitting a vote by text message;

"telephone voting facility" has the meaning set out in rule 26.2;

"telephone voting record" has the meaning set out in rule 26.5 (d);

"text message voting facility" has the meaning set out in rule 26.3;

"text voting record" has the meaning set out in rule 26.6 (d);

"the telephone voting system" means such telephone voting facility as may be provided by the returning officer for the purpose of enabling voters to cast their votes by telephone;

"the text message voting system" means such text messaging voting facility as may be provided by the returning officer for the purpose of enabling voters to cast their votes by text message;

"voter ID number" means a unique, randomly generated numeric identifier allocated to each voter by the Returning Officer for the purpose of e-voting,

"voting information" means postal voting information and/or e-voting information

1.2. Other expressions used in these rules and in Schedule 7 to the NHS Act 2006 have the same meaning in these rules as in that Schedule.



## **PART 2: TIMETABLE FOR ELECTIONS**

## 2. Timetable

2.1. The proceedings at an election shall be conducted in accordance with the following timetable:

Proceeding	Time	
Publication of notice of election	Not later than the fortieth day before the day of the close of the poll.	
Final day for delivery of nomination forms to returning officer	Not later than the twenty eighth day before the day of the close of the poll.	
Publication of statement of nominated candidates	Not later than the twenty seventh day before the day of the close of the poll.	
Final day for delivery of notices of withdrawals by candidates from election	Not later than twenty fifth day before the day of the close of the poll.	
Notice of the poll	Not later than the fifteenth day before the day of the close of the poll.	
Close of the poll	By 5.00pm on the final day of the election.	

## 3. Computation of time

- 3.1. In computing any period of time for the purposes of the timetable:
  - (a) a Saturday or Sunday;
  - (b) Christmas Day, Good Friday, or a bank holiday, or
  - (c) a day appointed for public thanksgiving or mourning,

shall be disregarded, and any such day shall not be treated as a day for the purpose of any proceedings up to the completion of the poll, nor shall the returning officer be obliged to proceed with the counting of votes on such a day.

3.2. In this rule, "bank holiday" means a day which is a bank holiday under the Banking and Financial Dealings Act 1971 in England and Wales.



# **PART 3: RETURNING OFFICER**

## 4. Returning Officer

- 4.1. Subject to rule 69, the returning officer for an election is to be appointed by the corporation.
- 4.2. Where two or more elections are to be held concurrently, the same returning officer may be appointed for all those elections.

# 5. Staff

5.1. Subject to rule 69, the returning officer may appoint and pay such staff, including such technical advisers, as he or she considers necessary for the purposes of the election.

# 6. Expenditure

- 6.1. The corporation is to pay the returning officer:
  - (a) any expenses incurred by that officer in the exercise of their functions under these rules,
  - (b) such remuneration and other expenses as the corporation may determine.

# 7. Duty of co-operation

7.1. The corporation is to co-operate with the returning officer in the exercise of their or her functions under these rules.



#### PART 4: STAGES COMMON TO CONTESTED AND UNCONTESTED ELECTIONS

#### 8. Notice of election

- 8.1. The returning officer is to publish a notice of the election stating:
  - (a) the constituency, or class within a constituency, for which the election is being held,
  - the number of members of the council of governors to be elected from that constituency, or class within that constituency,
  - (c) the details of any nomination committee that has been established by the corporation,
  - (d) the address and times at which nomination forms may be obtained;
  - (e) the address for return of nomination forms (including, where the return of nomination forms in an electronic format will be permitted, the e-mail address for such return) and the date and time by which they must be received by the returning officer,
  - (f) the date and time by which any notice of withdrawal must be received by the returning officer
  - (g) the contact details of the returning officer
  - (h) the date and time of the close of the poll in the event of a contest.

#### 9. Nomination of candidates

- 9.1. Subject to rule 9.2, each candidate must nominate themselves on a single nomination form.
- 9.2. The returning officer:
  - (a) is to supply any member of the corporation with a nomination form, and
  - is to prepare a nomination form for signature at the request of any member of the corporation,
    - but it is not necessary for a nomination to be on a form supplied by the returning officer and a nomination can, subject to rule 13, be in an electronic format.

# 10. Candidate's particulars

- 10.1. The nomination form must state the candidate's:
  - (a) full name,
  - (b) contact address in full (which should be a postal address although an e-mail address may also be provided for the purposes of electronic

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- communication), and
- (c) constituency, or class within a constituency, of which the candidate is a member.

#### 11. Declaration of interests

- 11.1. The nomination form must state:
  - (a) any financial interest that the candidate has in the corporation, and
  - (b) whether the candidate is a member of a political party, and if so, which party,
    - and if the candidate has no such interests, the paper must include a statement to that effect.

# 12. Declaration of eligibility

- 12.1. The nomination form must include a declaration made by the candidate:
  - that he or she is not prevented from being a member of the council of governors by paragraph 8 of Schedule 7 of the 2006 Act or by any provision of the constitution; and,
  - (b) for a member of the public or patient constituency, of the particulars of their or her qualification to vote as a member of that constituency, or class within that constituency, for which the election is being held.

#### 13. Signature of candidate

- 13.1. The nomination form must be signed and dated by the candidate, in a manner prescribed by the returning officer, indicating that:
  - (a) they wish to stand as a candidate,
  - their declaration of interests as required under rule 11, is true and correct, and
  - (c) their declaration of eligibility, as required under rule 12, is true and correct.
- 13.2. Where the return of nomination forms in an electronic format is permitted, the returning officer shall specify the particular signature formalities (if any) that will need to be complied with by the candidate.

## 14. Decisions as to the validity of nomination

14.1. Where a nomination form is received by the returning officer in accordance with these rules, the candidate is deemed to stand for election unless and until the returning officer:

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- (a) decides that the candidate is not eligible to stand,
- (b) decides that the nomination form is invalid,
- (c) receives satisfactory proof that the candidate has died, or
- (d) receives a written request by the candidate of their withdrawal from candidacy.
- 14.2. The returning officer is entitled to decide that a nomination form is invalid only on one of the following grounds:
  - (a) that the paper is not received on or before the final time and date for return of nomination forms, as specified in the notice of the election,
  - (b) that the paper does not contain the candidate's particulars, as required by rule 10;
  - (c) that the paper does not contain a declaration of the interests of the candidate, as required by rule 11,
  - (d) that the paper does not include a declaration of eligibility as required by rule 12, or
  - (e) that the paper is not signed and dated by the candidate, if required by rule 13.
- 14.3. The returning officer is to examine each nomination form as soon as is practicable after he or she has received it, and decide whether the candidate has been validly nominated.
- 14.4. Where the returning officer decides that a nomination is invalid, the returning officer must endorse this on the nomination form, stating the reasons for their decision.
- 14.5. The returning officer is to send notice of the decision as to whether a nomination is valid or invalid to the candidate at the contact address given in the candidate's nomination form. If an e-mail address has been given in the candidate's nomination form (in addition to the candidate's postal address), the returning officer may send notice of the decision to that address.

## 15. Publication of statement of candidates

- 15.1. The returning officer is to prepare and publish a statement showing the candidates who are standing for election.
- 15.2. The statement must show:
  - (a) the name, contact address (which shall be the candidate's postal address), and constituency or class within a constituency of each candidate standing, and
  - (b) the declared interests of each candidate standing,

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as given in their nomination form.

- 15.3. The statement must list the candidates standing for election in alphabetical order by surname.
- 15.4. The returning officer must send a copy of the statement of candidates and copies of the nomination forms to the corporation as soon as is practicable after publishing the statement.

## 16. Inspection of statement of nominated candidates and nomination forms

- 16.1. The corporation is to make the statement of the candidates and the nomination forms supplied by the returning officer under rule 15.4 available for inspection by members of the corporation free of charge at all reasonable times.
- 16.2. If a member of the corporation requests a copy or extract of the statement of candidates or their nomination forms, the corporation is to provide that member with the copy or extract free of charge.

#### 17. Withdrawal of candidates

17.1. A candidate may withdraw from election on or before the date and time for withdrawal by candidates, by providing to the returning officer a written notice of withdrawal which is signed by the candidate and attested by a witness.

## 18. Method of election

- 18.1. If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is greater than the number of members to be elected to the council of governors, a poll is to be taken in accordance with Parts 5 and 6 of these rules.
- 18.2. If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is equal to the number of members to be elected to the council of governors, those candidates are to be declared elected in accordance with Part 7 of these rules.
- 18.3. If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is less than the number of members to be elected to be council of governors, then:
  - (a) the candidates who remain validly nominated are to be declared elected in accordance with Part 7 of these rules, and
  - (b) the returning officer is to order a new election to fill any vacancy which remains unfilled, on a day appointed by him or her in consultation with the corporation.

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#### **PART 5: CONTESTED ELECTIONS**

## 19. Poll to be taken by ballot

- 19.1. The votes at the poll must be given by secret ballot.
- 19.2. The votes are to be counted and the result of the poll determined in accordance with Part 6 of these rules.
- 19.3. The corporation may decide that voters within a constituency or class within a constituency, may, subject to rule 19.4, cast their votes at the poll using such different methods of polling in any combination as the corporation may determine.
- 19.4. The corporation may decide that voters within a constituency or class within a constituency for whom an e-mail address is included in the list of eligible voters may only cast their votes at the poll using an e-voting method of polling.
- 19.5. Before the corporation decides, in accordance with rule 19.3 that one or more e-voting methods of polling will be made available for the purposes of the poll, the corporation must satisfy itself that:
  - (a) if internet voting is to be a method of polling, the internet voting system to be used for the purpose of the election is:
    - (i) configured in accordance with these rules; and
    - (ii) will create an accurate internet voting record in respect of any voter who casts their vote using the internet voting system;
  - (b) if telephone voting to be a method of polling, the telephone voting system to be used for the purpose of the election is:
    - (i) configured in accordance with these rules; and
    - (ii) will create an accurate telephone voting record in respect of any voter who casts their vote using the telephone voting system;
  - (c) if text message voting is to be a method of polling, the text message voting system to be used for the purpose of the election is:
    - (i) configured in accordance with these rules; and
    - (ii) will create an accurate text voting record in respect of any voter who casts their vote using the text message voting system.

# 20. The ballot paper

20.1. The ballot of each voter (other than a voter who casts their ballot by an evoting method of polling) is to consist of a ballot paper with the persons

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remaining validly nominated for an election after any withdrawals under these rules, and no others, inserted in the paper.

- 20.2. Every ballot paper must specify:
  - (a) the name of the corporation,
  - (b) the constituency, or class within a constituency, for which the election is being held,
  - (c) the number of members of the council of governors to be elected from that constituency, or class within that constituency,
  - (d) the names and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,
  - instructions on how to vote by all available methods of polling, including the relevant voter's voter ID number if one or more e-voting methods of polling are available,
  - (f) if the ballot paper is to be returned by post, the address for its return and the date and time of the close of the poll, and
  - (g) the contact details of the returning officer.
- 20.3. Each ballot paper must have a unique identifier.
- 20.4. Each ballot paper must have features incorporated into it to prevent it from being reproduced.

## 21. The declaration of identity (public and patient constituencies)

- 21.1. The corporation shall require each voter who participates in an election for a public or patient constituency to make a declaration confirming:
  - (a) that the voter is the person:
    - (i) to whom the ballot paper was addressed, and/or
    - (ii) to whom the voter ID number contained within the e-voting information was allocated,
  - (b) that he or she has not marked or returned any other voting information in the election, and
  - (c) the particulars of their qualification to vote as a member of the constituency or class within the constituency for which the election is being held,

("declaration of identity")

and the corporation shall make such arrangements as it considers appropriate to facilitate the making and the return of a declaration of identity by each voter, whether by the completion of a paper form ("ID declaration

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form") or the use of an electronic method.

- 21.2. The voter must be required to return their declaration of identity with their ballot.
- 21.3. The voting information shall caution the voter that if the declaration of identity is not duly returned or is returned without having been made correctly, any vote cast by the voter may be declared invalid.

Action to be taken before the poll

## 22. List of eligible voters

- 22.1. The corporation is to provide the returning officer with a list of the members of the constituency or class within a constituency for which the election is being held who are eligible to vote by virtue of rule 27 as soon as is reasonably practicable after the final date for the delivery of notices of withdrawals by candidates from an election.
- 22.2. The list is to include, for each member:
  - (a) a postal address; and,
  - (b) the member's e-mail address, if this has been provided

to which their voting information may, subject to rule 22.3, be sent.

22.3. The corporation may decide that the e-voting information is to be sent only by e-mail to those members in the list of eligible voters for whom an e-mail address is included in that list.

#### 23. Notice of poll

- 23.1. The returning officer is to publish a notice of the poll stating:
  - (a) the name of the corporation,
  - (b) the constituency, or class within a constituency, for which the election is being held,
  - the number of members of the council of governors to be elected from that constituency, or class with that constituency,
  - (d) the names, contact addresses, and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates.
  - (e) that the ballot papers for the election are to be issued and returned, if appropriate, by post,
  - (f) the methods of polling by which votes may be cast at the election by voters in a constituency or class within a constituency, as determined

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- by the corporation in accordance with rule 19.3,
- (g) the address for return of the ballot papers,
- the uniform resource locator (url) where, if internet voting is a method of polling, the polling website is located;
- (i) the telephone number where, if telephone voting is a method of polling, the telephone voting facility is located,
- (j) the telephone number or telephone short code where, if text message voting is a method of polling, the text message voting facility is located,
- (k) the date and time of the close of the poll,
- (I) the address and final dates for applications for replacement voting information, and
- (m) the contact details of the returning officer.

# 24. Issue of voting information by returning officer

- 24.1. Subject to rule 24.3, as soon as is reasonably practicable on or after the publication of the notice of the poll, the returning officer is to send the following information by post to each member of the corporation named in the list of eligible voters:
  - (a) a ballot paper and ballot paper envelope,
  - (b) the ID declaration form (if required),
  - information about each candidate standing for election, pursuant to rule 61 of these rules, and
  - (d) a covering envelope;
  - ("postal voting information").
- 24.2. Subject to rules 24.3 and 24.4, as soon as is reasonably practicable on or after the publication of the notice of the poll, the returning officer is to send the following information by e-mail and/ or by post to each member of the corporation named in the list of eligible voters whom the corporation determines in accordance with rule 19.3 and/ or rule 19.4 may cast their vote by an e-voting method of polling:
  - (a) instructions on how to vote and how to make a declaration of identity (if required),
  - (b) the voter's voter ID number,
  - (c) information about each candidate standing for election, pursuant to rule 64 of these rules, or details of where this information is readily available on the internet or available in such other formats as the Returning Officer thinks appropriate,
  - (d) contact details of the returning officer,

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("e-voting information").

- 24.3. The corporation may determine that any member of the corporation shall:
  - (a) only be sent postal voting information; or
  - (b) only be sent e-voting information; or
  - (c) be sent both postal voting information and e-voting information;

for the purposes of the poll.

- 24.4. If the corporation determines, in accordance with rule 22.3, that the e-voting information is to be sent only by e-mail to those members in the list of eligible voters for whom an e-mail address is included in that list, then the returning officer shall only send that information by e-mail.
- 24.5. The voting information is to be sent to the postal address and/ or e-mail address for each member, as specified in the list of eligible voters.

#### 25. Ballot paper envelope and covering envelope

- 25.1. The ballot paper envelope must have clear instructions to the voter printed on it, instructing the voter to seal the ballot paper inside the envelope once the ballot paper has been marked.
- 25.2. The covering envelope is to have:
  - (a) the address for return of the ballot paper printed on it, and
  - (b) pre-paid postage for return to that address.
- 25.3. There should be clear instructions, either printed on the covering envelope or elsewhere, instructing the voter to seal the following documents inside the covering envelope and return it to the returning officer
  - (a) the completed ID declaration form if required, and
  - (b) the ballot paper envelope, with the ballot paper sealed inside it.

#### 26. E-voting systems

- 26.1. If internet voting is a method of polling for the relevant election then the returning officer must provide a website for the purpose of voting over the internet (in these rules referred to as "the polling website").
- 26.2. If telephone voting is a method of polling for the relevant election then the returning officer must provide an automated telephone system for the purpose

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of voting by the use of a touch-tone telephone (in these rules referred to as "the telephone voting facility").

- 26.3. If text message voting is a method of polling for the relevant election then the returning officer must provide an automated text messaging system for the purpose of voting by text message (in these rules referred to as "the text message voting facility").
- 26.4. The returning officer shall ensure that the polling website and internet voting system provided will:
  - (a) require a voter to:
    - (i) enter their voter ID number; and
    - (ii) where the election is for a public or patient constituency, make a declaration of identity;

in order to be able to cast their vote;

- (b) specify:
  - (i) the name of the corporation,
  - (ii) the constituency, or class within a constituency, for which the election is being held,
  - (iii) the number of members of the council of governors to be elected from that constituency, or class within that constituency,
  - (iv) the names and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,
  - (v) instructions on how to vote and how to make a declaration of identity,
  - (vi) the date and time of the close of the poll, and
  - (vii) the contact details of the returning officer;
- (c) prevent a voter from voting for more candidates than he or she is entitled to at the election;
- (d) create a record ("internet voting record") that is stored in the internet voting system in respect of each vote cast by a voter using the internet that comprises of-
  - (i) the voter's voter ID number;
  - (ii) the voter's declaration of identity (where required);
  - (iii) the candidate or candidates for whom the voter has voted; and
  - (iv) (the date and time of the voter's vote,
- (e) if the voter's vote has been duly cast and recorded, provide the voter

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- with confirmation of this; and
- (f) prevent any voter from voting after the close of poll.
- 26.5. The returning officer shall ensure that the telephone voting facility and telephone voting system provided will:
  - (a) require a voter to
    - (i) enter their voter ID number in order to be able to cast their vote;
    - (ii) where the election is for a public or patient constituency, make a declaration of identity;
  - (b) specify:
    - (i) the name of the corporation,
    - (ii) the constituency, or class within a constituency, for which the election is being held,
    - (iii) the number of members of the council of governors to be elected from that constituency, or class within that constituency,
    - (iv) instructions on how to vote and how to make a declaration of identity,
    - (v) the date and time of the close of the poll, and
    - (vi) the contact details of the returning officer;
  - (c) prevent a voter from voting for more candidates than he or she is entitled to at the election;
  - (d) create a record ("telephone voting record") that is stored in the telephone voting system in respect of each vote cast by a voter using the telephone that comprises of:
    - the voter's voter ID number;
    - (ii) the voter's declaration of identity (where required);
    - (iii) the candidate or candidates for whom the voter has voted; and
    - (iv) the date and time of the voter's vote
  - (e) if the voter's vote has been duly cast and recorded, provide the voter with confirmation of this;
  - (f) prevent any voter from voting after the close of poll.
- 26.6. The returning officer shall ensure that the text message voting facility and text messaging voting system provided will:
  - (a) require a voter to:

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- (i) provide their voter ID number; and
- (ii) where the election is for a public or patient constituency, make a declaration of identity;

in order to be able to cast their vote;

- (b) prevent a voter from voting for more candidates than he or she is entitled to at the election:
- (c) create a record ("text voting record") that is stored in the text messaging voting system in respect of each vote cast by a voter by text message that comprises of:
  - (i) the voter's voter ID number;
  - (ii) the voter's declaration of identity (where required);
  - (iii) the candidate or candidates for whom the voter has voted; and
  - (iv) the date and time of the voter's vote
- (d) if the voter's vote has been duly cast and recorded, provide the voter with confirmation of this;
- (e) prevent any voter from voting after the close of poll.

The poll

# 27. Eligibility to vote

27.1. An individual who becomes a member of the corporation on or before the closing date for the receipt of nominations by candidates for the election, is eligible to vote in that election.

#### 28. Voting by persons who require assistance

- 28.1. The returning officer is to put in place arrangements to enable requests for assistance to vote to be made.
- 28.2. Where the returning officer receives a request from a voter who requires assistance to vote, the returning officer is to make such arrangements as he or she considers necessary to enable that voter to vote.

#### 29. Spoilt ballot papers and spoilt text message votes

- 29.1. If a voter has dealt with their ballot paper in such a manner that it cannot be accepted as a ballot paper (referred to as a "spoilt ballot paper"), that voter may apply to the returning officer for a replacement ballot paper.
- 29.2. On receiving an application, the returning officer is to obtain the details of the unique identifier on the spoilt ballot paper, if he or she can obtain it.
- 29.3. The returning officer may not issue a replacement ballot paper for a spoilt

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ballot paper unless he or she:

- (a) is satisfied as to the voter's identity; and
- (b) has ensured that the completed ID declaration form, if required, has not been returned.
- 29.4. After issuing a replacement ballot paper for a spoilt ballot paper, the returning officer shall enter in a list ("the list of spoilt ballot papers"):
  - (a) the name of the voter, and
  - (b) the details of the unique identifier of the spoilt ballot paper (if that officer was able to obtain it), and
  - (c) the details of the unique identifier of the replacement ballot paper.
- 29.5. If a voter has dealt with their text message vote in such a manner that it cannot be accepted as a vote (referred to as a "spoilt text message vote"), that voter may apply to the returning officer for a replacement voter ID number.
- 29.6. On receiving an application, the returning officer is to obtain the details of the voter ID number on the spoilt text message vote, if he or she can obtain it.
- 29.7. The returning officer may not issue a replacement voter ID number in respect of a spoilt text message vote unless he or she is satisfied as to the voter's identity.
- 29.8. After issuing a replacement voter ID number in respect of a spoilt text message vote, the returning officer shall enter in a list ("the list of spoilt text message votes"):
  - (a) the name of the voter, and
  - (b) the details of the voter ID number on the spoilt text message vote (if that officer was able to obtain it), and
  - (c) the details of the replacement voter ID number issued to the voter.

# 30. Lost voting information

- 30.1. Where a voter has not received their voting information by the tenth day before the close of the poll, that voter may apply to the returning officer for replacement voting information.
- 30.2. The returning officer may not issue replacement voting information in respect of lost voting information unless he or she:
  - (a) is satisfied as to the voter's identity,

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- (b) has no reason to doubt that the voter did not receive the original voting information,
- (c) has ensured that no declaration of identity, if required, has been returned.
- 30.3. After issuing replacement voting information in respect of lost voting information, the returning officer shall enter in a list ("the list of lost ballot documents"):
  - (a) the name of the voter
  - the details of the unique identifier of the replacement ballot paper, if applicable, and
  - (c) the voter ID number of the voter.

## 31. Issue of replacement voting information

- 31.1. If a person applies for replacement voting information under rule 29 or 30 and a declaration of identity has already been received by the returning officer in the name of that voter, the returning officer may not issue replacement voting information unless, in addition to the requirements imposed by rule 29.3 or 30.2, he or she is also satisfied that that person has not already voted in the election, notwithstanding the fact that a declaration of identity if required has already been received by the returning officer in the name of that voter.
- 31.2. After issuing replacement voting information under this rule, the returning officer shall enter in a list ("the list of tendered voting information"):
  - (a) the name of the voter,
  - (b) the unique identifier of any replacement ballot paper issued under this rule;
  - (c) the voter ID number of the voter.

# 32. ID declaration form for replacement ballot papers (public and patient constituencies)

32.1. In respect of an election for a public or patient constituency an ID declaration form must be issued with each replacement ballot paper requiring the voter to make a declaration of identity.

Polling by internet, telephone or text

## 33. Procedure for remote voting by internet

33.1. To cast their vote using the internet, a voter will need to gain access to the polling website by keying in the url of the polling website provided in the voting information.

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- 33.2. When prompted to do so, the voter will need to enter their voter ID number.
- 33.3. If the internet voting system authenticates the voter ID number, the system will give the voter access to the polling website for the election in which the voter is eligible to vote.
- 33.4. To cast their vote, the voter will need to key in a mark on the screen opposite the particulars of the candidate or candidates for whom he or she wishes to cast their vote.
- 33.5. The voter will not be able to access the internet voting system for an election once their vote at that election has been cast.

## 34. Voting procedure for remote voting by telephone

- 34.1. To cast their vote by telephone, the voter will need to gain access to the telephone voting facility by calling the designated telephone number provided in the voter information using a telephone with a touch-tone keypad.
- 34.2. When prompted to do so, the voter will need to enter their voter ID number using the keypad.
- 34.3. If the telephone voting facility authenticates the voter ID number, the voter will be prompted to vote in the election.
- 34.4. When prompted to do so the voter may then cast their vote by keying in the numerical voting code of the candidate or candidates, for whom he or she wishes to vote.
- 34.5. The voter will not be able to access the telephone voting facility for an election once their vote at that election has been cast.

# 35. Voting procedure for remote voting by text message

- 35.1. To cast their vote by text message the voter will need to gain access to the text message voting facility by sending a text message to the designated telephone number or telephone short code provided in the voter information.
- 35.2. The text message sent by the voter must contain their voter ID number and the numerical voting code for the candidate or candidates, for whom he or she wishes to vote.
- 35.3. The text message sent by the voter will need to be structured in accordance with the instructions on how to vote contained in the voter information, otherwise the vote will not be cast.

Procedure for receipt of envelopes, internet votes, telephone votes and text message

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votes

## 36. Receipt of voting documents

- 36.1. Where the returning officer receives:
  - (a) a covering envelope, or
  - (b) any other envelope containing an ID declaration form if required, a ballot paper envelope, or a ballot paper,

before the close of the poll, that officer is to open it as soon as is practicable; and rules 37 and 38 are to apply.

- 36.2. The returning officer may open any covering envelope or any ballot paper envelope for the purposes of rules 37 and 38, but must make arrangements to ensure that no person obtains or communicates information as to:
  - (a) the candidate for whom a voter has voted, or
  - (b) the unique identifier on a ballot paper.
- 36.3. The returning officer must make arrangements to ensure the safety and security of the ballot papers and other documents.

# 37. Validity of votes

- 37.1. A ballot paper shall not be taken to be duly returned unless the returning officer is satisfied that it has been received by the returning officer before the close of the poll, with an ID declaration form if required that has been correctly completed, signed and dated.
- 37.2. Where the returning officer is satisfied that rule 37.1 has been fulfilled, he or she is to:
  - (a) put the ID declaration form if required in a separate packet, and
  - (b) put the ballot paper aside for counting after the close of the poll.
- 37.3. Where the returning officer is not satisfied that rule 37.1 has been fulfilled, he or she is to:
  - (a) mark the ballot paper "disqualified",
  - (b) if there is an ID declaration form accompanying the ballot paper, mark it "disqualified" and attach it to the ballot paper,
  - (c) record the unique identifier on the ballot paper in a list of disqualified documents (the "list of disqualified documents"); and
  - (d) place the document or documents in a separate packet.

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- 37.4. An internet, telephone or text message vote shall not be taken to be duly returned unless the returning officer is satisfied that the internet voting record, telephone voting record or text voting record (as applicable) has been received by the returning officer before the close of the poll, with a declaration of identity if required that has been correctly made.
- 37.5. Where the returning officer is satisfied that rule 37.4 has been fulfilled, he or she is to put the internet voting record, telephone voting record or text voting record (as applicable) aside for counting after the close of the poll.
- 37.6. Where the returning officer is not satisfied that rule 37.4 has been fulfilled, he or she is to:
  - (a) mark the internet voting record, telephone voting record or text voting record (as applicable) "disqualified",
  - record the voter ID number on the internet voting record, telephone voting record or text voting record (as applicable) in the list of disqualified documents; and
  - (c) place the document or documents in a separate packet.

# 38. Declaration of identity but no ballot paper (public and patient constituency)1

- 38.1. Where the returning officer receives an ID declaration form if required but no ballot paper, the returning officer is to:
  - (a) mark the ID declaration form "disqualified",
  - (b) record the name of the voter in the list of disqualified documents, indicating that a declaration of identity was received from the voter without a ballot paper, and
  - (c) place the ID declaration form in a separate packet.

## 39. De-duplication of votes

- 39.1. Where different methods of polling are being used in an election, the returning officer shall examine all votes cast to ascertain if a voter ID number has been used more than once to cast a vote in the election.
- 39.2. If the returning officer ascertains that a voter ID number has been used more than once to cast a vote in the election he or she shall:
  - (a) only accept as duly returned the first vote received that was cast using the relevant voter ID number; and
  - (b) mark as "disqualified" all other votes that were cast using the relevant

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<sup>&</sup>lt;sup>1</sup> It should not be possible, technically, to make a declaration of identity electronically without also submitting a vote.



#### voter ID number

- 39.3. Where a ballot paper is disqualified under this rule the returning officer shall:
  - (a) mark the ballot paper "disqualified",
  - (b) if there is an ID declaration form accompanying the ballot paper, mark it "disqualified" and attach it to the ballot paper,
  - record the unique identifier and the voter ID number on the ballot paper in the list of disqualified documents;
  - (d) place the document or documents in a separate packet; and
  - (e) disregard the ballot paper when counting the votes in accordance with these rules.
- 39.4. Where an internet voting record, telephone voting record or text voting record is disqualified under this rule the returning officer shall:
  - (a) mark the internet voting record, telephone voting record or text voting record (as applicable) "disqualified",
  - record the voter ID number on the internet voting record, telephone voting record or text voting record (as applicable) in the list of disqualified documents;
  - (c) place the internet voting record, telephone voting record or text voting record (as applicable) in a separate packet, and
  - (d) disregard the internet voting record, telephone voting record or text voting record (as applicable) when counting the votes in accordance with these rules.

# 40. Sealing of packets

- 40.1. As soon as is possible after the close of the poll and after the completion of the procedure under rules 37 and 38, the returning officer is to seal the packets containing:
  - (a) the disqualified documents, together with the list of disqualified documents inside it,
  - (b) the ID declaration forms, if required,
  - (c) the list of spoilt ballot papers and the list of spoilt text message votes,
  - (d) the list of lost ballot documents,
  - (e) the list of eligible voters, and
  - (f) the list of tendered voting information

and ensure that complete electronic copies of the internet voting records,

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telephone voting records and text voting records created in accordance with rule 26 are held in a device suitable for the purpose of storage.



#### **PART 6: COUNTING THE VOTES**

# 41. Interpretation of Part 6

## 41.1 In Part 6 of these rules:

"ballot document" means a ballot paper, internet voting record, telephone voting record or text voting record.

"continuing candidate" means any candidate not deemed to be elected, and not excluded.

"count" means all the operations involved in counting of the first preferences recorded for candidates, the transfer of the surpluses of elected candidates, and the transfer of the votes of the excluded candidates.

"deemed to be elected" means deemed to be elected for the purposes of counting of votes but without prejudice to the declaration of the result of the poll,

"mark" means a figure, an identifiable written word, or a mark such as "X",

"non-transferable vote" means a ballot document:

 (a) on which no second or subsequent preference is recorded for a continuing candidate,

or

(b) which is excluded by the returning officer under rule STV49,

"preference" as used in the following contexts has the meaning assigned below:

- (a) "first preference" means the figure "1" or any mark or word which clearly indicates a first (or only) preference,
- (b) "next available preference" means a preference which is the second, or as the case may be, subsequent preference recorded in consecutive order for a continuing candidate (any candidate who is deemed to be elected or is excluded thereby being ignored); and
- (c) in this context, a "second preference" is shown by the figure "2" or any mark or word which clearly indicates a second preference, and a third preference by the figure "3" or any mark or word which clearly indicates a third preference, and so on,

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"quota" means the number calculated in accordance with rule STV46,

"surplus" means the number of votes by which the total number of votes for any candidate (whether first preference or transferred votes, or a combination of both) exceeds the quota; but references in these rules to the transfer of the surplus means the transfer (at a transfer value) of all transferable ballot documents from the candidate who has the surplus,

"stage of the count" means:

- (a) the determination of the first preference vote of each candidate,
- (b) the transfer of a surplus of a candidate deemed to be elected, or
- (c) the exclusion of one or more candidates at any given time,

"transferable vote" means a ballot document on which, following a first preference, a second or subsequent preference is recorded in consecutive numerical order for a continuing candidate,

"transferred vote" means a vote derived from a ballot document on which a second or subsequent preference is recorded for the candidate to whom that ballot document has been transferred, and

## 41. Arrangements for counting of the votes

- 41.1. The returning officer is to make arrangements for counting the votes as soon as is practicable after the close of the poll.
- 41.2. The returning officer may make arrangements for any votes to be counted using vote counting software where:
  - (a) the board of directors and the council of governors of the corporation have approved:
    - (i) the use of such software for the purpose of counting votes in the relevant election, and
    - (ii) a policy governing the use of such software, and
  - (b) the corporation and the returning officer are satisfied that the use of such software will produce an accurate result.

#### 42. The count

- 42.1. The returning officer is to:
  - (a) count and record the number of:
    - (i) ballot papers that have been returned; and
    - (ii) the number of internet voting records, telephone voting records and/or text voting records that have been created, and

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- (b) count the votes according to the provisions in this Part of the rules and/or the provisions of any policy approved pursuant to rule 42.2(ii) where vote counting software is being used.
- 42.2. The returning officer, while counting and recording the number of ballot papers, internet voting records, telephone voting records and/or text voting records and counting the votes, must make arrangements to ensure that no person obtains or communicates information as to the unique identifier on a ballot paper or the voter ID number on an internet voting record, telephone voting record or text voting record.
- 42.3. The returning officer is to proceed continuously with counting the votes as far as is practicable.

## 44. Rejected ballot papers and rejected text voting records

- 44.1 Any ballot paper:
  - (a) which does not bear the features that have been incorporated into the other ballot papers to prevent them from being reproduced,
  - (b) on which votes are given for more candidates than the voter is entitled to vote,
  - (c) on which anything is written or marked by which the voter can be identified except the unique identifier, or
  - (d) which is unmarked or rejected because of uncertainty,

shall, subject to rules 44.2 and 44.3, be rejected and not counted.

- Where the voter is entitled to vote for more than one candidate, a ballot paper is not to be rejected because of uncertainty in respect of any vote where no uncertainty arises, and that vote is to be counted.
- 44.3 A ballot paper on which a vote is marked:
  - (a) elsewhere than in the proper place,
  - (b) otherwise than by means of a clear mark,
  - (c) by more than one mark,

is not to be rejected for such reason (either wholly or in respect of that vote) if an intention that the vote shall be for one or other of the candidates clearly appears, and the way the paper is marked does not itself identify the voter and it is not shown that he or she can be identified by it.

44.4 The returning officer is to:

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- (a) endorse the word "rejected" on any ballot paper which under this rule is not to be counted, and
- (b) in the case of a ballot paper on which any vote is counted under rules 44.2 and 44.3, endorse the words "rejected in part" on the ballot paper and indicate which vote or votes have been counted.
- The returning officer is to draw up a statement showing the number of rejected ballot papers under the following headings:
  - (a) does not bear proper features that have been incorporated into the ballot paper,
  - (b) voting for more candidates than the voter is entitled to,
  - (c) writing or mark by which voter could be identified, and
  - (d) unmarked or rejected because of uncertainty,

and, where applicable, each heading must record the number of ballot papers rejected in part.

- 44.6 Any text voting record:
  - (a) on which votes are given for more candidates than the voter is entitled to vote,
  - (b) on which anything is written or marked by which the voter can be identified except the voter ID number, or
  - (c) which is unmarked or rejected because of uncertainty,

shall, subject to rules 44.7 and 44.8, be rejected and not counted.

- Where the voter is entitled to vote for more than one candidate, a text voting record is not to be rejected because of uncertainty in respect of any vote where no uncertainty arises, and that vote is to be counted.
- 44.8 A text voting record on which a vote is marked:
  - (a) otherwise than by means of a clear mark,
  - (b) by more than one mark,

is not to be rejected for such reason (either wholly or in respect of that vote) if an intention that the vote shall be for one or other of the candidates clearly appears, and the way the text voting record is marked does not itself identify the voter and it is not shown that he or she can be identified by it.

44.9 The returning officer is to:

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- (a) endorse the word "rejected" on any text voting record which under this rule is not to be counted, and
- (b) in the case of a text voting record on which any vote is counted under rules FPP44.7 and FPP 44.8, endorse the words "rejected in part" on the text voting record and indicate which vote or votes have been counted.
- The returning officer is to draw up a statement showing the number of rejected text voting records under the following headings:
  - (a) voting for more candidates than the voter is entitled to,
  - (b) writing or mark by which voter could be identified, and
  - (c) unmarked or rejected because of uncertainty,

and, where applicable, each heading must record the number of text voting records rejected in part.

# 45. Equality of votes

Where, after the counting of votes is completed, an equality of votes is found to exist between any candidates and the addition of a vote would entitle any of those candidates to be declared elected, the returning officer is to decide between those candidates by a lot, and proceed as if the candidate on whom the lot falls had received an additional vote.



# PART 7: FINAL PROCEEDINGS IN CONTESTED AND UNCONTESTED ELECTIONS

#### 46. Declaration of result for contested elections

- In a contested election, when the result of the poll has been ascertained, the returning officer is to:
  - (a) declare the candidate or candidates whom more votes have been given than for the other candidates, up to the number of vacancies to be filled on the council of governors from the constituency, or class within a constituency, for which the election is being held to be elected,
  - (b) give notice of the name of each candidate who he or she has declared elected:
    - (i) where the election is held under a proposed constitution pursuant to powers conferred on the [insert name] NHS Trust by section 33(4) of the 2006 Act, to the Chair of the NHS Trust, or
    - (ii) in any other case, to the Chair of the corporation; and
  - (c) give public notice of the name of each candidate whom he or she has declared elected.
- 46.2 The returning officer is to make:
  - (a) the total number of votes given for each candidate (whether elected or not), and
  - (b) the number of rejected ballot papers under each of the headings in rule FPP44.5
  - the number of rejected text voting records under each of the headings in rule FPP44.10,

available on request.

## 47 Declaration of result for uncontested elections

- 47.1 In an uncontested election, the returning officer is to as soon as is practicable after final day for the delivery of notices of withdrawals by candidates from the election:
  - (a) declare the candidate or candidates remaining validly nominated to be elected,
  - (b) give notice of the name of each candidate who he or she has declared elected to the Chair of the corporation, and
  - (c) give public notice of the name of each candidate who he or she has declared elected.

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#### PART 8: DISPOSAL OF DOCUMENTS

## 48. Sealing up of documents relating to the poll

- 48.1. On completion of the counting at a contested election, the returning officer is to seal up the following documents in separate packets:
  - (a) the counted ballot papers, internet voting records, telephone voting records and text voting records,
  - (b) the ballot papers and text voting records endorsed with "rejected in part",
  - (c) the rejected ballot papers and text voting records, and
  - (d) the statement of rejected ballot papers and the statement of rejected text voting records,

and ensure that complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 are held in a device suitable for the purpose of storage.

- 48.2. The returning officer must not open the sealed packets of:
  - the disqualified documents, with the list of disqualified documents inside it,
  - (b) the list of spoilt ballot papers and the list of spoilt text message votes,
  - (c) the list of lost ballot documents, and
  - (d) the list of eligible voters,

or access the complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 and held in a device suitable for the purpose of storage.

- 48.3. The returning officer must endorse on each packet a description of:
  - (a) its contents,
  - (b) the date of the publication of notice of the election,
  - (c) the name of the corporation to which the election relates, and
  - (d) the constituency, or class within a constituency, to which the election relates.

## 49. Delivery of documents

49.1. Once the documents relating to the poll have been sealed up and endorsed

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pursuant to rule 56, the returning officer is to forward them to the chair of the corporation.

## 50. Forwarding of documents received after close of the poll

#### 50.1. Where:

- (a) any voting documents are received by the returning officer after the close of the poll, or
- (b) any envelopes addressed to eligible voters are returned as undelivered too late to be resent, or
- (c) any applications for replacement voting information are made too late to enable new voting information to be issued,

the returning officer is to put them in a separate packet, seal it up, and endorse and forward it to the Chair of the corporation.

#### 51. Retention and public inspection of documents

- 51.1. The corporation is to retain the documents relating to an election that are forwarded to the chair by the returning officer under these rules for one year, and then, unless otherwise directed by the board of directors of the corporation, cause them to be destroyed.
- 51.2. With the exception of the documents listed in rule 58.1, the documents relating to an election that are held by the corporation shall be available for inspection by members of the public at all reasonable times.
- 51.3. A person may request a copy or extract from the documents relating to an election that are held by the corporation, and the corporation is to provide it, and may impose a reasonable charge for doing so.

## 52. Application for inspection of certain documents relating to an election

- 52.1. The corporation may not allow:
  - (a) the inspection of, or the opening of any sealed packet containing
    - (i) any rejected ballot papers, including ballot papers rejected in part,
    - (ii) any rejected text voting records, including text voting records rejected in part,
    - (iii) any disqualified documents, or the list of disqualified documents,
    - (iv) any counted ballot papers, internet voting records, telephone voting records or text voting records, or
    - (v) the list of eligible voters, or

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(b) access to or the inspection of the complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 and held in a device suitable for the purpose of storage,

by any person without the consent of the board of directors of the corporation.

- 52.2. A person may apply to the board of directors of the corporation to inspect any of the documents listed in rule 58.1, and the board of directors of the corporation may only consent to such inspection if it is satisfied that it is necessary for the purpose of questioning an election pursuant to Part 11.
- 52.3. The board of directors of the corporation's consent may be on any terms or conditions that it thinks necessary, including conditions as to
  - (a) persons,
  - (b) time,
  - (c) place and mode of inspection,
  - (d) production or opening,

and the corporation must only make the documents available for inspection in accordance with those terms and conditions.

- 52.4. On an application to inspect any of the documents listed in rule 58.1 the board of directors of the corporation must:
  - (a) in giving its consent, and
  - (b) in making the documents available for inspection

ensure that the way in which the vote of any particular member has been given shall not be disclosed, until it has been established –

- (i) that their vote was given, and
- (ii) that Monitor has declared that the vote was invalid.



#### PART 9: DEATH OF A CANDIDATE DURING A CONTESTED ELECTION

## 53. Countermand or abandonment of poll on death of candidate

- If at a contested election, proof is given to the returning officer's satisfaction before the result of the election is declared that one of the persons named or to be named as a candidate has died, then the returning officer is to:
  - (a) countermand notice of the poll, or, if voting information has been issued, direct that the poll be abandoned within that constituency or class, and
  - (b) order a new election, on a date to be appointed by him or her in consultation with the corporation, within the period of 40 days, computed in accordance with rule 3 of these rules, beginning with the day that the poll was countermanded or abandoned.
- Where a new election is ordered under rule FPP59.1, no fresh nomination is necessary for any candidate who was validly nominated for the election where the poll was countermanded or abandoned but further candidates shall be invited for that constituency or class.
- 53.3 Where a poll is abandoned under rule FPP59.1(a), rules FPP59.4 to FPP59.7 are to apply.
- 53.4 The returning officer shall not take any step or further step to open envelopes or deal with their contents in accordance with rules 38 and 39, and is to make up separate sealed packets in accordance with rule 40.
- 53.5 The returning officer is to:
  - (a) count and record the number of ballot papers, internet voting records, telephone voting records and text voting records that have been received,
  - (b) seal up the ballot papers, internet voting records, telephone voting records and text voting records into packets, along with the records of the number of ballot papers, internet voting records, telephone voting records and text voting records and

ensure that complete electronic copies of the internet voting records telephone voting records and text voting records created in accordance with rule 26 are held in a device suitable for the purpose of storage.

- 53.6 The returning officer is to endorse on each packet a description of:
  - (a) its contents,

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- (b) the date of the publication of notice of the election,
- (c) the name of the corporation to which the election relates, and
- (d) the constituency, or class within a constituency, to which the election relates.
- 53.7 Once the documents relating to the poll have been sealed up and endorsed pursuant to rules FPP59.4 to FPP59.6, the returning officer is to deliver them to the Chair of the corporation, and rules 57 and 58 are to apply.



#### **PART 10: ELECTION EXPENSES AND PUBLICITY**

#### Election expenses

# 54. Election expenses

54.1. Any expenses incurred, or payments made, for the purposes of an election which contravene this Part are an electoral irregularity, which may only be questioned in an application made to Monitor under Part 11 of these rules.

## 55. Expenses and payments by candidates

- 55.1. A candidate may not incur any expenses or make a payment (of whatever nature) for the purposes of an election, other than expenses or payments that relate to:
  - (a) personal expenses,
  - (b) travelling expenses, and expenses incurred while living away from home, and
  - (c) expenses for stationery, postage, telephone, internet(or any similar means of communication) and other petty expenses, to a limit of £100.

## 56. Election expenses incurred by other persons

- 56.1. No person may:
  - incur any expenses or make a payment (of whatever nature) for the purposes of a candidate's election, whether on that candidate's behalf or otherwise, or
  - (b) give a candidate or their family any money or property (whether as a gift, donation, loan, or otherwise) to meet or contribute to expenses incurred by or on behalf of the candidate for the purposes of an election.
- 56.2. Nothing in this rule is to prevent the corporation from incurring such expenses, and making such payments, as it considers necessary pursuant to rules 63 and 64.

# **Publicity**

## 57. Publicity about election by the corporation

- 57.1. The corporation may:
  - (a) compile and distribute such information about the candidates, and Page **64** of **134**



(b) organise and hold such meetings to enable the candidates to speak and respond to questions,

as it considers necessary.

- 57.2. Any information provided by the corporation about the candidates, including information compiled by the corporation under rule 64, must be:
  - (a) objective, balanced and fair,
  - (b) equivalent in size and content for all candidates,
  - (c) compiled and distributed in consultation with all of the candidates standing for election, and
  - (d) must not seek to promote or procure the election of a specific candidate or candidates, at the expense of the electoral prospects of one or more other candidates.
- 57.3. Where the corporation proposes to hold a meeting to enable the candidates to speak, the corporation must ensure that all of the candidates are invited to attend, and in organising and holding such a meeting, the corporation must not seek to promote or procure the election of a specific candidate or candidates at the expense of the electoral prospects of one or more other candidates.

#### 58. Information about candidates for inclusion with voting information

- 58.1. The corporation must compile information about the candidates standing for election, to be distributed by the returning officer pursuant to rule 24 of these rules.
- 58.2. The information must consist of:
  - (a) a statement submitted by the candidate of no more than 250 words,
  - (b) if voting by telephone or text message is a method of polling for the election, the numerical voting code allocated by the returning officer to each candidate, for the purpose of recording votes using the telephone voting facility or the text message voting facility ("numerical voting code"), and
  - (c) a photograph of the candidate.

# 59. Meaning of "for the purposes of an election"

- 59.1. In this Part, the phrase "for the purposes of an election" means with a view to, or otherwise in connection with, promoting or procuring a candidate's election, including the prejudicing of another candidate's electoral prospects; and the phrase "for the purposes of a candidate's election" is to be construed accordingly.
- 59.2. The provision by any individual of their own services voluntarily, on their

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own time, and free of charge is not to be considered an expense for the purposes of this Part.



# PART 11: QUESTIONING ELECTIONS AND THE CONSEQUENCE OF IRREGULARITIES

### 60. Application to question an election

- 60.1. An application alleging a breach of these rules, including an electoral irregularity under Part 10, may be made to Monitor for the purpose of seeking a referral to the independent election arbitration panel (IEAP).
- 60.2. An application may only be made once the outcome of the election has been declared by the returning officer.
- 60.3. An application may only be made to Monitor by:
  - (a) a person who voted at the election or who claimed to have had the right to vote, or
  - (b) a candidate, or a person claiming to have had a right to be elected at the election.
- 60.4. The application must:
  - (a) describe the alleged breach of the rules or electoral irregularity, and
  - (b) be in such a form as the independent panel may require.
- 60.5. The application must be presented in writing within 21 days of the declaration of the result of the election. Monitor will refer the application to the independent election arbitration panel appointed by Monitor.
- 60.6. If the independent election arbitration panel requests further information from the applicant, then that person must provide it as soon as is reasonably practicable.
- 60.7. Monitor shall delegate the determination of an application to a person or panel of persons to be nominated for the purpose.
- 60.8. The determination by the IEAP shall be binding on and shall be given effect by the corporation, the applicant and the members of the constituency (or class within a constituency) including all the candidates for the election to which the application relates.
- 60.9. The IEAP may prescribe rules of procedure for the determination of an application including costs.



#### **PART 12: MISCELLANEOUS**

## 61. Secrecy

- 61.1. The following persons:
  - (a) the returning officer,
  - (b) the returning officer's staff,

must maintain and aid in maintaining the secrecy of the voting and the counting of the votes, and must not, except for some purpose authorised by law, communicate to any person any information as to:

- (i) the name of any member of the corporation who has or has not been given voting information or who has or has not voted,
- (ii) the unique identifier on any ballot paper,
- (iii) the voter ID number allocated to any voter,
- (iv) the candidate(s) for whom any member has voted.
- 61.2. No person may obtain or attempt to obtain information as to the candidate(s) for whom a voter is about to vote or has voted, or communicate such information to any person at any time, including the unique identifier on a ballot paper given to a voter or the voter ID number allocated to a voter.
- 61.3. The returning officer is to make such arrangements as he or she thinks fit to ensure that the individuals who are affected by this provision are aware of the duties it imposes.

#### 62. Prohibition of disclosure of vote

62.1. No person who has voted at an election shall, in any legal or other proceedings to question the election, be required to state for whom he or she has voted.

## 63. Disqualification

- 63.1. A person may not be appointed as a returning officer, or as staff of the returning officer pursuant to these rules, if that person is:
  - (a) a member of the corporation,
  - (b) an employee of the corporation,
  - (c) a director of the corporation, or
  - (d) employed by or on behalf of a person who has been nominated for election.

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# 64. Delay in postal service through industrial action or unforeseen event

- 64.1. If industrial action, or some other unforeseen event, results in a delay in:
  - (a) the delivery of the documents in rule 24, or
  - (b) the return of the ballot papers,

the returning officer may extend the time between the publication of the notice of the poll and the close of the poll by such period as he or she considers appropriate.

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#### ANNEX 4 - ADDITIONAL PROVISIONS - COUNCIL OF GOVERNORS

#### 1. INTERPRETATION

1.1 In these Provisions, the clauses relating to Interpretation and definitions in the Constitution shall apply and the words and expressions defined in the Constitution shall have the same meaning.

#### 2. APPLICATION OF THESE PROVISIONS

- 2.1 These Provisions apply to all meetings of the Council of Governors ("the Council") and all other relevant activities of the Governors. All Governors are required to abide by these Provisions, which also apply to any persons attending meetings of the Council.
- 2.2 Except where required by law or the Constitution, at any meeting of the Council, the Chair (or in their absence, the Deputy Chair or a person deputising for them) shall be the final authority on the interpretation of these Provisions (on which he should be advised by the Chief Executive and the Secretary).
- 2.3 Whilst the Secretary shall be responsible for ensuring that Governors are made aware of these Provisions, Governors are expected to familiarise themselves with the Provisions.
- 2.4 In the event of any actual or suspected non-compliance with these Provisions by a Governor, another Governor or member of staff identifying such actual/ suspected non-compliance shall report it to the Chair or Secretary and the Chair/ Secretary shall be responsible for taking such action as is necessary in accordance with the Code of Conduct for Governors set out in Annex 9 (specifically paragraph 7).

## 3. APPOINTMENT AND REMOVAL OF GOVERNORS

#### **Election and Appointment to Office**

- 3.1 Governors shall be elected or appointed by the means and on terms of office as prescribed by this Constitution.
- 3.2 A Governor shall, within 21 days of election or appointment, sign and deliver to the Secretary a declaration in the form prescribed at Appendix A. No Governor shall be entitled to vote or count in the quorum at a meeting of the Council of Governors until their declaration has been received by the Secretary. Such a declaration shall be valid for the Governor's term of office.

## Removal or Resignation from Office

- 3.3 A person shall not be eligible to become or continue in office as a Governor if:
  - 3.3.1 any of the grounds contained in paragraph 14 of the Constitution apply to them; or
  - 3.3.2 in the case of an elected Governor, he ceases to be eligible to be a member of the Trust or constituency. For the avoidance of doubt and in accordance with paragraph 13.3 of the Constitution, a Public Governor who ceases to be eligible to be a member of that Public Constituency by virtue of moving to another

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area, shall cease to hold office. Subject to the Provisions set out in this Annex 4 and the Constitutional provisions in respect of eligibility for holding office as a Governor, a person ceasing to hold office by the means described in this clause shall be eligible to stand for election in the area to which he has moved; or

- 3.3.3 he is a member of a Staff Class and any professional registration relevant to their eligibility to be a member of that Staff Class has been suspended for a continuous period of more than six months; or
- 3.3.4 in the case of an Appointed Governor, the appointing organisation withdraws its appointment of them or the organisation ceases to exist; or
- 3.3.5 he has within the preceding two years been lawfully dismissed otherwise than by reason of redundancy from any paid employment with a health service body; or
- 3.3.6 he is a person whose term of office as the chair or as a member or director of a health service body has been terminated on the grounds that their continuance in office is no longer in the best interests of the health service, for non-attendance at meetings or for non-disclosure of a pecuniary interest; or
- 3.3.7 he has had their name removed by a direction under Section 154 of the 2006 Act from any list prepared under Part 4 of that Act and has not subsequently had their name included in such a list; or
- 3.3.8 he has failed to make, or has falsely made, any declaration as required to be made under Section 60 of the 2006 Act; or
- 3.3.9 has spoken or voted in a meeting on a matter in which they have a direct or indirect pecuniary or non-pecuniary interest and they are judged to have acted so by a majority of not less than three quarters of the Council; or
- 3.3.10 NHS England has exercised its powers to remove them as a Governor of the Trust or has suspended them from office or has disqualified them from holding office as a Governor of the Trust for a specified period or NHS England has exercised any of those powers in relation to them on any other occasion whether in relation to the Trust or some other NHS Foundation Trust; or
- 3.3.11 he has received a written warning from the Trust for verbal and/or physical abuse towards any person; or
- 3.3.12 as a member of the public has been the subject to any form of review or investigation that has resulted in an exclusion, or any form of restriction placed on their access to any part of the Trust premises and or its staff:
- 3.3.13 he does not agree to (or, having agreed, fails to) abide by the values as published by the Trust; or
- 3.3.14 he has been placed on the registers of Schedule 1 Offenders

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pursuant to the Sexual Offences Act 2003 (as amended) and/or the Children and Young Person's Act 1933 to 1969 (as amended) and their conviction is not spent under the Rehabilitation of Offenders Act 1974; or

- 3.3.15 he is incapable by reason of mental disorder, illness or injury in managing and administering their property and/or affairs; or
- 3.3.16 he is a member of the UK Parliament; or
- 3.3.17 he is a Director of the Trust or a Governor of another NHS Foundation Trust; or
- 3.3.18 he is a member of a relevant local authority Overview and Scrutiny Committee; or
- 3.3.19 he is not 16 years of age, or older, at the closing date for nominations for election or appointment; or
- 3.3.20 he has contravened any other provision of this Constitution; or
- 3.3.21 their term of office is terminated pursuant to paragraph 3.4 below;

#### **Termination of Office**

- 3.4 A Governor's term of office shall be terminated:
  - 3.4.1 by the Governor giving notice in writing to the Secretary of their resignation from office at any time during that term of office;
  - 3.4.2 by a majority of the Governors present and voting at a meeting of the Council if any grounds exist under paragraph 3.3 above
  - 3.4.3 if the Council resolves to terminate their term of office on the grounds that in the reasonable opinion of over half of the Council of Governors voting at a meeting of the Council convened for that purpose that their continuing as a Governor would or would be likely to:
    - (a) prejudice the ability of the Trust to fulfill its principal purpose or of its purposes under this Constitution or otherwise to discharge its duties and functions; or
    - (b) prejudice the Trust's work with other persons or body with whom it is engaged or may be engaged in the provision of goods and services; or
    - (c) adversely affect public confidence in the goods and services provided by the Trust;
    - (d) the Governor has declared an interest which through the Council's management of that interest would significantly impact on that Governor's ability to actively deliver the role of a Governor or
    - (e) otherwise bring the Trust into disrepute or be detrimental to

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the interests of the Trust.

- 3.4.4 if over half of the Council of Governors of the Council resolve that:
  - (a) it would not be in the best interests of the Trust for that person to continue in office as a Governor; or
  - (b) the Governor is a vexatious or persistent litigant or complainant with regard to the Trust's affairs and their continuance in office would not be in the best interests of the Trust; or
  - (c) the Governor has failed to or refused to undertake and/or satisfactorily complete any training which the Council has required them to undertake in their capacity as a Governor by a date six months from the date of their election or appointment; or
  - (d) They has in their conduct as a Governor failed to comply in a material way with the values and principles of the National Health Service or the Trust, the Constitution, and/or the Trust's Terms of Authorisation; or
  - (e) They have committed a material breach of any Role Description or Code of Conduct applicable to Governors of the Trust and/or these Provisions.
- 3.5 Where a person has been elected or appointed to be a Governor and he becomes disqualified from that appointment he shall notify the Secretary in writing of such disqualification as soon as practicable and in any event within 14 calendar days of first becoming aware of those matters which rendered them disqualified, and the Secretary shall report the matter to the Council and the Board.
- 3.6 Upon a Governor resigning or ceasing to be eligible to continue in office that person shall cease to be a Governor and their name shall be removed from the Register of Governors.

Vacancies

- 3.7 Where a Governor resigns or their office is terminated, elected Governors shall be replaced in accordance with paragraphs 3.8 and 3.9 below and, in the case of appointed Governors, the Trust shall within 30 days of the vacancy having arisen invite the appointing body to appoint a new Governor to hold office for the remainder of the term of office.
- 3.8 Where a Governor is declared ineligible or disqualified from office or their term of office as a Governor has been terminated (otherwise than as a consequence of their own resignation) and that person disputes the decision, he shall as reasonably practicable be entitled to attend a meeting with the Chair and Chief Executive of the Trust, who shall use their reasonable endeavours to facilitate such a meeting, to discuss the decision with a view to resolving any dispute which may have arisen but the Chair and Chief Executive shall not be entitled to rescind or vary the decision which has already been taken.
- 3.9 Where an elected Governor ceases to hold office during the first six months of their term of office, the Trust shall offer the unsuccessful candidate who Page 73 of 134



secured the highest number of votes in the last election for the area or class in which the vacancy has arisen, the opportunity to assume the vacant office for the unexpired balance of the retiring Governor's term of office. If that candidate is unwilling, or unable, to fill the vacancy it will then be offered to that unsuccessful candidate who secured the next highest number of votes.

- 3.10 If there is no reserve candidate, or the reserve candidate is unable or unwilling to fill the vacancy, the Council may seek to co-opt a non-voting associate governor from that constituency or agree to allow that office will stand vacant until the next scheduled election unless by so doing this causes the aggregate number of Governors who are public [ to be less than half the total membership of the Council. In that event an election will be held in accordance with the election scheme as soon as reasonably practicable.
- 3.11 No defect in the election or appointment of a Governor or any deficiency in the composition of the Council shall affect the validity of any act or decision of the Council.

#### 4. DECLARATIONS AND REGISTER OF GOVERNORS' INTERESTS

- 4.1 In accordance with the Constitution, Governors are required to declare on election or appointment and in the manner prescribed below any direct or indirect pecuniary interest and any other interest which is relevant and material to the business of the Trust. The responsibility for declaring an interest is solely that of the Governor concerned.
- 4.2 Such a declaration shall be made by completing and signing a form, as prescribed by the Secretary from time to time setting out any interests required to be declared in accordance with the Constitution or these Provisions and delivering it to the Secretary within 28 days of a Governor's election or appointment or otherwise within seven days of becoming aware of the existence of a relevant or material interest. The Secretary shall amend the Register of Interests upon receipt of notification within one month.
- 4.3 If a Governor is present at a meeting of the Council of Governors and has an interest of any sort in any matter which is the subject of consideration, he shall at the meeting and as soon as practicable after its commencement disclose the fact and shall not vote on any question with respect to the matter and, if he has declared a pecuniary interest, he shall not take part in the consideration or discussion of the matter.
- 4.4 The term "relevant and material interests" may include (but may not be limited to) the following:
  - 4.4.1 directorships, including non-executive directorships held in private or public limited companies (with the exception of those of dormant companies):
  - 4.4.2 ownership or part-ownership or directorships of companies or other types of organisation which are likely to or are seeking to do business with the NHS;
  - 4.4.3 a position of authority in a charity or voluntary organisation operating in the field of health and social care, including any which are contracting for or are commissioning NHS services;
  - 4.4.4 any connection with an organisation, entity or company considering

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- entering into or having entered into a financial arrangement with the Trust, including but not limited to, lenders or banks;
- 4.4.5 research funding/grants that may be received by an individual or their department;
- 4.5 Any traveling or other expenses or allowances payable to a Governor in accordance with this Constitution shall not be treated as a pecuniary interest.
- 4.6 Subject to any other provision of this Constitution, a Governor shall be treated as having an indirect pecuniary interest in a contract, proposed contract or other matter, if:
  - 4.6.1 They, or a nominee of theres, is a director of a company or other body not being a public body, with which the contract was made or is proposed to be made or which has a direct pecuniary interest in the other matter under consideration; or
  - 4.6.2 he is a partner, associate or employee of any person with whom the contract was made or is proposed to be made or who has a direct pecuniary interest in the same.
- 4.7 A Governor shall not be treated as having a pecuniary interest in any contract, proposed contract or other matter by reason only:
  - 4.7.1 of their membership of a company or other body, if he has no beneficial interest in any securities of that company or other body;
  - 4.7.2 of an interest in any company, body, or person with which he is connected, which is so remote or insignificant that it cannot reasonably be regarded as likely to influence a Governor in the consideration or discussion of or in voting on, any question with respect to that contract or matter.
- 4.8 In the case of persons living together the interest of one partner or spouse shall, if known to the other, be deemed for the purposes of these Provisions to be also an interest of the other.
- 4.9 If a Governor has any doubt about the relevance of an interest, he must take advice from the Secretary.

# 5. STANDARDS OF CONDUCT

- 5.1 Governors shall comply with the terms of the Role Description for Governors which shall be approved by the Council and the Board, and which the Secretary shall issue to Governors upon election or appointment to the Council. The Governors shall also comply with any codes of conduct or other standards referenced in the Role Description.
- 5.2 In the event that there are concerns about a Governor's performance or conduct, the Chair, with the support of the Lead Governor and Secretary where necessary, will address these directly with the Governor concerned. Where necessary, the Chair will make recommendations to the Council, including in respect of any proposal that the Council should remove the Governor from office in which case the Provisions of section 3 of these Provisions shall apply.

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5.3 For further information see Annex 9.

# 6. REMUNERATION AND BUSINESS EXPENSES

- 6.1 Governors shall not receive remuneration.
- 6.2 The Trust is permitted to reimburse traveling expenses to Governors for attendance at meetings of the Council, or for any other business authorised by the Chair as being reasonably within the role and duties of a Governor, at a rate and in accordance with a policy to be determined by the Board of Directors.
- 6.3 Expenses will be reimbursed by the Secretary on receipt of a completed and signed expenses form provided by the Secretary.
- 6.4 A summary of expenses paid to Governors will be published in the Annual Report.

## 7. COMPOSITION AND ROLE OF COUNCIL OF GOVERNORS

- 7.1 The composition of the Council shall be as set out in Annex 2 of the Constitution.
- 7.2 Subject to the 2006 Act (as amended and/or replaced from time to time), the role of the Council is defined in its Terms of Reference which shall be approved by the Council and the Board.
- 7.3 Subject to the 2006 Act (as amended and/or replaced from time to time), the role of the Chair shall be as defined in a Role Description which shall be approved by the Council and the Board.
- 7.4 The role of the Deputy Chair shall be as defined in a Role Description which shall be approved by the Council and the Board.
- 7.5 The role of the Lead Governor shall be as defined in a Role Description which shall be approved by the Council and the Board, this is contained within Annex 8.

#### 8. COMMITTEES OF THE COUNCIL

- 8.1 Subject to the Constitution, the Terms of Authorisation and such binding guidance as may be given by NHS Improvement, the Council may and, if so required by NHS Improvement, shall appoint committees of the Council consisting wholly or partly of members of the Trust (whether or not they include Governors) or wholly of persons who are not members of the Trust (whether or not they include Governors). The Council shall not delegate any of its powers to a committee but committees may act in an advisory capacity to assist the Council in carrying out its functions.
- 8.2 These Provisions of the Council shall apply with appropriate alteration to any committees established by the Council.
- 8.3 Each such committee or sub-committee shall have such terms of reference. Such terms of reference and the membership of committees or sub-committees shall be subject to approval by the Council.

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- 8.4 The Council shall approve the appointment of the Chair and members for each of the committees which it has formally constituted. Where the Council determines that persons who are neither Governors nor staff shall be appointed to a committee, the terms of such appointment shall be determined by the Council. The Council may request that external advisers assist them or any committee they appoint in carrying out its duties.
- 8.5 Elected and Appointed governors may form a sub-committee the Pre-Council of Governors Committee to prepare for forthcoming Council meetings.

# 9. SUSPENSION, AMENDMENT AND REVIEW OF THESE PROVISIONS

Suspension

- 9.1 These Provisions shall not be suspended except:
  - 9.1.1 where urgent action is required and the Chair considers it to be in the interests of the Trust to waive one or more of the Provisions, he may do so subject to such action being reported to the next meeting of the Council
  - 9.1.2 at a meeting of the Council, where at least half of the total number of Governors are present, such number to include not less than one third of the Public Governors, not less than one third of the Staff Governors and not less than one third of the Appointed Governors
- 9.2 Any decision to waive Provisions shall be recorded in the minutes of the next meeting of the Council and shall be reported to the Audit Committee.

Amendment and Review

- 9.3 These Provisions shall be reviewed one year after approval by the Council and then at least every three years thereafter.
- 9.4 These Provisions shall be amended only if:
  - 9.4.1 the variation proposed does not contravene a statutory provision, the Terms of Authorisation or the Constitution; and
  - 9.4.3 at least half of the Governors of the Council, including one staff Governor, one public Governor and one appointed Governor are in favour of amendment.
  - 9.4.4 The proposed amendment(s) has/have been discussed the Board.
- 9.5 All amendments to these Provisions shall be subject to approval through any process prescribed by NHS Improvement.



# **APPENDIX A**

# **DECLARATION BY GOVERNOR**

# University Hospitals Sussex NHS FOUNDATION TRUST (the "Trust")

l, (insert full name)
of
(in court ordered)
(insert address)
Hereby declare that I am entitled to:-
(a) be elected to the Council of Governors as a Governor elected by one of the public constituencies/ the staff constituencies* because I am a member of one of the public constituencies//staff constituencies *; or
(b) be appointed to the Council of Governors as a governor because I have been appointed by a nominating organisation
and that I am not prevented from being a member of the Council of Governors of the Trust by paragraph 8 of Schedule 7 of the National Health Service Act 2006 or under the Constitution of the Trust and that I am entitled to vote at meetings of the Council of Governors as a governor pursuant to such appointment or election.
Signed
Print Name
Date of Declaration



# ANNEX 5 – STANDING ORDERS FOR THE PRACTICE AND PROCEDURE OF THE COUNCIL OF GOVERNORS

## 1. MEETINGS OF THE COUNCIL OF GOVERNORS

# **Frequency of Meetings**

- 1.1 The Council of Governors ("the Council") shall decide the frequency of and calendar for its meetings, subject to the Council holding a minimum of four general meetings per year. The Secretary shall ensure that within the meeting cycle of the Council, general meetings are called at appropriate times to consider matters as required by the 2006 Act and the Constitution.
- 1.2 Notwithstanding clause 1.1 above, the Chair may at any time call a meeting of the Council. If the Chair refuses to call a meeting after a requisition for that purpose, signed by at least one-third of the total number of Governors including at least two elected and two appointed Governors, has been presented to him/her, or if, without so refusing, the Chair does not call a meeting within 7 days after such requisition has been presented to him/her, at the Trust's Headquarters, such one third or more Governors may forthwith agree to call a meeting of the Council.

#### **Admission of the Public**

- 1.3 By effect of these Standing Orders only, the public shall be invited to attend all meetings of the Council unless the Council decides otherwise in relation to all or part of any particular meeting. The public shall be excluded from meetings of the Council only where the business under discussion is commercially sensitive or is otherwise considered to be confidential.
- 1.4 The Chair may exclude any member of the public from a meeting of the Council if the person is interfering with or preventing the proper conduct of the Council's business. The Chair's decision in this respect shall be final.
- 1.5 The Chair shall decide the arrangements through which any questions from members of the public will be asked and answered.

### **Admission of Directors**

1.6 Subject to Provisions in relation to interests, any Director or their nominated representatives shall have the right to attend meetings of the Council and, subject to the decision of the Chair, to speak to any item under consideration.

# **Chair for Meetings of the Council**

- 1.7 Subject to clause 1.9 below, the Chair of the Trust, or in their absence, the Deputy Chair shall preside at meetings of the Council. Neither the Chair nor any person deputising for them shall be a member of the Council and he shall not have a vote on matters considered by the Council.
- 1.8 The Deputy Chair may preside at meetings of the Council in the following circumstances:
  - 1.8.1 when there is a need for someone to have the authority to chair any

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#### meeting of the Council when the Chair is not present

- 1.8.2 when the remuneration, allowance and other terms and conditions of the Chair are being considered.
- 1.8.3 when the appointment of the Chair is being considered, should the current Chair be a candidate for re-appointment.
- 1.8.4 on occasions when the Chair declares a pecuniary interest that prevents them from taking part in the consideration or discussion of a matter before the Council.
- 1.9 If it would not be appropriate for the Chair or the Deputy Chair to preside, one of the other Non-Executive Directors shall preside. If in exceptional circumstances it would not be appropriate for any Non-Executive Director to preside, the Council shall appoint one of its members to preside at that meeting. This shall normally be the Lead Governor.
- 1.10 Statements made by Governors at meetings of the Council shall be relevant to the matter under discussion at the material time and the decision of the Chair of the meeting on questions of order, relevancy, regularity and any other matters shall be final and shall be observed at the meeting.

## Notice, Agenda and Papers for Meetings

Notice of Meeting

- 1.11 Before each meeting of the Council, a notice of the meeting agreed by the Chair or by an officer of the Trust authorised by the Chair to approve on their behalf shall be published on the Trust website no less than five clear days in advance of the meeting. Clear days shall not include the date on which the notice is sent or the day of the meeting.
- 1.12 Except in the case of emergencies or in case of a need to conduct urgent business, the Secretary shall give to all Governors at least five clear days written notice of the date and place of every meeting of the Council. Written notice shall be deemed to include communication by email. The notice shall be published on the Trust's website and otherwise made available to members of the public as considered appropriate by the Trust.
- 1.13 In the case of a meeting called by the Governors in default of the Chair, the notice shall be signed by those respective Governors and no business shall be transacted at the meeting other than that specified in the notice. A notice shall be presumed to have been served at the time at which the notice would be delivered in the ordinary course of post or otherwise on the day following electronic or facsimile transmission. Lack of service of the notice on any Governors shall not affect the validity of a meeting.



#### Agenda and Notification of Business

- 1.14 At the direction of the Council, the Secretary shall draw up and maintain an agenda plan for the Council's meetings in each calendar year. The agenda plan shall take account of the work-plan for the Council, which it will agree with the Board of Directors ("the Board"). The agenda plan shall be approved by the Council at least once in each calendar year.
- 1.15 The Council may determine that certain matters shall appear on every a genda for a meeting of the Council and shall be addressed prior to any other business being conducted.
- 1.16 A Governor desiring a matter to be included on an agenda shall specify the question or issue to be included by request in writing to the Chair or the Secretary at least three clear business days before Notice of the meeting is given. Requests made less than three days before the Notice is given may be included on the agenda at the discretion of the Chair.
- 1.17 Before each meeting of the Council, an agenda setting out the business of the meeting, approved by the Chair or by an officer of the Trust authorised by the Chair on their behalf agreed by the Lead shall be posted online or delivered electronically to the membership of the Council of Governors, specifying the business proposed to be transacted at it at least five clear days before the meeting. The agenda shall include any items of business identified in the approved agenda plan, any items which the Council has directed to appear on any or all of the agenda for its meetings and any specific items or motions requested by one or more Governors and approved by the Chair. The agenda shall be published on the Trust's website prior to the meeting and otherwise made available to members of the public as considered appropriate by the Trust.

## Papers for Meetings

1.18 The Secretary shall be responsible for compiling and distributing to Governors (and, where their attendance is permitted, members of the public) papers for meetings of the Council. Papers shall be issued at least five clear days prior to each meeting of the Council. Papers will only be tabled at the Council's meetings in exceptional circumstances and then only with the prior approval of the Chair.

# **Quorum for Meetings**

- 1.19 A meeting of the Council shall be quorate and shall not commence until it is quorate. Quoracy is defined as meaning that the following requirements are all satisfied:
  - 1.19.1 there shall be present at the meeting at least one third of all Governors
  - 1.19.2 of those present, at least 51% shall be elected Governors

A Governor shall be deemed as present if he joins the meeting by telephone or other means, provided that he can hear and be heard by all other Governors present at the meeting.

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If the meeting is not quorate within 15 minutes after the due starting time, it shall be reconvened at time to be agreed by the Chair.

1.20 If a Governor has declared a direct pecuniary interest in any matter, the Governor must leave the meeting room, and will not count towards the quorum of the meeting, during the consideration, discussion and voting on the matter. If a quorum is then not available for the discussion and/or the passing or a resolution on any matter, that matter may not be discussed further or voted upon at that meeting.

#### 1.21 Where a Governor:

- 1.21.1 has declared an indirect pecuniary interest in a contract, proposed contract or other matter by reason only of a beneficial interest in securities of a company or other body; and
- 1.21.2 the total nominal value of those securities does not exceed £5,000 or one-hundredth of the total nominal value of the issued share capital of the company or body, whichever is the less, and
- 1.21.3 if the share capital is of more than one class, the total nominal value of shares of any one class in which he has a beneficial interest does not exceed one-hundredth of the total issued share capital of that class:
- 1.21.4 the Governor shall not be prohibited from taking part in the consideration or discussion of the contract or other matter or from voting on any question with respect to it, without prejudice however to their duty disclose their interest.
- 1.22. A Governor who has declared a non-pecuniary interest in any matter may participate in the discussion and consideration of the matter but may not vote in respect of it: in these circumstances the Governor will count towards the quorum of the meeting.
- 1.23 The minutes shall record any declarations of interests on the part of Governors and any action taken in respect of them.

## **Conduct of Business**

- 1.24 Save as otherwise provided in the Constitution and/or the 2006 Act, if the Chair so determines or if a Governor requests, a question at a meeting shall be determined by a majority of the votes of the Governors present and voting on the question and, in the case of any equality of votes, the Chair shall have a casting vote.
- 1.25 All questions put to the vote shall, at the discretion of the person presiding, be determined by oral expression or by a show of hands. A paper ballot may also be used if a majority of the Governors present so request.
- 1.26 If at least one-third of the Governors present so request, the voting (other than by paper ballot) on any question may be recorded to show how each Governor present voted or abstained.

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- 1.27 If a Governor so requests, their vote shall be recorded by name upon any vote (other than by paper ballot).
- 1.28 In no circumstances may an absent Governor vote by proxy.

## **Minutes of Meetings**

- 1.29 The minutes of the meeting, which shall include the names of the Governors present, shall be drawn up and submitted by Secretary for the Council's approval at its next meeting. Subject to the Chair's approval, the minutes may be circulated in draft form to Governors prior to the Council's next meeting and made available to the public (including through the Trust's website).
- 1.30 No discussion shall take place upon the draft minutes except upon their accuracy or where the Chair considers discussion appropriate (for example, on matters arising). Any amendment to the draft minutes of the previous meeting shall be recorded in the minutes of the present meeting. Once draft minutes have been approved (including with regard to any amendments made), they shall be deemed ratified and signed by the person who presided at the meeting at which their accuracy was discussed.

#### **Written Resolutions**

- 1.31 Where the Council so decides in respect of any matter or, where it is necessary, at the discretion of the Chair, the Council may take decisions by means of a written resolution.
- 1.32 A resolution in writing sent to all Governors and signed by at least 75% of them shall be as valid and effective as if it had been passed at a meeting of the Council duly convened and held. Such a resolution may consist of several documents in the same form, each signed by one or more of the Governor.

# 2. SUSPENSION, AMENDMENT AND REVIEW OF THESE STANDING ORDERS

Suspension

- 2.1 These Standing Orders shall not be suspended except:
  - 2.1.1 where urgent action is required and the Chair considers it to be in the interests of the Trust to waive one or more of the Standing Orders, he may do so subject to such action being reported to the next meeting of the Council
  - 2.1.2 at a meeting of the Council, at least half of the total number of Governors are present, such number to include not less than one third of the Public Governors, not less than one third of the Staff Governors and not less than one third of the Appointed Governors
- 2.2 Any decision to waive Standing Orders shall be recorded in the minutes of the next meeting of the Council and shall be reported to the Audit Committee.

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#### Amendment and Review

- 2.3 These Standing Orders shall be reviewed one year after approval by the Council and then at least annually thereafter.
- 2.4 These Standing Orders shall be amended only if:
  - 2.4.1 the variation proposed does not contravene a statutory provision, the Terms of Authorisation or the Constitution; and
  - 2.4.3 at least three quarters of the Governors present and voting at a meeting of the Council, including one Staff Governor, one Public Governor and one Appointed Governor are in favour of amendment.
  - 2.4.4 The proposed amendment(s) has/have been discussed the Board.
- 2.5 All amendments to these Standing Orders shall be subject to approval through any process prescribed by NHS Improvement.



# ANNEX 6 – STANDING ORDERS FOR THE PRACTICE AND PROCEDURE OF THE BOARD OF DIRECTORS

#### 1. INTERPRETATION

1.1 In these Standing Orders, the provisions relating to Interpretation and definitions in the Constitution shall apply and the words and expressions defined in the Constitution shall have the same meaning.

#### 2. APPLICATION OF STANDING ORDERS

- 2.1 These Standing Orders apply to all meetings of the Board of Directors ("the Board") and all other relevant activities of the Directors. All Directors are required to abide by these Standing Orders, which also apply to any persons attending meetings of the Board.
- 2.2 Except where required by law or the Constitution, at any meeting of the Board, the Chair (or in their absence, the Deputy Chair) shall be the final authority on the interpretation of these Standing Orders (on which he should be advised by the Chief Executive and the Secretary).
- 2.3 Whilst the Secretary shall be responsible for ensuring that Directors are made aware of these Standing Orders, Directors are expected to familiarise themselves with the provisions.
- 2.4 In the event of any actual or suspected non-compliance with these Standing Orders by a Director, the person identifying such actual/ suspected non-compliance shall report it to the Chair or Secretary and the Chair/ Secretary shall be responsible for taking such action as is necessary, which shall, where non-compliance is identified, include a report to the next scheduled meeting of the Board. Such a report shall be recorded in the minutes of the Board meeting.

# 3. MEETINGS OF THE BOARD OF DIRECTORS

## **Frequency of Meetings**

- 3.1 The Board shall decide the frequency of and calendar for its meetings, subject to the Board holding not less than four per year. The Secretary shall ensure that within the meeting cycle of the Board, meetings are called at appropriate times to consider matters as required by the 2006 Act and the Constitution.
- 3.2 Notwithstanding clause 3.1 above, the Chair may at any time call a meeting of the Board. If the Chair refuses to call a meeting after a requisition for that purpose, signed by at least one-third of the total number of Directors, has been presented to them, or if, without so refusing, the Chair does not call a meeting within 7 days after such requisition has been presented to him/her, at the Trust's Headquarters, such one third or more Directors may forthwith call a meeting of the Board.

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#### Admission of the Public and Observers

- 3.3 By effect of these Standing Orders only, the public shall be invited to attend all meetings of the Board unless the Board decides otherwise in relation to all or part of any particular meeting. The Board may also invite observers to attend its meetings.
- 3.4 The public shall be excluded from meetings of the Board only where the business under discussion is commercially sensitive or is otherwise considered to be confidential. The Chair may exclude any member of the public from a meeting of the Board if the person is interfering with or preventing the proper conduct of the Board's business. The Chair's decision in this respect shall be final.
- 3.5 The Chair shall decide the arrangements through which any questions from members of the public will be asked and answered.

## **Chair for Meetings of the Board**

- 3.6 The Chair of the Trust, or in their absence, the Deputy Chair shall preside at meetings of the Board.
- 3.7 The Deputy Chair may preside at meetings of the Board in the following circumstances:
  - 3.7.1 when there is a need for someone to have the authority to chair any meeting of the Board when the Chair is not present;
  - 3.7.2 on occasions when the Chair declares a pecuniary interest that prevents them from taking part in the consideration or discussion of a matter before the Board.
- 3.8 If it would not be appropriate for the Chair or the Deputy Chair to preside, then the remaining Non-Executive Directors shall choose one of the other Non-Executive Directors to preside.
- 3.9 Statements made by Directors at meetings of the Board shall be relevant to the matter under discussion at the material time and the decision of the Chair of the meeting on questions of order, relevancy, regularity and any other matters shall be final and shall be observed at the meeting.

#### Notice, Agenda and Papers for Meetings

Notice of Meeting

- 3.10 Before each meeting of the Board, a notice of the meeting signed by the Chair or by an officer of the Trust authorised by the Chair to sign on their behalf shall be delivered to every member of the Board, or sent by post to the usual place of residence of such Director, no less than five clear working days before the meeting. Clear days shall not include the date on which the notice is sent or the day of the meeting.
- 3.11 Except in the case of emergencies or in case of a need to conduct urgent business, the Secretary shall give to all Directors at least 10 clear working days' written notice of the date and place of every meeting of the Board.

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Written notice shall be deemed to include communication by email. Notice will also be published on the Trust's website.

3.12 In the case of a meeting called by the Directors in default of the Chair, the notice shall be signed by those respective Directors and no business shall be transacted at the meeting other than that specified in the notice A notice shall be presumed to have been served at the time at which the notice would be delivered in the ordinary course of post or otherwise on the day following electronic or facsimile transmission. Lack of service of the notice on any Directors shall not affect the validity of a meeting.

Agenda and Notification of Business

- 3.13 At the direction of the Board, the Secretary shall draw up and maintain a plan for the agenda of the Board's meetings in each calendar year. The agenda plan shall take account of the work-plan for the Board, which it will agree with the Council. The agenda plan shall be approved by the Board at least once in each calendar year.
- 3.14 The Board may determine that certain matters shall appear on every agenda for a meeting of the Board and shall be addressed prior to any other business being conducted.
- 3.15 A Director desiring a matter to be included on an agenda shall specify the question or issue to be included by request in writing to the Chair or the Secretary at least three clear business days before notice of the meeting is given. Requests made less than three days before the notice is given may be included on the agenda at the discretion of the Chair.
- 3.16 Before each meeting of the Board, an agenda setting out the business of the meeting, approved by the Chair or by an officer of the Trust authorised by the Chair on their behalf shall be delivered electronically to every member of the Board, specifying the business proposed to be transacted at it at least five clear days before the meeting. The agenda shall include any items of business identified in the approved agenda plan, any items which the Board has directed to appear on any or all of the agenda for its meetings and any specific items or motions requested by one or more Directors and approved by the Chair. The agenda shall be published on the Trust's website prior to the meeting and otherwise made available to members of the public as considered appropriate by the Trust.

Papers for Meetings

3.17 The Secretary shall be responsible for compiling and distributing to Directors (and, where their attendance is permitted, members of the public) papers for meetings of the Board. Papers shall be issued at least five clear days prior to each meeting of the Board. Papers will only be tabled at the Board's meetings in exceptional circumstances and then only with the prior approval of the Chair.



# **Quorum for Meetings**

- 3.18 A meeting of the Board shall be quorate and shall not commence until it is quorate. Quoracy is defined as meaning that at least half of the Board must be present, including two Non-executive Directors and two Executive Directors. A Director shall be deemed as present if he joins the meeting by telephone or other means, provided that he can hear and be heard by all other Directors present at the meeting.
- 3.19 If the meeting is not quorate within 15 minutes after the due starting time, it shall be reconvened at time to be agreed by the Chair.

# **Declaring interests**

- 3.20 If a Director has declared a direct pecuniary interest in any matter, the Director must leave the meeting room, and will not count towards the quorum of the meeting, during the consideration, discussion and voting on the matter. If a quorum is then not available for the discussion and/or the passing or a resolution on any matter, that matter may not be discussed further or voted upon at that meeting.
- 3.21 Where a Director:
  - 3.21.1 has declared an indirect pecuniary interest in a contract, proposed contract or other matter by reason only of a beneficial interest in securities of a company or other body; and
  - 3.21.2 the total nominal value of those securities does not exceed £5,000 or one-hundredth of the total nominal value of the issued share capital of the company or body, whichever is the less, and
  - 3.21.3 if the share capital is of more than one class, the total nominal value of shares of any one class in which he has a beneficial interest does not exceed one-hundredth of the total issued share capital of that class:
  - 3.21.4 the Director shall not be prohibited from taking part in the consideration or discussion of the contract or other matter or from voting on any question with respect to it, without prejudice however to their duty disclose their interest.
- 3.22 A Director who has declared a non-pecuniary interest in any matter may participate in the discussion and consideration of the matter but may not vote in respect of it: in these circumstances the Director will count towards the quorum of the meeting.
- 3.23 The minutes shall record any declarations of interests on the part of Directors and any action taken in respect of them.
- 3.24 See further paragraph 4 (declarations and register of directors' interests) of Annex 7 (further provisions).

# **Conduct of Business**

3.25 Save as otherwise provided in the Constitution and/or the 2006 Act, if the Chair so determines or if a Director requests, a question at a meeting shall be

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determined by a majority of the votes of the Director present and voting on the question and, in the case of any equality of votes, the Chair shall have a casting vote.

- 3.26 All questions put to the vote shall, at the discretion of the person presiding, be determined by oral expression or by a show of hands. A paper ballot may also be used if a majority of the Directors present so request.
- 3.27 If at least one-third of the Directors present so request, the voting (other than by paper ballot) on any question may be recorded to show how each Director present voted or abstained.
- 3.28 If a Director so requests, their vote shall be recorded by name upon any vote (other than by paper ballot).
  - 3.29 An officer who has been formally appointed to act for an Executive Director during a period of incapacity or temporarily to fill an Executive Director vacancy, shall be entitled to exercise the voting rights of the Executive Director, and shall therefore count towards the quorum. An officer attending the Board to represent an Executive Director during a period of incapacity or temporary absence in the absence of a formal acting arrangement (i.e. a proxy) shall not exercise the voting rights of the Executive Director or count towards the quorum. The minutes shall record the status of Directors attending to represent Executive Directors.
- 3.30 For the avoidance of doubt, in no circumstances may an absent Director vote by proxy. Absence is defined as being absent at the time of the vote.

## **Minutes of Meetings**

- 3.31 The minutes of the meeting, which shall include the names of the Directors present, shall be drawn up and submitted by Secretary for the Board's approval at its next meeting. Subject to the Chair's approval, the minutes may be circulated in draft form to Directors prior to the Board's next meeting and made available to the public (including through the Trust's website).
- 3.32 No discussion shall take place upon the draft minutes except upon their accuracy or where the Chair considers discussion appropriate (for example, on matters arising). Any amendment to the draft minutes of the previous meeting shall be recorded in the minutes of the present meeting. Once draft minutes have been approved (including with regard to any amendments made), they shall be deemed ratified and signed by the person who presided at the meeting at which their accuracy was discussed.

# **Written Resolutions**

- 3.33 Where the Board so decides in respect of any matter or, where it is necessary, at the discretion of the Chair, the Board may take decisions by means of a written resolution.
- 3.34 A resolution in writing sent to all Directors and signed by at least 75% of them shall be as valid and effective as if it had been passed at a meeting of the Board duly convened and held. Such a resolution may consist of several documents in the same form, each signed by one or more of the Directors.

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# 4. SUSPENSION, AMENDMENT AND REVIEW OF THESE STANDING ORDERS

Suspension

- 4.1 These Standing Orders shall not be suspended except:
  - 4.1.1 where urgent action is required and the Chair considers it to be in the interests of the Trust to waive one or more of the Standing Orders, he may do so subject to such action being reported to the next meeting of the Board
  - 4.1.2 at a meeting of the Board, at least half of the total number of Directors are present, such number to include at least one Non-executive Director
- 4.2 Any decision to waive Standing Orders shall be recorded in the minutes of the next meeting of the Board and shall be reported to the Audit Committee.

Amendment and Review

- 4.3 These Standing Orders shall be reviewed one year after approval by the Board and then at least annually thereafter.
- 4.4 These Standing Orders shall be amended only if:
  - 4.4.1 the variation proposed does not contravene a statutory provision, the Terms of Authorisation or the Constitution; and
  - 4.4.3 at least three quarters of the Board present and voting at a meeting of the Board are in favour of amendment.
  - 4.4.4 The proposed amendment(s) has/have been discussed with the Council.
- 4.5 All amendments to these Standing Orders shall be subject to approval through any process prescribed by NHS Improvement.



# ANNEX 7 - FURTHER PROVISIONS RELATING TO THE BOARD OF DIRECTORS

#### 1. INTERPRETATION

1.1 In these Provisions, the clauses relating to Interpretation and definitions in the Constitution shall apply and the words and expressions defined in the Constitution shall have the same meaning.

#### PART A - PROVISIONS RELATING TO THE BOARD OF DIRECTORS

#### 2. APPLICATION OF PROVISIONS

- 2.1 These Provisions apply to all meetings of the Board of Directors ("the Board") and all other relevant activities of the Directors. All Directors are required to abide by these Provisions, which also apply to any persons attending meetings of the Board.
- 2.2 Except where required by law or the Constitution, at any meeting of the Board, the Chair (or in their absence, the Deputy Chair) shall be the final authority on the interpretation of these Provisions (on which he should be advised by the Chief Executive and the Secretary).
- 2.3 Whilst the Secretary shall be responsible for ensuring that Directors are made aware of these Provisions, Directors are expected to familiarise themselves with the provisions.
- 2.4 In the event of any actual or suspected non-compliance with these Provisions by a Director, the person identifying such actual/ suspected non-compliance shall report it to the Chair or Secretary and the Chair or Secretary shall be responsible for taking such action as is necessary, which shall, where non-compliance is identified, include a report to the next scheduled meeting of the Board. Such a report shall be recorded in the minutes of the Board meeting.

## 3. APPOINTMENT AND REMOVAL OF DIRECTORS

The provisions of this Section 3 shall be subject always to paragraphs 21 to 31 (inclusive) of the Constitution.

## **Chief Executive**

3.1 There shall be a Nominations & Remuneration Committee of the Board which shall be responsible for appointing the Chief Executive. When the Committee is considering the appointment of the Chief Executive, it shall comprise of the Chair and as many of the Non-Executive Directors as the Board decides. The Committee shall make a recommendation to the Chair and the other Non-Executive Directors, and their decision shall be subject to approval by the Council.

#### **Executive Directors**

3.2 The Board shall establish a Committee to appoint the Executive Directors. The

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Committee shall comprise of the Chair, the Non-Executive Directors and the Chief Executive. The Committee's decision shall be final.

#### **Terms of Office and Process**

- 3.3 There shall be written policies and processes, approved by the Board, to set out the process by which the Chair, Non-Executive Directors, Chief Executive and Executive Directors shall be appointed, and through which their terms and conditions of appointment shall be decided. In the case of the appointment of the Chair, Non-Executive Directors and the Chief Executive, these policies and processes shall be subject to the approval of the Council.
- 3.4 Save for the initial Chair and initial Non-Executive Directors who shall be appointed for a term in accordance with their letters of appointment, the Chair and the Non-Executive Directors appointed after the Acquisition Date shall be appointed for a term of three years. Subject to other relevant provisions in the Constitution, Non-Executive Directors shall be subject to re-appointment thereafter at intervals of no more than 3 years. Non-executive Directors may serve for a term beyond 6 years subject to annual re-appointment. Non-Executive Directors may not serve for a term of more than nine years in aggregate.

# **Appointments - Other Matters**

- 3.5 No defect in the appointment of a Director nor any deficiency in the composition of the Board shall affect the validity of any act or decision of the Board.
- 3.6 The Trust may confer on a person the title "Director" as an indication of their seniority and/or the corporate nature of their responsibilities within the Trust but such a person shall not be an Executive Director or Non-Executive Director of the Trust for the purposes of the 2006 Act unless he is a member of the Board of Directors as defined by the Constitution and, therefore, subject to Section 3.29 of Annex 6, he will have no right to vote at meetings of the Board.

# **Removal or Resignation from Office**

- 3.7 A person shall not be eligible to become or continue in office as a Director if:
  - 3.7.1 in respect of a Non-Executive Director, he does not meet the criteria for eligibility in paragraph 24 of the Constitution;
  - 3.7.2 in respect of any Director, any of the grounds contained in paragraph 28 apply to them;
  - 3.7.3 he has within the preceding two years been lawfully dismissed otherwise than by reason of redundancy from any paid employment with a health service body;
  - 3.7.4 he has had their name removed by a direction under Section 154 of the 2006 Act from any list prepared under Part 4 of that Act and has not subsequently had their name included in such a list:

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- 3.7.5 NHS England has exercised its powers to remove them as a Director of the Trust or has suspended them from office or has disqualified them from holding office as a Director of the Trust for a specified period or NHS England has exercised any of those powers in relation to them on any other occasion whether in relation to the Trust or some other NHS Foundation Trust;
- 3.7.6 he has been placed on the registers of Schedule 1 Offenders pursuant to the Sexual Offences Act 2003 (as amended) and/or the Children and Young Person's Act 1933 to 1969 (as amended) and their conviction is not spent under the Rehabilitation of Offenders Act 1974;
- 3.7.7 he is incapable by reason of mental disorder, illness or injury in managing and administering their property and/or affairs;
- 3.7.8 he is a Governor of the Trust or a director of another NHS Foundation Trust:

#### Termination of Tenure

- 3.8 A Director's term of office shall be terminated:
  - 3.8.1 if he is a Non-Executive Director if he gives notice in writing to the Secretary of their resignation from office at any time during that term of office or under paragraph 25.2 of the Constitution;
  - 3.8.2 if he is an Executive Director if he gives notice in writing to the Chief Executive of their resignation from office at any time or under paragraph 27.3 of the Constitution.
- 3.9 Where a person has been appointed to the Board and he becomes disqualified from that appointment he shall notify the Secretary in writing of such disqualification as soon as practicable and in any event within 14 calendar days of first becoming aware of those matters which rendered them disqualified.
- 3.10 A Director whose tenure of office is terminated shall not be eligible for reappointment for a period of three years from the date of their resignation or removal from office or the date upon which any appeal against their removal from office is disposed of whichever is the later except by resolution carried by a majority of the Board present and voting at a meeting.
- 3.11 Upon a Director resigning or ceasing to be eligible to continue in office that person shall cease to be a Director and their name shall be removed from the Register of Directors.

Vacancies

3.12 Where a Director resigns or their office is terminated, the vacancy shall be filled through the processes agreed as set out in Section 3.4 above.

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#### 4. DECLARATIONS AND REGISTER OF DIRECTORS' INTERESTS

- 4.1 In accordance with the Constitution, Directors are required to declare on appointment and in the manner prescribed below any direct or indirect pecuniary interest and any other interest which is relevant and material to the business of the Trust.
- 4.2 Such a declaration shall be made by completing and signing a form, as prescribed by the Secretary from time to time setting out any interests required to be declared in accordance with the Constitution or these Provisions and delivering it to the Secretary within 28 days of a Director's appointment or otherwise within seven days of becoming aware of the existence of a relevant or material interest. The Secretary shall amend the Register of Interests upon receipt of notification within one month.
- 4.3 If a Director is present at a meeting of the Board and has an interest of any sort in any matter which is the subject of consideration, he shall at the meeting and as soon as practicable after its commencement disclose the fact and shall not vote on any question with respect to the matter and, if he has declared a pecuniary interest, he shall not take part in the consideration or discussion of the matter.
- 4.4 The term "relevant and material interests" may include (but may not be limited to) the following:
  - 4.4.1 directorships, including non-executive directorships held in private or public limited companies (with the exception of those of dormant companies);
  - 4.4.2 ownership or part-ownership or directorships of companies or other types of organisation which are likely to or are seeking to do business with the NHS:
  - 4.4.3 a position of authority in a charity or voluntary organisation operating in the field of health and social care, including any which are contracting for or are commissioning NHS services;
  - 4.4.4 any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to, lenders or banks;
  - 4.4.5 research funding/grants that may be received by an individual or their department;
- 4.5 Any traveling or other expenses or allowances payable to a Director in accordance with this Constitution shall not be treated as a pecuniary interest.
- 4.6 Subject to any other provision of this Constitution, a Director shall be treated as having an indirect pecuniary interest in a contract, proposed contract or other matter, if:
  - 4.6.1 he, or a nominee of their, is a director of a company or other body not being a public body, with which the contract was made or is proposed to be made or which has a direct pecuniary interest in the other matter under consideration; or

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- 4.6.2 he is a partner, associate or employee of any person with whom the contract was made or is proposed to be made or who has a direct pecuniary interest in the same.
- 4.7 A Director shall not be treated as having a pecuniary interest in any contract, proposed contract or other matter by reason only:
  - 4.7.1 of their membership of a company or other body, if he has no beneficial interest in any securities of that company or other body;
  - 4.7.2 of an interest in any company, body, or person with which he is connected, which is so remote or insignificant that it cannot reasonably be regarded as likely to influence a Director in the consideration or discussion of or in voting on, any question with respect to that contract or matter.
- 4.8 In the case of persons living together the interest of one partner or spouse shall, if known to the other, be deemed for the purposes of these Provisions to be also an interest of the other.
- 4.9 If a Director has any doubt about the relevance of an interest, he must take advice from the Secretary.

#### 5. STANDARDS OF CONDUCT

- 5.1 Subject to the 2006 Act (as amended and/or replaced from time to time), Directors shall comply with the terms of their relevant Role Descriptions which shall be approved by the Board and, as set out in these Provisions, the Council, and which the Secretary shall issue to Directors upon appointment to the Board. The Directors shall comply with any codes of conduct or other standards referenced in their Role Descriptions.
- 5.2 In the event that there are concerns about a Non-Executive Director's performance or conduct, the Chair, with the support of the Secretary where necessary, will address these directly with the Non-Executive Director concerned. Where necessary, the Chair will make recommendations to the Board, including in respect of any proposal that the Board should remove the Non-Executive Director from office in which case the provisions of Section 3 of these Provisions shall apply.
- 5.3 In the event that there are concerns about an Executive Director's performance or conduct, the Chief Executive, with the support of the Secretary and others where necessary, will address these directly with the Executive Director concerned. Where necessary, the Chief Executive will make recommendations and/or reports to the Board, including in respect of any proposal that the Board should remove the Executive Director from office in which case the provisions of Section 3 of this Annex 7 shall apply.

#### 6. REMUNERATION AND BUSINESS EXPENSES

6.1 The Trust is permitted to reimburse traveling expenses to Non-Executive Directors for attendance at meetings of the Board, or for any other business authorised by the Chair as being reasonably within the role and duties of a Non-Executive Director, at a rate to be determined by the Council of Governors. The Chief Executive shall be responsible for authorising expenses incurred by Executive Directors, to be paid at a rate to be determined by the Chair and Non-

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Executive Directors.

6.2 A summary of expenses paid to Directors will be published in the Annual Report.

#### 7. COMPOSITION AND ROLE OF BOARD OF DIRECTORS

- 7.1 All of the Board's business shall be conducted in the name of the Trust.
- 7.2 Subject to the 2006 Act (as amended and/or replaced from time to time), the role of the Board is defined in its Terms of Reference which shall be approved by the Board of Governors and the Board of Directors.
- 7.3 Subject to the 2006 Act (as amended and/or replaced from time to time), the composition of the Board shall be as set out in the Constitution.
- 7.4 Subject to the 2006 Act (as amended and/or replaced from time to time), the role of the Chair and the role of Non-Executive Director shall be as defined in Role Descriptions which shall be approved by the Council and the Board.
- 7.5 The Council shall appoint one of the Non-Executive Directors to be Deputy Chair. The role of the Deputy Chair shall be as defined in a Role Description which shall be approved by the Council and the Board.
- 7.6 The Board shall appoint one of the Non-Executive Directors to be the Senior Independent Director ("SID"). The role of Senior Independent Director shall be as defined in the Role Description which shall be approved by the Board.

# 8. ARRANGEMENTS FOR THE EXERCISE OF FUNCTIONS BY DELEGATION

- 8.1 Subject to the Constitution, Terms of Authorisation or any relevant statutory provision, the Board may make arrangements for the delegation, on behalf of the Board, of any of its powers to a committee of directors or to an executive director.
- 8.2 The Board shall delegate responsibility and authority on any terms which it considers to be appropriate, such terms to be defined in written terms of reference approved by the Board.
- 8.3 The Board's arrangements for the exercise of functions through delegation shall be set out within a Scheme of Delegation to be approved by the Board. This shall include delegation to Committees and to Directors, and shall specify those matters which are reserved to the Board to decide.

#### 9. COMMITTEES OF THE BOARD

9.1 Subject to the 2006 Act (as amended and/or replaced from time to time), the Board shall establish an Audit Committee and a Nominations & Remuneration Committee, whose role, responsibilities and authority shall be defined in terms of reference to be approved by the Board in accordance with

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- 9.2 paragraphs 32 and 38 of the Constitution. The Board shall appoint the Chairmen and the Members of the Committees.
- 9.3 Subject to the Constitution, the Terms of Authorisation and such binding guidance as may be given by NHS Improvement, the Board may and, if so required by NHS Improvement, shall appoint other committees of the Board consisting wholly or partly of Directors or wholly of persons who are not Directors. The Board shall not delegate any of its powers to such committees but committees may act in an advisory capacity to assist the Board in carrying out its functions.
- 9.4 These Provisions of the Board shall as far as they are applicable apply with appropriate alteration to any committees established by the Board.

# 10. PROFESSIONAL ADVICE

10.1 The Board shall have direct access to any independent advice which it considers necessary for the proper discharge of its functions, such advice normally being obtained by the Secretary. Such advice shall be commissioned through terms of reference to be agreed by the Board and may be presented in written form and/or by advisors attending meetings of the Board. The Trust shall meet the cost of any such advice commissioned by the Board. The Board shall establish a policy to set out the circumstances in which and the arrangements through which advice shall be taken and reported to the Board.

#### 11. DIRECTORS AND GOVERNORS: WORKING ARRANGEMENTS

# **Engagement, Collaboration and Consultation**

- 11.1 The Board and the Council shall agree work-plans for their meetings and activities, which shall be complementary and integrated. The work-plans shall identify the matters on which and, where possible, the timetable over which the Board and the Council shall consult each other about the business which they deal with. The work-plans shall take account of the Trust's strategy and business plans.
- 11.2 As a minimum, the Board shall consult the Council on the following matters:
  - 11.2.1 proposals for the Trust's strategy and its annual Business Plan;
  - 11.2.2 proposals for significant service developments;
  - 11.2.3 the Trust's operational performance and delivery against plans generally;
  - 11.2.4 service reviews and evaluations in respect of the Trust's services; and
  - 11.2.5 development of the Trust's membership and plans for engagement with patients and the public generally.
- 11.3 The Board shall present to the Council the Trust's Annual Accounts, Annual Report and Auditors Report in accordance with the terms of this Constitution and of the 2006 Act.

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- 11.4 The Board and the Council shall hold at least one joint meeting per year.
- 11.5 Directors and Governors may agree to attend each other's' meetings through a schedule to be agreed by the Board and the Council.

## **Informal Communication**

- 11.6 The Chair shall use their reasonable endeavours to promote communication between the Board and the Council, including through:
  - 11.6.1 participation of the Board in the induction, orientation and training of Governors:
  - 11.6.2 development of special interest relationships between Non-Executive Directors and Governors;
  - 11.6.3 discussions between Governors and the Chair and/or the Chief Executive and/or Directors through the office of the Chief Executive or their nominated officer;
  - 11.6.4 involvement in membership recruitment and briefings at events organised by the Trust.

## **Formal Communication**

- 11.7 Where it is otherwise necessary, such as where it is prescribed by the Constitution, these Provisions, Terms of Authorisation or elsewhere, the Board and the Council shall communicate formally by the means set out below:
  - 11.7.1 the Council may and, where required, shall at any time ask for matters to be referred to the Board. Any such referrals shall be made through the Chair who shall arrange for the matter to be added to the agenda for the next scheduled meeting of the Board;
  - 11.7.2 in the absence of the Council agreeing to refer a matter to the Board, any Governor may through the Chair refer a matter to the Board of Directors but if the Chair declines to refer any such issue the said Governor may refer it provided that two thirds of the Governors present approve their request to do so. The Chair shall then refer the matter to the Board and provide the response to the Council.

# 12. RESOLUTION OF DISPUTES

- 12.1 In the event of dispute between the Council and the Board then the dispute resolution procedure set out below shall be followed in order to resolve the matters concerned. The Council and the Board shall at all times recognise their roles and responsibilities as defined in the Constitution, these Provisions, Terms of Reference and any other documents approved.
- 12.2 The Chair or, in the event that the dispute is about the conduct or performance of the Chair, the Senior Independent Director, shall endeavour through discussion with Governors and Directors or, if it is

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- considered to be more expedient, appointed representatives of them, to resolve the matter to the reasonable satisfaction of both parties.
- 12.3 In the event that it is not possible to resolve the dispute through the process described in 12.2 above, the Chair or, in the event that the dispute is about the conduct or performance of the Chair, the Senior Independent Director, shall appoint a special committee comprising equal numbers of Directors and Governors to consider the circumstances and to clearly and concisely produce a recommendation statement to the Council and to the Board with a view to resolving the dispute (the "Recommendation Statement").
- 12.4 The Chair or, in the event that the dispute is about the conduct or performance of the Chair, the Senior Independent Director, shall ensure that the Recommendation Statement, without amendment or abbreviation in any way, shall be considered at the next scheduled meeting of both the Council and the Board. Where it is considered necessary or expedient to convene a meeting of the Council or of the Board earlier than is otherwise scheduled then the Chair shall do so and in this event the relevant provisions of these Provisions shall apply.
- 12.5 If in the opinion of the Chair or, in the event that the dispute is about the conduct or performance of the Chair, the Senior Independent Director, and following the further discussions prescribed in 12.4 there is no further prospect of a full resolution or, if at any stage in the process, in the opinion of the Chair or the Senior Independent Director (as the case may be) there is no prospect of a resolution (partial or otherwise) then he shall advise the Council and the Board accordingly. In the event that the dispute cannot be resolved, the decisions of the Board shall prevail. In the event that the dispute is resolved to the satisfaction of the Council and the Board, the Board shall implement the decisions taken.
- 12.6 Nothing in this procedure shall prevent the Council, through the Lead Governor, from informing NHS England that in the Council's reasonable opinion its concerns are such that if they remain unresolved, the Trust will be at risk of breaching the terms of its Authorisation.



# PART B - MEMBERSHIP OF THE TRUST

## 13. ELIGIBILITY FOR MEMBERSHIP

## General

- 13.1 An individual shall not be eligible for membership of the Trust if he:
  - 13.1.1 fails or ceases to fulfill the criteria for membership of any of the constituencies;
  - 13.1.2 was formerly employed by the Trust or any health service body and in the preceding two years was lawfully dismissed other than by reason of redundancy;
  - 13.1.3 has been involved as a perpetrator in a serious incident of violence or abuse, or has been excluded from the Trust's premises in any other capacity, in the last five years at any of the Trust's hospitals or against any of the Trust's Governors, Directors, staff members or patients;
  - 13.1.4 has been placed on the registers of Schedule 1 Offenders pursuant to the Sexual Offences Act 2003 (as amended) and/or the Children & Young Person's Acts 1933 to 1969 (as amended) and their or her conviction is not spent under the Rehabilitation of Offenders Act 1974;
  - 13.1.5 does not agree to abide by the Trust values as published by the Trust;
  - 13.1.6 has been identified as a vexatious complainant or has been excluded from treatment at any of the Trust's hospitals due to unacceptable behaviour:
  - 13.1.7 is deemed, in the reasonable opinion of the Trust, to have acted in a manner contrary to the interests of the Trust; or
  - 13.1.8 is under the age of sixteen years.
- 13.2 It is the responsibility of members to ensure that they are eligible for membership but if the Trust is on notice that a member may be disqualified from membership, the Trust shall carry out all reasonable enquiries to establish whether or not this is the case.
- 13.3 Where an individual is held by the Trust to be ineligible and/or disqualified from membership of the Trust and disputes the Trust's decision in this respect, the matter shall be referred to the Secretary (or such other officer of the Trust as the Chief Executive may nominate) as soon as reasonably practicable thereafter.



- 13.4 The Secretary (or their nominated representative) shall:
  - review the decision having regard to any representations made by the individual concerned and such other material, if any, as the Secretary considers appropriate;
  - either confirm the decision or make some other decision as appropriate based on the evidence which he has considered; and
  - (c) communicate their decision and the reasons for it in writing to the individual concerned as soon as reasonably practicable.
- 13.5 If the member is aggrieved of the decision of the Secretary he may appeal in writing to the Council of Governors ("the Council") within 14 days of the Secretary's decision. The Council shall consider the matter at its next meeting and its decision shall be final

# **Public Membership**

- 13.6 For the purposes of determining whether an individual lives in a public constituency, an individual shall be deemed to do so if;
  - 13.6.1 their name appears on the electoral roll at an address within the said area and the Trust has no reasonable cause to conclude that the individual is not living at that address; or
  - 13.6.2 the Trust is otherwise satisfied that the individual lives within the said area.

# **Staff Membership**

13.7 An individual shall be deemed to be eligible for membership of the staff constituency if he meets the eligibility criteria set out in the Constitution.

#### 14. APPLICATION FOR MEMBERSHIP

- 14.1 Where a person wishes to apply to become a member of the Trust, the following procedure shall apply
  - 14.1.1 the Trust shall upon request supply them with a form of application for membership in a form determined by the Trust;
  - 14.1.2 upon receipt of the said form of application duly completed and signed by the applicant (or in the Trust's discretion signed on behalf of the applicant) the Trust shall as soon as is reasonably practicable and in any event within 28 working days of receipt of the duly completed form consider the same;
  - 14.1.3 unless the applicant is ineligible for membership or is disqualified from membership, the Trust shall cause their name to be entered on the Trust's Register of Members and shall give notice in writing to the applicant of that fact;
  - 14.1.4 upon the applicant's name being entered on the Trust's Register of Members he shall become a member;

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- 14.1.5 the information to be included in the Trust's Register of Members shall include the following details relating to that member:
  - (a) their full name and title;
  - (b) their date of birth;
  - (c) their full postal address:
  - (d) their home telephone number (if any);
  - (e) their email address (if any);
  - (f) the constituency and, where relevant, the area or class of which he/she is a member;
  - (g) the date upon which he/she became a member; and
  - (h) their gender and ethnicity.
- 14.2 For the avoidance of doubt and subject to the restrictions on making the Trust's registers available in accordance with paragraph 35.2 of the Constitution, where a member of the public makes a request to inspect the Register of Members, pursuant to paragraph 35 of the Constitution (Registers inspection of copies), the Trust shall disclose only those parts of the Register that detail the members' names, constituency, and, where relevant, their area or class within that constituency in accordance with paragraph 20 and paragraph 22(3) of Schedule 7 of the 2006 Act and subject always to compliance with data protection requirements.

## 15. REGISTER OF MEMBERS

- 15.1 For the avoidance of doubt, an individual shall become a member on the date upon which their name is entered on the Trust's Register of Members and shall cease to be a member upon the date on which their name is removed from the Register of Members as provided for in this Constitution.
- 15.2 The Register of Members and all other Registers shall be maintained in accordance with this Constitution and in accordance with the 2006 Act. The Registers shall be reviewed and updated regularly and, in the case of the Register of Members, within 14 days of receipt of any new or amended information about members.
- 15.3 Where in the reasonable opinion of the Trust a member is no longer eligible or is disqualified from Membership of the Trust, the Trust shall be entitled to remove the name of that individual from the Register of Members and that individual shall thereupon cease to be a Member provided always that this power shall not be exercised until the Trust has given not less than fourteen days written notice to the member addressed to them at the address given in the Register of Members of its intention to remove them from the Register and that member has not within that period notified the Trust of their wish to continue as member and provided proof satisfactorily to the Trust of their continued eligibility.

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## 16. TERMINATION OF MEMBERSHIP

- 16.1 A person shall cease to be a member if:
  - 1.16.1 he resigns by notice in writing to the Trust;
  - 1.16.2 he ceases to be entitled under this Constitution to be a member of any area within the Public Constituency or of any of the classes of the Staff Constituency;
  - 1.16.3 he is expelled from membership in accordance with the provisions of this Constitution;
  - 1.16.4 he dies.
- An individual who is a member of the Public Constituency shall cease to be eligible to continue as a member if he ceases to live in the area of the Public Constituency of which he is a member save as provided elsewhere in these rules. In the event that a member moves to another Public Constituency area and requests to be a member in that area, if the Trust is satisfied that the individual concerned lives in such other area, that individual shall thereafter be treated as a member of that other area within the Public Constituency.
- 16.3 Where an individual is a member by virtue of their eligibility to be a member of a Staff Class and they cease to be eligible for membership of that Staff Class but are eligible for membership of some other Staff Class, then the Trust may give notice to that member of its intention to transfer them to that other Staff Class on the expiration of a period of time or upon a date specified in the said notice and shall after the expiration of that notice or date amend the Register of Members accordingly.



## PART C - OTHER PROVISIONS

## 17. CUSTODY OF SEAL AND SEALING OF DOCUMENTS

- 17.1 The Common Seal of the Trust shall be kept by the Trust Secretary on behalf of the Chief Executive or designated officer in a secure place.
- 17.2 The seal of the Trust shall not be affixed to any documents unless the sealing has been authorised by a resolution of the Board, a committee, or, where the Board so decides, one or more Directors. The seal shall only be affixed in the presence of two Directors.
- 17.3 An entry of every sealing shall be made and numbered consecutively in a book provided for that purpose and shall be signed by those who attested the seal. A report of all sealings shall be made to the Board at least quarterly. (The report shall contain details of the seal number, a description of the document and the date of sealing).

# 18. SIGNATURE OF DOCUMENTS

- 18.1 Where the signature of any document will be a necessary step in legal proceedings involving the Trust, it shall be signed by the Chief Executive, unless any enactment otherwise requires or authorises, or the Board shall have given the necessary authority to some other person for the purpose of such proceedings.
- 18.2 The Chief Executive or nominated Director(s) shall be authorised, by resolution of the Board, to sign on behalf of the Trust any agreement or other document not requested to be executed as a deed, the subject matter of which has been approved by the Board or any committee, sub-committee or standing committee with delegated authority.

#### 19. SECRETARY

- 19.1 The Trust shall have a Secretary, who may be an employee. The Secretary shall not be a Governor, or the Chief Executive or the Finance Director.
- 19.2 The Secretary shall be appointed and, where necessary, removed only by the Chair and Chief Executive acting jointly, who shall report their actions to the Board and the Council.
- 19.3 The Secretary's functions shall be set out within a job description which shall be approved by the Chair and the Chief Executive.

# 20.0 INDEMNITY FOR GOVERNORS, DIRECTORS AND THE SECRETARY

20.1 Members of the Council; and the Board; and the Secretary, who act honestly and in good faith will not have to meet out of their personal resources any personal civil liability which is incurred in the execution or purported execution of their duties, save where they have acted recklessly. Any costs arising in this way will be met by the Trust and the Trust shall have the power to purchase suitable insurance or make appropriate arrangements with the National Health Service Resolution to cover such costs.

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## **ANNEX 8 Lead Governor Role Description**

# **Role Description**

# Accountability:

The Lead is accountable to the Council of Governors collectively as a serving Member of the Council.

#### The Role:

- To be an external point of contact for NHS England (formerly Monitor / NSH Improvement) where it may be considered inappropriate for the Chair or the Deputy Chair, or for the Secretary to deal with a particular matter.
- To facilitate communications and a good working relationship between the Governors and the Executive Board and Trust Board including acting as the principle independent channel for communications between the Governors and Executive Board and Trust Board through the Chair, the Chief Executive, the Secretary or the Senior Independent Director.
- To consult routinely with the Governors, the Chair and the Secretary regarding the planning and preparation of the Council of Governors agenda.
- To be a member of the Nominations and Remuneration Committee.
- To contribute to the appraisal of the Chair by the Senior Independent Director, supported by the Secretary, in accordance with the process determined by the Council of Governors including the collation of input from other Governors and the Nominations and Remuneration Committee on the performance of the Chair.
- Contribute to the determination of the appraisal process of the Non-Executive Directors to be undertaken by the Chair and supported by the Nominations and Remuneration Committee.
- To recommend to the Council of Governors on behalf of the Nominations and Remuneration Committee any appointments/reappointments of Chair; Non-Executive Directors and/or the Chief Executive.
- To take an active role in the activities of the Council of Governors and to meet with the Chair and the Secretary on a regular basis to discuss relevant issues.
- Support the Chair and the Secretary in any action to remove a Governor due to unconstitutional behaviour in accordance with the Code of Conduct.
- To be involved in the induction process for any newly appointed Public Governor.
- The Lead Governor may call upon the support of the other Governors, the Chair, the Secretary and the Senior Independent Director to carry out their role effectively to the benefit of the Council of Governors.
- In liaison with the Chair and the Secretary, support the development of the skills and strengths of the Council of Governors and raise public awareness of all Governors.

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- To chair meetings of Council of Governors where the Chair, Deputy Chair or other Non-Executive Director cannot chair the meeting due to a conflict of interest.
- Where approved by the Council and/or the Chair speak for and represent the Council at the AGM and on other occasions
- Other duties as requested by the Council of Governors or the Chair.
- Chair the Pre-Council of Governors meeting and any informal meetings.

#### The Person:

To fulfil this role effectively, the Lead Governor will need to:

- Be a publically elected Governor
- Have the confidence of Governor colleagues and members of the Executive Board and Trust Board
- Be able to forge constructive working relationships with colleagues
- Understand NHSI's role, the available guidance and the basis upon which NHSI may take regulatory action
- Be committed to the success of the Trust and understand the Trust's Constitution
- · Have the ability to influence and negotiate
- Be able to present a well-reasoned, unbiased argument
- Demonstrate ability to maintain confidentiality of information.

# The Appointment:

The tenure is two years with the option for re-election in accordance with due process, for up to the full tenure period of the elected Governor's 'appointment'.

In accordance with a process agreed by the Council of Governors, the Secretary will administer a bi annual nomination and election/re-election procedure that will require: -

- Submission of an expression of interest (for re-election and for new election candidates)
- Submission of a statement for support of no more than 250 words supporting candidature (only for NEW nominations and/or contested elections);
- Election by 'show of hands' or by secret ballot as determined by the relevant Council meeting.

## Additional:

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## **ANNEX 9**

## **Code of Conduct for Governors**

#### 1.00 INTRODUCTION

1.01 The Council of Governors (the Council) in support of the individual governors has established a Code of Conduct for Governors which codifies the expectations of its individual Governors and the process which will be followed should there be a need to consider if a Governor has deviated from this Code.

## 2.00 FRAMEWORK FOR COUNCIL OF GOVERNORS

- 2.01 The Trust operates within a legal, regulatory and governance framework established by the NHS Act 2006, the Health and Social Care Act 2012, the NHS Foundation Trust Code of Governance published by Monitor in 2013 and updated in 2014 (**Code of Governance**) and Monitor's Risk Assessment Framework updated in August 2015 (**Risk Assessment Framework**) and other regulatory requirements and the Trust's Constitution. The Constitution defines the membership of the Council and defines the arrangements for appointing (and where necessary, removing) Governors.
- 2.02 The Trust's regulatory and governance framework is supplemented by this Code of Conduct for Governors and the Role Description for Governors set out in Annex 8 of the Constitution, both of which reflect the statutory responsibilities for the Council. It should be noted that nothing within this Code of Conduct shall take precedence over or in any way amend the Constitution or any regulatory requirements.

#### 3.00 ROLE OF THE COUNCIL OF GOVERNORS

3.01 The role of the Council is defined in law and in Monitor's reference guide for NHS foundation trust governors dated October 2009 and updated in August 2013, including the Constitution. Although the role is not repeated here it is important as context for this Code of Conduct to recognise that it is essential for the good governance of the Trust for the Council and the Board of Directors (the Board) to engage actively and constructively. Such an approach will ensure that the Council is able to contribute to the development of the Trust's strategy and plans, approve transactions where appropriate, hold the Non-Executive Directors to account (for the performance of the Board), and represent to the Board the views of members and the public. This approach will also ensure that the Board takes into account the views of the Council – for example, in relation to the Trust's strategy - and that it seeks the Council's timely approval for transactions and other proposals as defined in the Constitution.

# 4.00 BOARD OF DIRECTORS/COUNCIL OF GOVERNORS ENGAGEMENT

- 4.01 The Terms of Reference for the Board and for the Council (and relevant Role Descriptions) state that the Board and Council will engage actively and constructively, recognising the Board's responsibility for determining the Trust's strategy and for directing and controlling the organisation. The Terms of Reference and the Constitution commit to a jointly-agreed work-plan to set out for each financial year the way in which the Board and the Council will work together. This will ensure that the Board and the Council consider business in a coordinated way, ensuring that the Council has the opportunity to comment on or approve (as appropriate by reference to the Constitution) proposals at the correct time.
- 4.02 This Code of Conduct commits the Council as a whole and Governors individually to engaging proactively and constructively with the Board, acting through the Chair, the Senior Independent Director and any Lead Governor where appropriate according to their roles. The Council will work with the Board for the best interests

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of the Trust as a whole, taking into account all relevant advice and information presented to or requested by the Council. The Council will not unduly delay responses to proposals from the Board, acting proactively to agree with the Board the information which the Council will need in order properly to consider proposals.

## 5.00 CONDUCT OF GOVERNORS

5.01 This section of the Code sets out the conduct which all Governors agree to abide by. These commitments are in addition to compliance with regulatory requirements, the Code of Governance, the Constitution, the Terms of Reference for the Council and the Role Description for Governors.

## **Personal Conduct**

- 5.02 Governors agree that they will:
  - a) act in the best interests of patients and the Trust as a whole in the delivery of services within relevant financial and operational parameters;
  - b) be honest and act with integrity and probity at all times;
  - c) respect and treat with dignity and fairness, the public; patients; relatives; carers; NHS staff and partners in other agencies;
  - d) not seek to profit from their position as a Governor or in any way use their position to gain advantage for any person;
  - e) respect and value their fellow Governors as colleagues;
  - f) ensure that no person is discriminated against on grounds of religion or belief; ethnic origin; gender; marital status; age; disability; sexual orientation or socio-economic status;
  - g) show their commitment to team working by working constructively with their fellow Governors and the Board as well as with their colleagues in the NHS and the wider community:
  - accept responsibility for their actions and generally take seriously the responsibilities which are commensurate with the decision-making rights assigned to the Council through the legal and regulatory framework;
  - seek to ensure that the best interests of the public; patients; carers and staff are upheld in decision making and that those decisions are not influenced by gifts or inducements or any interests outside the Trust;
  - not make, permit or knowingly allow to be made any untrue, misleading or misrepresentative statement either relating to their own role or to the functions or business of the Trust:
  - at all times, uphold the values and core principles of the NHS and the Trust as set out in its Constitution;
  - conduct themselves in a manner which reflects positively on the Trust and not in any manner which could be regarded as bringing it into disrepute, whether they are on Trust property or fulfilling their public function in the wider community;

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- m) seek to ensure that the membership of the constituency from which they are elected is both properly informed and represented, or if they are appointed, then the body from which they are appointed is both properly informed and represented;
- n) at all times, uphold the seven principles of public life as set out by the Committee on Standards in Public Life (also known as the Nolan Committee and the Wicks Committee) as below:

Selflessness: Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves; their family or friends or other interested parties.

Integrity: Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties.

Objectivity: In carrying out public business, including making public appointments; awarding contracts or recommending individuals for awards or benefits, holders of public office should make choices on merit.

Accountability: Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness: Holders of public office should be as open as possible about all the decision and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

Honesty: Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership: Holders of public office shall promote and support these principles by leadership and example.

o) seek advice from the Chair or the Secretary on matters relating the Constitution, governance requirements or conduct, and have regard to the advice given to them.

#### Confidentiality

- 5.03 Governors will respect the confidentiality of the information to which they are made privy to as a result of their membership of the Council, except where information is made available in the public domain.
- 5.04 Governors will understand, endorse and promote the Trust's Information Governance and Security Policy in every aspect of their work.
- 5.05 Governors will make no public statements on behalf of the Trust or communicate in any way with the media without the prior consent of the Chair or a designated officer from the Trust's Communications department.

#### **Declaration of Interests**

5.06 It is essential for good corporate governance and to maintain public confidence in

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the Trust that all decision making is robust and transparent. To support this, the Constitution and the Trust's Policy on Declaration of Interests set out requirements for Governors to declare relevant interests (as defined in the Constitution). Governors have a statutory responsibility to avoid interests which may conflict with the interests of the Trust.

5.07 Governors will declare interests on request from the Secretary or, as required by the Constitution, whenever they become aware of a potential conflict of interest in respect of a matter being considered by the Council. Governors should seek advice from the Secretary or the Chair where they are unsure as to whether an interest needs to be declared. Declared interests will be included in a Register of Interests, which will be published.

## 6.00 PARTICIPATION IN MEETINGS AND IN TRAINING AND DEVELOPMENT

- 6.01 The Council is required by the Constitution to hold meetings as required each year. The schedule for these meetings and for other activities will be proposed by the Secretary and is subject to approval by the Council. Governors will attend meetings of the Council, and of any committees or working groups to which they are appointed, or they will give apologies for absence where they are not able to attend.
- 6.02 The Trust has a statutory duty to support the Council to discharge its responsibilities, including through training and development for Governors. A programme of development and information seminars will be developed each year and it is expected that Governors will participate in such activities.

#### 7.00 UPHOLDING THIS CODE OF CONDUCT

- 7.01 The Constitution provides that where there are concerns as to the conduct or performance of a Governor these are to be addressed in the first instance by the Chair, with support from the Secretary, to include training and development where is considered relevant and necessary. Where such concerns exist the Chair will write to the Governor concerned to set out the concerns and the action agreed to rectify or otherwise address them.
- 7.02 The Constitution provides for the circumstances in which a Governor can be removed from office, including where any Governor fails to comply with this Code of Conduct. It is for the Chair to propose removal from office if this is necessary after all other course of action, including training and development where relevant, have been exhausted. As required by the Constitution, it is for the Council to determine (in accordance with rules set out in the Constitution) whether any Governor should be removed from office following a proposal from the Chair.

# Process for investigating potential non-compliance with this Code

- 7.03 The process outlined below is to provide a framework for reviewing any alleged non-compliance together with key principles to be followed. It should be noted that this process applies to all Governors irrespective of category (Public, Staff or Appointed).
- 7.04 Should a member of the Trust or a member of the Council of Governors be made aware that the behavior of a Governor is such that there may be a breach of the Code of Conduct they should inform the Chair or the Secretary as soon as possible. Upon receipt of such a notification the Chair will determine within 7 working days whether there is a prima facie case to address.
- 7.05 If the Chair in consultation with the Lead Governor believes there is a case, the Governor concerned will be notified and an initial investigation will be undertaken by a Governors' Compliance Committee which will be convened for the purpose

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- of investigating the complaint. The Governors Compliance Committee will consist of the Chair, 1 Staff Governor, I Public and 1 Appointed Governor (a total of 3 Governors). The Governors' Compliance Committee will not include any person who has already been involved in the complaint process.
- 7.06 An initial investigation will be conducted this will be undertaken by the Secretary or an appropriate member of their team. The initial investigation will seek to gather appropriate statements from the 'complainant' and/or witnesses. This should normally be completed within 15 working days.
- 7.07 Once information has been gathered the Governor concerned will be invited to meet with the Governors' Compliance Committee to respond to the issues. For personal support, on a non-professional basis, the Governor may choose at all times to be accompanied. The Committee should meet within 10 working days of the completion of the investigation.
- 7.08 The purpose of Governors' Compliance Committee meeting will be to establish whether there is sufficient information upon which a complaint could be upheld. At the conclusion of the meeting the Committee will decide if the matter should be referred to the Council and the Governors' Compliance Committee will make a recommendation to the Council in respect of the Governor. The recommendation to the Council of Governors will include the sanctions they deem appropriate. Such sanctions may range from the issuing of a written warning as to the Governor's future conduct and consequences, a requirement to undertake training, the suspension and/or removal of the Governor from office.
- 7.09 Following the Governors' Compliance Committee meeting the Governor under investigation will be formally written to within 5 working days setting out the recommendation prior to presentation to the Council.
- 7.10 The Council will in considering the most serious of sanctions (suspension or removal), require the approval of at least two-thirds of the total Council in order to implement. For all other sanctions a simple majority of those Governors in attendance will suffice.
- 7.11 Where there is any disagreement as to whether the proposal for removal of a Governor is justified, the Code of Governance, P34 para B.6.6 will apply. i.e. ", an independent assessor agreeable to both parties shall be requested to consider the evidence and determine whether the proposed removal is reasonable or otherwise."
- 7.12 All statements and reports to the Governors' Compliance Committee and the Council will be held by the Secretary's team.



12. UHSussex Constitution

# **UHSUSSEX NHS FOUNDATION TRUST**

# **ANNEX 10 - SCHEME OF RESERVATION**

REF	DECISIONS RESE	RVED TO THE BOARD
2.2.1	COUNCIL OF GOVERNORS	The Council of Governors' statutory responsibilities are set out in the National Health Service Act 2006 and the Health and Social Care Act 2022.
		Decide the remuneration and allowances, and the other terms and conditions of office, of the chair and non-executive directors;
		Appoint and, if appropriate, remove the trust's external auditor; receive the trust's annual accounts, any report of the auditor on them and the annual report;
		Approve, by a majority voting, "significant transactions" as defined within the trust constitution;
		Approve, by a majority of all, an application by the trust to enter into a merger, acquisition, separation or dissolution;
		Decide whether the trust's private patient work would significantly interfere with the trust's principle purpose, i.e. the provision of goods and services for the health service in England or the performance of its other services;
		Approve, by a majority voting, any proposed increases in private patient income of 5% or more in any financial year;
NA	THE BOARD	General Enabling Provision
		The Board may determine any matter, for which it has delegated or statutory authority, it wishes in full session within its statutory powers.
NA	THE BOARD	Regulations and Control
		Approve Standing Orders (SOs), a schedule of matters reserved to the Board and Standing Financial Instructions for the regulation of its proceedings and business.

Suspend Standing Orders.

Vary or amend the Standing Orders.

Approve a scheme of delegation of powers from the Board to committees, Officers or other bodies.

Ratify any urgent decisions taken by the Chairman and Chief Executive in accordance with the SOs.

Approve and delegate authority from the Board to committees.

Require and receive the declaration of Board members' and Governors' interests that may conflict with those of the Trust and determining the extent to which that member may remain involved with the matter under consideration.

Require and receive the declaration of Executive and Non-Executive Directors' interests that may conflict with those of the Trust. Approve arrangements for dealing with complaints.

Adopt the organisation structures, processes and procedures to facilitate the discharge of business by the Trust and to agree modifications thereto. For clarity this would comprise details of the structure of the Board and its sub-committees and the Directorate structure of the Trust. Organisational structures below Executive and Clinical Director are the responsibility of the Chief Executive. Receive reports and/or minutes from committees including those that the Trust is required by regulation to establish and to take appropriate action on.

Approve arrangements relating to the discharge of the Trust's responsibilities as a corporate trustee for funds held by the trust.

Establish terms of reference and reporting arrangements of all committees and sub-committees that are established by the Board. Approve arrangements relating to the discharge of the Trust's responsibilities as a bailer for patients' property.

Receive annual reports on the use of the Corporate Seal.

Ratify or otherwise instances of failure to comply with Standing Orders brought to the Chief Executive's attention.

Ensure compliance with the Code of Governance, the Risk Assessment Framework and the NHS Provider Licence.

Approve the "Going Concern" statement as part of the annual accounts approval process.

Non-Executive Directors shall appoint or remove the Chief Executive.



		The appointment of the Chief Executive shall require the approval of the Council of Governors.
		Approve the incorporation of new subsidiaries, to include the terms of articles of association and standing financial instructions.
NA	THE BOARD	Executive: Appointments/Dismissal/Redundancy
		Recommend the appointment of the Deputy Chairman and the Senior Independent Director to the Council of Governors.
		Appoint Chairs of Committees and dismiss committees (and individual members) that are directly accountable to the Board. Confirm appointment of members of any committee of the Trust as representatives on outside bodies.
NA	THE BOARD	Strategy, Plans and Budgets
		Define the strategic aims and objectives of the Trust.  Approve proposals for ensuring quality and developing governance in services provided by the Trust, having regard to any guidance issued by NHS England, the Care Quality Commission and the Secretary of State.
		Approve the Trust's policies and procedures for the management of risk.
		Approve Outline and Final Business Cases for Capital Investment in line with the investment policy and Standing Financial Instructions.
		Approve the Trust's proposed organisational development proposals.
		Ratify proposals for acquisition, disposal or change of use of land and/or buildings.
		Approve PFI proposals.
		Approve proposals on individual contracts (other than NHS contracts) of a capital or revenue nature amounting to, or likely to amount to over the defined limits within the SFIs and the investment policy.
		Approve proposals in individual cases for the write off of losses or making of special payments above the limits of delegation to the Chief Executive and Chief Finance Officer (for losses and special payments) previously approved by the Board.
		Approve individual compensation payments above limits of delegation to Executive Directors.

	Approve such business plans, budgets and capital programmes submitted by the Chief Executive on at least an annual basis, including the approval of Cost Improvement Programmes.
	Approve business cases (requiring additional revenue resources) above limits of delegation to Executive Directors.
THE BOARD	Trust Management Committee
	Overall responsibility for policy, procedural documents such responsibility to be delegated by a specific policy for developing and approval of policies and other procedural documents as appropriate, which shall be approved and monitored by the Policy Review Group.
	The Committee shall have the delegated authority to act on behalf of the Board of Directors in accordance with the Constitution, Standing Orders, Standing Financial Instructions, and Scheme of Delegation. The limit of such delegated authority is restricted to the areas outlined in the Duties of the Committee and subject to the rules on reporting, both as defined below.
	The Committee shall be accountable to the Board of Directors of the Trust. The Committee shall make recommendations to the Board of Directors concerning any issues that require decision or resolution by the Board. The Committee shall refer to the Audit Committee, People & Culture Committee, Patient & Quality Committee, Finance & Performance Committee, any matters requiring review or decision-making in that forum. The Committee shall receive reports from all sub-groups, setting out any matters requiring escalation to the Finance & Performance Committee and provide assurance of effective standards and performance in their respective Departments.
THE BOARD	Audit
	Review of the annual audit letter received from the external auditor and agreement of proposed action, taking account of the advice, where appropriate, of the Audit Committee.
THE BOARD	Annual Reports and Accounts
	Receive and approve the Trust's Annual Report and Annual Accounts prior to the submission to NHS England and Parliament and presentation to the Council of Governors and, subsequently, members of the Trust.
	Receive and approve the Annual Report and Accounts for funds held by the Trust's Charity.
1	
	THE BOARD



	1	
		Receive such reports as the Board sees fit from committees in respect of their exercise of powers delegated or from Directors and Officers of the Trust.
		Continuously appraise the affairs of the Trust by means of the provision of such reports to the Board as the Board may require from directors, committees, and officers of the Trust. All monitoring returns required by NHS England as outlined in the NHS Provider License shall be reported, at least in summary, to the Board.
		Make such monitoring returns required by the Department of Health and/or NHS England (NHSE) and the Charity Commission where Board certification is required.
		Receive reports from the Chief Finance Officer on financial performance against budget including how income contracts are performing.
10.1	APPOINTMENT	The Committee will:
	AND REMUNERATION COMMITTEE	A committee, consisting of the Chairman, the Chief Executive and the other Non-Executive Directors shall appoint, discipline or remove the other Executive Directors.
		Review regularly the remuneration and terms of service of the Chief Executive and other Executive Directors (and other Very Senior Officers) to ensure they are fairly rewarded for their individual contribution to the Trust - having proper regard to the Trust's circumstances and performance and to the provisions of any national arrangements where appropriate;
		Decide the appropriate remuneration of the Chief Executive and other Executive Directors. Any decisions made by the Nomination and Remuneration Committee shall be recorded in the minutes of the Nomination and Remuneration Committee meetings;
		Monitor and evaluate the performance of individual Executive Directors;
		Advise on and oversee appropriate contractual arrangements for such staff including scrutiny of termination payments taking account of such national guidance as is appropriate.
		Approve senior staff redundancies.
3.1	AUDIT COMMITTEE	The Committee will:
		Review the establishment and maintenance of an effective system of integrated governance, risk management and internal control



across the whole of the organisation's activities (both clinical and non-clinical) that supports the achievement of the organisation's objectives, including approval of the Trust's policies and procedures for the management of risk, to gain assurance about the robustness of the system and controls.

Ensure the adequacy of the Risk Management Strategy in relation to the effective identification, assessment, mitigation and monitoring of risk within the Trust and ensure the implementation of the Strategy.

Review the adequacy of:

all statutory risk and control related disclosure statements (in particular the Annual Governance Statement, together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board/governing body.

the underlying assurance processes (including the Board Assurance Framework and Corporate Risk Register) that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements; the policies for ensuring that there is compliance with relevant regulatory, legal and code of conduct requirements and any related reporting and self-certifications.

the policies and procedures for all work related to counter fraud, bribery and corruption as set out in Secretary of State Directions and as required by the NHS Counter Fraud Authority (NHSCFA).

Review the Annual Accounts, Report, Financial Statements, and external audit opinion on the Financial Statements and Quality Account (if required) and make recommendations on the approval of the Annual Accounts and Annual Report to the Board.

Monitor and review the internal audit function to ensure that there is an effective internal audit function established by management that meets the mandatory NHS Internal Audit Standards, the Public Sector Internal Audit Standards, and provides appropriate independent assurance to the Audit Committee, to the Chief Executive as Accountable Officer, and to the Board of Directors.

Receive an annual report from the Internal Auditor and, where appropriate, make recommendations on actions to be taken to the Board.

Develop and implement a policy on the engagement of the External Auditor to supply non-audit services, taking into account relevant ethnical guidance regarding the provision of non-audit services by the External Audit firm.

Make recommendations to the Council of Governors in relation to the appointment, re-appointment and removal of the external auditor and approval of the terms of engagement of the external auditor

Review the work and findings of the External Auditor and consider the implications and management's responses to their work. The



		Committee shall also monitor and review the External Auditor's independence and objectivity and the effectiveness of the audit process, taking into consideration relevant UK professional and regulatory requirements.
		Review the work and findings of the Counter Fraud Service and consider the implications and management's responses to their work.
		Review the findings of other significant assurance functions external to the organisation, and consider the implications to the integrated governance of the organisation.
		Review the work of other committees and groups within the organisation, whose work can provide relevant assurance to the Audit Committee's own scope of work. This includes the work of other Board Committees.
		Review reports and positive and negative assurances from directors and managers on the overall arrangements for governance, risk management and internal control. This will be evidenced through the Committee's use of an effective Assurance Framework to guide its work and that of the audit and assurance functions that report to it.
		Ensure that the systems for financial reporting to the Board, including those of budgetary control, and formal announcements relating to the Trust's financial performance are subject to review as to completeness and accuracy of the information provided to the Board.
		Review and approve write offs/losses and special payments in line with the limit set out in the Standing Financial Instructions.
		Review the annual reports on the implementation of strategies for: Health and Safety;
		Data Security Protection Toolkit
2.2.	PATIENT & QUALITY	The Committee will:
	COMMITTEE	Enable the Board to obtain assurance that high standards of care are provided by the Trust and, in particular, that adequate and appropriate governance structures, processes and controls are in place throughout the Trust to:  - promote safety and excellence in patient care
		- identify, prioritise and manage risks within the Trust
		<ul> <li>ensure the effective and efficient use of resources through evidence-based clinical practice</li> <li>protect the health and safety and wellbeing of Trust employees</li> </ul>
		Enable the Board to obtain assurance that the Trust has systems in place to ensure it is compliant with and delivers: legal and statutory requirements
		agreed clinical standards and quality objectives



quality standards required by NHS England and the Care Quality Commission

Review the annual reports on the implementation of strategies for:

Safeguarding Adults and Children:

Infection Prevention Control

Complaints

Organ Donation

Mortality

Maternity & Perinatal care

Patient Experience and public involvement and patient-centred care.

Ensure effective arrangements are in place to assure high standards of clinical governance, including clinical effectiveness, management of clinical risk, practice standards and patient safety;

Ensure effective arrangements are in place to deliver Care Quality Commission registration, requirements and outcomes in response to any CQC inspections and reports;

Enable the Board to obtain assurance that the Trust has systems and procedures in plan to identify learning from deaths, Serious Incidents and other incidents, complaints, claims and ensuring they are shared across the Trust and implemented to improve patient safety, patient experience and colleague health and wellbeing;

Ensure the Trust has in place procedures to monitor and review the operational effectiveness of policies and procedures.

The Committee will:

Monitor the Trust's implementation of, and compliance with, current mental health legislation and proposed changes to such legislation, in particular the Mental Health Act 1983, within the Trust taking into account best practice;

Consider the implications of any changes to legislation and regulations within the policies, practices, procedures and resource requirements of the Trust and its partner organisations.

Monitor the processes relating to and outcomes of First Tier Tribunals (Mental Health) and of hearings held by the hospital managers' panels.

Ensure there is an appropriate number of Hospital Managers' panel members in place with the appropriate skills and experience to fulfil their role.

Monitor trends in compliance with and the application of the Mental Health Act 1983 (and any new Mental Health Acts or revisions to the existing Act) within the Trust and make recommendations where necessary.

Receive reports following Care Quality Commission Mental Health Act compliance visits for information and comment and ensure appropriate action is agreed and implemented within the organisation.



		To receive reports on the application of the Mental Capacity Act 2005 within the Trust and make recommendations where necessary.
		Monitor delivery against the Trust's action plan developed as a result of the Care Quality Commission's Annual Report as instructed by Trust Board.
		Approve policies in relation to the Mental Health Act and Mental Capacity Act across the Trust and scrutinise the application of these policies throughout the Trust in relation to both Acts.
		Identify and address training issues in terms of delegation of responsibilities under the Mental Health Act 1983.
		Identify and address quality issues in terms of delegation of responsibilities under the Mental Health Act 1983.
		Manage risks identified and delegated by Trust Board and to identify and report to Trust Board any new risks that require escalation.
10.	FINANCE &	The Committee will:
	PERFORMANCE COMMITTEE	Consider and keep under review the Trust's medium term financial sustainability plan, in relation to both revenue and capital and risk;
		Review capital and revenue business cases above the Committee's authority limits as set out within the Trust's Standing Financial Instructions and Scheme of Delegation and make recommendation to the Board for approval.
		Examine the key principles and assumptions for the Trust's business planning and budget setting processes.
		Receive and monitor reports on financial performance including forecasts, cost improvement programmes and use of resources, noting any trends, exceptions and variances against plans on a Trust-wide and directorate basis and reviewing in detail any major performance variations.
		Review and make submissions to NHS England as necessary on behalf of the Board.
		Review major procurements and tenders.
		Recommend to the Board approval of the Trust's annual operational plan, capital investment plan and revenue budgets.
		Emergency Preparedness, Resilience and Response;
		Keep under review key strategic, commercial contracts and seek assurance that appropriate due diligence is undertaken on any new contracts and/or renewals.

		Monitor performance of commercial activities as necessary and ensure that such activities deliver improved patient care and/or experience and that the Trust's principal purpose is not jeopardised by over-development of commercial activity.
		Approve and review the Trust's treasury management and working capital policy as required;
		Review and monitor the strategic five-year capital programme and the annual capital budgets and recommend actions or mitigations to the Trust Board.
		Consider proposals for investment in the estate and technology to ensure alignment with Trust strategy.
		Approve the National Cost Collection process.
10.	PEOPLE & CULTURE	Oversee the development and delivery of the People Strategy, and providing strategic direction to the Board in respect of the elements contained within it.
	COMMITTEE	Identify and monitor key performance indicators relating to the delivery of the People Strategy, undertaking detailed review against these indicators and aspects of the People Strategy, as required, or as directed by the Board or another Committee of the Board.
		Review arrangements by which staff may raise in confidence, concerns about possible improprieties of financial reporting and control, clinical quality, patient safety or other matters through the Staff Surveys, Freedom to Speak Up Guardian or Guardian of Safeworking Hours.
		Review and implement strategies for: Organisational Development; Health & Wellbeing programmes Annual Workforce Planning, Equality and Diversity;
		Employee Relations  Ensure that effective arrangements are in place to secure the availability of a competent and appropriately qualified workforce to deliver healthcare for the Trust. (including Medical Revalidation and Appraisal; Safer Staffing; Medical Education Exception reporting and GMC reporting.)
10.	CHARITABLE FUNDS COMMITTEE	Ensure Funds Held on Trust (charitable funds) are managed in accordance with the Trust's SOs and SFIs, as approved by the Board.
		Receive regular reports from the Chief Finance Officer covering:



		Number and value of funds Purpose of funds Income and expenditure analysis
		Decide upon expenditure criteria.
		Ensure that the requirements of the Charities Acts and the Charities Commission are met.
		Provide reports to the Board of Directors (acting as the Corporate Trustee) as appropriate.
		Review the Annual Accounts prior to submission to the Corporate Trustee for formal approval.
10.	SINGLE IMPROVEMENT PLAN	To support the Board in obtaining assurance that Trust is delivering the required improvements to deal with the Undertakings given by the Board to NHS England.
	FLAIN	Ensure that the Programme and any changes to that programme will deliver the Trust's undertakings given to NHS E (which whilst not being restricted will encompass the delivery of all CQC must and should do recommendations)
		The Committee will ensure that the SUIP development is aligned to the Trust's True North as defined as putting the patient first and foremost so all improvements ultimately benefit the people the Trust serves.
		The Committee is to challenge the reported progress on the delivery of the plan to be able to provide to the Board:
		A view as to the strength of assurance that improvements made are sustainable.
		Triangulate information provided to this Committee with information being provided to other Board Committees or externally provided information on the Trust. Specifically the Committee should not be seeking to duplicate the work of or the reporting to other Committees but rather triangulate the assurance flowing through those Committee with direct oversight of specific matters.
		Request remedial action plans where SIP workstreams are off trajectory.
		The Committee will receive information on the outcome of ICB / NHS E assurance meetings giving the Committee an update on this key partners views of the Trust's delivery. This will be through the SIP Executive routing update.
		The Committee will provide a view to the Board as to when the Board can approach NHS E to close the undertakings provided by the Trust.

		The Committee Chair along with the Committee lead executive will provide a report to the Trust Board and the Council of Governor on the Trust's delivery of the SIP.
SCHEME O	F DELEGATION DERIVED	FROM THE ACCOUNTABLE OFFICER MEMORANDUM
REF	DELEGATED TO	DUTIES DELEGATED
2.2.10	CHIEF FINANCIAL OFFICER	Duty to prepare the accounts in accordance with the NHS Act 2006. Duty to personally sign the accounts. Witness before the Committee of Public Accounts to deal with questions arising from the accounts or from any report made to Parliament by the Comptroller and Auditor General under the National Audit Act 1983.
2.2	CHIEF EXECUTIVE	Responsible to Parliament for resources under his control.
	CHIEF EXECUTIVE	Responsible for overall organisation, management and staffing of the Foundation Trust and for its procedures in financial and other matters. Ensure that:  a) there is a high standard of financial management in the Foundation Trust as a whole;  b) financial systems and procedures promote the efficient and economical conduct of business and safeguard financial propriety and regularity throughout the Foundation Trust; and  c) financial considerations are fully taken into account in decisions on Foundation Trust policy proposals.
	CHIEF FINANCIAL	Personal responsibility for:
	OFFICER	the propriety and regularity of the public finances for which the Chief Executive is answerable; the keeping of proper accounts; prudent and economical administration in line with the principles set out in "managing public money". avoidance of waste and extravagance; the efficient and effective use of all the resources in their charge.
	CHIEF EXECUTIVE	Required to:
		a) personally sign the accounts and accept personal responsibility for their proper form and content as prescribed by NHS England in accordance with the Act; b) comply with the financial requirements of the NHS Provider Licence; c) ensure that proper financial procedures are followed and that accounting records are maintained in a form suited to the requirements of management, as well as in the form prescribed for published accounts; d) ensure that the resources for which he is responsible are properly well managed and safeguarded, with independent and effective checks of cash balances in the hands of any official; e) ensure that assets for which he is responsible are controlled and safeguarded with similar care, and with checks as appropriate; f) ensure that protected property (or interest in) is not disposed of without the consent of NHS Improvement; ensure that conflicts of interest are avoided, whether in the proceedings of the Board of Directors, the Council of Governors



		or the actions of advice of Foundation Trust staff; and h) ensure that, in the consideration of policy proposals relating to the expenditure for which he is responsible, all relevant financial considerations, including any issues of propriety, regularity or value for money, are taken into account and brought to the attention of the Board of Directors.
CHIE	F EXECUTIVE	Ensure that effective management systems appropriate for the achievement of the Foundation Trust's objectives, including financial monitoring and control systems, have been put in place. Ensure that managers at all levels:  a) have a clear view of their objectives, and the means to assess and, wherever possible, measure outputs or performance in
		relation to those objectives; b) are assigned well-defined responsibilities for making the best use of resources, including a clinical scrutiny of output and value for money; and
		c) have the information (particularly about costs), training and access to the expert advice which they need to exercise their responsibilities effectively.
CHIE	F EXECUTIVE	Ensure that their arrangements for delegation promote good management and that they are supported by the necessary staff with an appropriate balance of skills.
CHIE	EF EXECUTIVE	Responsibility to see that appropriate advice is tendered to the Board of Directors and the Council of Governors on all matters of financial propriety and regulation, and more broadly, as to all considerations of prudent and economical administration, efficiency and effectiveness. Determine how and on what terms such advice should be tendered, and whether in a particular case to make reference to their own duty, as Accounting Officer, to justify to the Public Accounts Committee, transactions for which they are accountable.
BOAF	RD	Act in accordance with the requirements of propriety or regularity; including the Fit and Proper Persons Test requirements.
CHIE	F EXECUTIVE	Make written objections to proposals by the Board of Directors, Council of Governors or Chair which he considers to infringe the requirement to act with the requirements of propriety or regularity. If the Board of Directors, Council of Governors or Chair decides to proceed, seek a written instruction to take the action in question, and inform Monitor of the position (if possible, before the decision is implemented)
CHIE	F EXECUTIVE	If a course of action is contemplated which raises an issue relating to his wider responsibilities for economy, efficiency and effectiveness, draw the relevant factors to the attention of the Board of Directors or Council of Governors and advise them in whatever way he deems appropriate. If his decision is overruled, and the proposal is one which he would not feel able to defend to the Public Accounts Committee as representing value for money, seek a written instruction before proceeding. Inform NHS England of such an instruction, if possible, before the decision is implemented. If there is no time to submit advice in writing due to extreme urgency, ensure that if the advice is overruled, both the advice and the instructions are recorded in writing immediately afterwards.
CHIE	F EXECUTIVE	Appear before the Public Account Committee from time to time to give evidence on the reports arising from examinations undertaken by the Comptroller and Auditor General, and answer questions concerning expenditure and receipts for which he is Accounting Officer.
CHIE	F EXECUTIVE	Furnish the Public Accounts Committee with explanations of any weaknesses in the matters covered in paragraphs 8-15 of the NHS Foundation Trust Accounting Officer Memorandum, to which his attention has been drawn by the Comptroller and Auditor General or about which they may wish to question to Accounting Officer.

	CHIEF EXECUTIVE	Ensure that he is adequately and accurately briefed on matters which are likely to arise at any hearing of the Public Accounts
		Committee.
	CHIEF EXECUTIVE	Ensure that he is generally available for consultation, and that in any temporary period of unavailability, there will be a senior officer
		in the Foundation Trust who can act on his behalf if required.
	BOARD	Where it becomes clear that the Accounting Officer is so incapacitated that he or she will be unable to discharge his responsibilities over a period of four weeks or more, appoint an acting Accounting Officer (usually the Finance Director), until his return.
	ACTING	Sign accounts where the Accounting Officer is unable to sign in time for printing.
	ACCOUNTING	
	OFFICER	
DECISIONS I	RESERVED TO THE BO	ARD CONTROL OF THE CO
	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
	CHAIR	Final authority in interpretation of Standing Orders (SOs).
	CHAIR	Recommend the appointment of the Deputy Chairman and the Senior Independent Director to the Council of Governors.
	COUNCIL OF	To appoint the Chairman and Non-Executive Directors at a general meeting of the Council of Governors.
	GOVERNORS	
		To decide the period of office, remuneration and allowances, and other terms and conditions of office of the Chairman and other Non-
		Executive Directors.
	CHAIR	Call meetings of the Board.
	CHAIR	Chair all Board meetings and associated responsibilities.
	CHAIR	Give final ruling in questions of order, relevancy and regularity of meetings.
	CHAIR	Having a casting vote in the event of a tie.
	BOARD	Suspension of Standing Orders
	AUDIT COMMITTEE	Audit Committee to review every decision to suspend Standing Orders (power to suspend Standing Orders is reserved to the Board)
	BOARD	Variation or amendment of Standing Orders
	BOARD	Formal delegation of powers to sub committees or joint committees and approval of their constitution and terms of reference (terms of
		reference of sub committees may be approved by the Chief Executive.)
	CHAIR & CHIEF	The powers which the Board has retained to itself within these Standing Orders may in emergency be exercised by the Chair and Chie
	EXECUTIVE	Executive after having consulted at least two Non-Executive members.
	CHIEF EXECUTIVE	The Chief Executive shall prepare a Scheme of Delegation identifying his/her proposals that shall be considered and approved by the
		Board, subject to any amendment agreed during the discussion.
	ALL	Disclosure of non-compliance with Standing Orders to the Chief Executive as soon as possible.
	BOARD	Declare relevant and material interests.
	CHIEF EXECUTIVE	Maintain Register(s) of Interests.
	OR SECRETARY TO	



THE TRUST	
ALL STAFF	Comply with national guidance contained in HSG 1993/5 "Standards of Business Conduct for NHS Staff".
	Comply with Trust's Ethical Standards Policy.
	Comply with Nolan principles.
	Fit and Proper Person requirements. (as required)
ALL	Disclose relationship between self and candidate for staff appointment. (Chief Executive to report the disclosure to the Board.)
CHIEF EXECUTIVE	Tendering and contract procedure.
CHIEF EXECUTIVE	Waive formal tendering procedures.
CHIEF EXECUTIVE	Report waivers of tendering procedures to the Audit Committee.
CHIEF FINANCE OFFICER	Where a supplier is chosen that is not on the approved list the reason shall be recorded in writing to the CE.
CHIEF EXECUTIVE	Where one tender is received will assess for value for money and fair price.
AND CHIEF	
FINANCE OFFICER	
CHIEF EXECUTIVE	No tender shall be accepted which will commit expenditure in excess of that which has been allocated by the Trust and which is not in
	accordance with these Instructions except with the authorisation of the Chief Executive.
CHIEF EXECUTIVE	No quotation shall be accepted which will commit expenditure in excess of that which has been allocated by the Trust and which is not
OR CHIEF FINANCE	in accordance with these Instructions except with the authorisation of the Chief Executive.
OFFICER	
CHIEF EXECUTIVE	The Chief Executive shall demonstrate that the use of private finance represents value for money and genuinely transfers risk to the private sector.
BOARD	All PFI proposals must be agreed by the Board.
CHIEF EXECUTIVE	The Chief Executive shall nominate an officer who shall oversee and manage each contract on behalf of the Trust.
CHIEF EXECUTIVE	The Chief Executive shall nominate officers with delegated authority to enter into contracts of employment, regarding staff, agency staff or temporary staff service contracts.
CHIEF EXECUTIVE	The Chief Executive shall be responsible for ensuring that best value for money can be demonstrated for all services provided on an inhouse basis.
CHIEF EXECUTIVE	Must ensure the Trust enters into contracts with service commissioners for the provision of NHS services.
CHIEF EXECUTIVE	Approve the legally binding contract with the Integrated Care Board or successor body.
CHIEF EXECUTIVE	Keep seal in safe place and maintain a register of sealing.
CHIEF EXECUTIVE/	Approve and sign all documents that will be necessary in legal proceedings.
EXECUTIVE	
DIRECTOR	

SCHEME OF DELEGATION FROM ST	TANDING FINANCIAL INSTRUCTIONS (SFIs)
DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
CHIEF FINANCE OFFICER	Approval of all financial procedures.
CHIEF FINANCE OFFICER	Advice on interpretation or application of Standing Financial Instructions.
ALL MEMBERS OF THE BOARD AND EMPLOYEES	Have a duty to disclose any non-compliance with these Standing Financial Instructions to the Chief Finance Officer as soon as possible.
CHIEF EXECUTIVE	Responsible as the Accounting Officer to ensure financial targets and obligations are met and have overall responsibility for the System of Internal Control.
CHIEF EXECUTIVE & CHIEF FINANCE OFFICER	Accountable for financial control but will, as far as possible, delegate their detailed responsibilities.
CHIEF EXECUTIVE	To ensure all Board members, officers and employees, present and future, are notified of and understand Standing Financial Instructions and that they understand the responsibilities.
CHIEF FINANCE OFFICER	Responsible for: implementing the Trust's financial policies and coordinating corrective action; maintaining an effective system of financial control including ensuring detailed financial procedures and systems are prepared and documented; ensuring that sufficient records are maintained to explain Trust's transactions and financial position; providing financial advice to members of Board and staff;
	maintaining such accounts, certificates etc as are required for the Trust to carry out its statutory duties.
ALL MEMBERS OF THE BOARD AND EMPLOYEES	Responsible for security of the Trust's property, avoiding loss, exercising economy and efficiency in using resources and conforming to Standing Orders, Financial Instructions and financial procedures.
CHIEF EXECUTIVE	Ensure that any contractor or employee of a contractor who is empowered by the Trust to commit the Trust to expenditure or who is authorised to obtain income are made aware of these instructions and their requirement to comply.
AUDIT COMMITTEE	Provide independent and objective view on internal control and probity.
CHAIR OF AUDIT COMMITTEE	Raise the matter at the Board meeting where Audit Committee considers there is evidence of ultra vires transactions or improper acts.
CHIEF FINANCE	Ensure an adequate internal audit service, for which he/she is accountable, is provided (and involve the Audit Committee in the
OFFICER	selection process when/if an internal audit service provider is changed.)
CHIEF FINANCE OFFICER	Decide at what stage to involve police in cases of misappropriation and other irregularities not involving fraud or corruption.



HEAD OF	Review, appraise and report in accordance with NHS Internal Audit Manual and best practice.
INTERNAL AUDIT	
AUDIT COMMITTEE	Ensure cost-effective External Audit.
CHIEF EXECUTIVE	Monitor and ensure compliance with the NHS Standard Contract, Service Condition 24 on fraud and corruption including the
& CHIEF FINANCE	appointment of the Local Counter Fraud Specialist.
OFFICER	
CHIEF EXECUTIVE	Ensure the safety and security of officers, patients and visitors of the Trust, as part of the Trust's role as an employer and healthcare
	provider; safeguard Trust's premises and keep them secure. This includes the appointment of the Local Security Management
	Specialist.
CHIEF EXECUTIVE	Compile and submit to the Board an Annual Plan. The content of the Annual Plan to comply with the NHS England Planning Guidance.
CHIEF FINANCE	Submit budgets to the Board for approval.
OFFICER	Monitor performance against budget; submit to the Board financial estimates and forecasts.
CHIEF FINANCE	Ensure adequate training is delivered on an ongoing basis to budget holders.
OFFICER	
CHIEF EXECUTIVE	Delegate budgets to budget holders.
CHIEF EXECUTIVE	
& BUDGET	Must not exceed the budgetary total or virement limits set by the Board.
HOLDERS	
CHIEF FINANCE	Devise and maintain systems of budgetary control.
OFFICER	
BUDGET HOLDERS	Ensure that
	a) no overspend or reduction of income that cannot be met from virement is incurred without prior consent of Board;
	b) approved budget is not used for any other than specified purpose subject to rules of virement;
	c) no permanent employees are appointed without the approval of the CE other than those provided for within available
OLUEE EVEOLITIVE	resources and manpower establishment
CHIEF EXECUTIVE	Identify and implement cost improvements and income generation activities in line with the Integrated Business Plan, the three year
OLUEE EVEOLITIVE	financial plan and the Annual Plan for NHS Improvement.
CHIEF EXECUTIVE	Submit monitoring returns to requisite monitoring organisations.
CHIEF FINANCE	Preparation of annual accounts and reports ensuring that a copy of the annual accounts and any reports of the external auditor are laid
OFFICER	before Parliament and then sent to NHS England and that the annual report is presented to the Council of Governors.
CHIEF FINANCE	Prepare a report for approval by the Board on "Going Concern".
CHIEF FINANCE	Managing banking arrangements, including provision of banking services, operation of accounts, preparation of instructions and list of
OFFICER	cheque signatories.
CHIEF FINANCE OFFICER	Develop and maintain income systems, including system design, prompt banking, review and approval of fees and charges, debt
UFFICER	recovery arrangements, design and control of receipts, provision of adequate facilities and systems for employees whose duties include

		collecting or holding cash.
	ALL EMPLOYEES	Duty to inform Chief Finance Officer of money due from transactions which they initiate/deal with.
	BOARD	Establish a Nomination and Remuneration Committee, in accordance with the constitution.
	NOMINATION AND	The Committee will:
	REMUNERATION COMMITTEE	decide the appropriate remuneration and terms of office for the Chief Executive and other Executive Directors (and Very Senior Officers) including all aspects of salary; provision for other benefits including pensions and cars and arrangements for termination of employment and other contractual terms and to advise the Board of Directors of any decisions made.  regularly review, discuss and if necessary approve changes to the remuneration and terms of service of the Chief Executive and other Executive Directors (and other Very Senior Officers) to ensure they are fairly rewarded for their individual contribution to the
		Trust – having proper regard to the Trust's circumstances and performance and to the provisions of any national arrangements
1		where appropriate and to advise the Board of Directors of any decisions made.
		monitor and evaluate the performance of individual senior employees, including Executive Directors. advise on and oversee appropriate contractual arrangements for such staff, including proper calculation and scrutiny of termination payments.
	EXECUTIVE TEAM	Approval of variation to funded establishment of any directorate.
	CHIEF EXECUTIVE	Staff, including agency staff, appointments and re-grading.
	CHIEF FINANCE	Payroll:
	OFFICER	specifying timetables for submission of properly authorised time records and other notifications; final determination of pay and allowances; making payments on agreed dates; agreeing method of payment; issuing instructions
	NOMINATED	Submit time records in line with timetable.
	MANAGERS*	Complete time records and other notifications in required form. Submit termination forms in prescribed form and on time.
	CHIEF FINANCE OFFICER	Ensure that the chosen method for payroll processing is supported by appropriate (contracted) terms and conditions, adequate internal controls and audit review procedures and that suitable arrangements are made for the collection of payroll deductions and payment of these to appropriate bodies.
	CHIEF OF PEOPLE AND	Ensure that all employees are issued with a Contract of Employment in a form approved by the Board and which complies with employment legislation; and
	ORGANISATIONAL DEVELOPMENT	Deal with variations to, or termination of, contracts of employment.
	CHIEF EXECUTIVE	Determine, and set out, level of delegation of non-pay expenditure to budget managers, including a list of managers authorised to place requisitions, the maximum level of each requisition and the system for authorisation above that level.



CHIEF EXECUTIVE	Set out procedures on the seeking of professional advice regarding the supply of goods and services.
REQUISITIONER*	In choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the Trust. In so
	doing, the advice of the Trust's adviser on supply shall be sought.
CHIEF FINANCE	Shall be responsible for the prompt payment of accounts and claims.
OFFICER	
CHIEF FINANCE	advise the Board regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be
OFFICER	obtained; and, once approved, the thresholds should be incorporated in standing orders and regularly reviewed;
	prepare procedural instructions [where not already provided in the Scheme of Delegation or procedure notes for budget holders] on the
	obtaining of goods, works and services incorporating the thresholds;
	be responsible for the prompt payment of all properly authorised accounts and claims;
	be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable;
	a timetable and system for submission to the Chief Finance Officer of accounts for payment; provision shall be made for the early
	submission of accounts subject to cash discounts or otherwise requiring early payment;
	instructions to employees regarding the handling and payment of accounts within the Finance Department;
	be responsible for ensuring that payment for goods and services is only made once the goods and services are received
APPROPRIATE	Make a written case to support the need for a prepayment.
EXECUTIVE	
DIRECTOR	
CHIEF FINANCE	Approve proposed prepayment arrangements.
OFFICER	
BUDGET HOLDER	Ensure that all items due under a prepayment contract are received (and immediately inform CFO if problems are encountered).
CHIEF EXECUTIVE	Authorise who may use and be issued with official orders.
MANAGERS AND	Ensure that they comply fully with the guidance and limits specified by the Chief Finance Officer.
OFFICERS	
CHIEF EXECUTIVE	Ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions
CHIEF FINANCE	comply with the guidance contained within CONCODE and ESTATECODE or other relevant guidance. The technical audit of these
OFFICER	contracts shall be the responsibility of the relevant Director.
CHIEF FINANCE	Lay down procedures for payments to local authorities and voluntary organisations made under the powers of section 28A of the NHS
OFFICER	Act.
CHIEF FINANCE	The CFO will advise the Board on the Trust's ability to pay dividend on Public Dividend Capital (PDC) and report, periodically,
OFFICER	concerning the PDC debt and all loans and overdrafts.
BOARD	Approve a list of employees authorised to make short-term borrowings on behalf of the Trust. (This must include the Chief Executive
	and Chief Finance Officer .)
CHIEF FINANCE	Prepare detailed procedural instructions concerning applications for loans and overdrafts.
OFFICER	

CHIEF EXECUTIVE OR CHIEF FINANCE OFFICER	Be on an authorising panel comprising one other member for short term borrowing approval.
CHIEF FINANCE OFFICER	Will advise the Board on investments and report, periodically, on performance of same.
CHIEF EXECUTIVE	Capital investment programme: ensure that there is adequate appraisal and approval process for determining capital expenditure priorities and the effect that each has on plans responsible for the management of capital schemes and for ensuring that they are delivered on time and within cost; ensure that capital investment is not undertaken without availability of resources to finance all revenue consequences; ensure that a business case is produced and presented to the Finance Committee.
CHIEF FINANCE OFFICER	Certify professionally the costs and revenue consequences detailed in the business case for capital investment.
CHIEF EXECUTIVE	Issue procedures for management of contracts involving stage payments.
CHIEF FINANCE OFFICER	Assess the requirement for the operation of the construction industry taxation deduction scheme.
CHIEF FINANCE OFFICER	Issue procedures for the regular reporting of expenditure and commitment against authorised capital expenditure.
CHIEF EXECUTIVE	Issue manager responsible for any capital scheme with authority to commit expenditure, authority to proceed to tender and approval to accept a successful tender.  Issue a scheme of delegation for capital investment management.
CHIEF FINANCE OFFICER	Issue procedures governing financial management, including variation to contract, of capital investment projects and valuation for accounting purposes.
CHIEF FINANCE OFFICER	Demonstrate that the use of private finance represents value for money and genuinely transfers significant risk to the private sector.
BOARD	Proposal to use PFI must be specifically agreed by the Board.
CHIEF FINANCE OFFICER	Maintenance of asset registers.
CHIEF FINANCE OFFICER	Approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.
CHIEF FINANCE OFFICER	Calculate capital charges in accordance with International Financial Reporting Standards and accepted accounting policies.
CHIEF EXECUTIVE	Overall responsibility for fixed assets.
CHIEF FINANCE OFFICER	Approval of fixed asset control procedures.
BOARD,	Responsibility for security of Trust assets including notifying discrepancies to CFO, and reporting losses in accordance with Trust



EXECUTIVE	procedure.
MEMBERS AND ALL	
SENIOR STAFF	
CHIEF EXECUTIVE	Delegate overall responsibility for control of stores (subject to CFO responsibility for systems of control). Further delegation for day-to-
	day responsibility subject to such delegation being recorded. (Good practice to append to the scheme of delegation document.)
CHIEF FINANCE	Responsibility for systems of control over stores and receipt of goods.
OFFICER	
DESIGNATED	Responsibility for controls of pharmaceutical stocks
PHARMACEUTICAL	
OFFICER	
DESIGNATED	Responsibility for control of stocks of fuel oil and coal.
ESTATES OFFICER	
NOMINATED	Security arrangements and custody of keys
OFFICERS*	
CHIEF FINANCE	Set out procedures and systems to regulate the stores.
OFFICER	
CHIEF FINANCE	Agree stocktaking arrangements.
OFFICER	
CHIEF FINANCE	Approve alternative arrangements where a complete system of stores control is not justified.
OFFICER	
CHIEF FINANCE	Approve system for review of slow moving and obsolete items and for condemnation, disposal and replacement of all unserviceable
OFFICER	items.
NOMINATED	Operate system for slow moving and obsolete stock, and report to CFO evidence of significant overstocking.
OFFICERS*	
CHIEF EXECUTIVE	Identify persons authorised to requisition and accept goods from NHS Supply Chain (NHS Shared Business Agency) stores.
CHIEF FINANCE	Prepare detailed procedures for disposal of assets including condemnations and ensure that these are notified to managers.
OFFICER	
CHIEF FINANCE	Prepare procedures for recording and accounting for losses, special payments and informing police in cases of suspected arson or theft.
OFFICER	
ALL STAFF	Discovery or suspicion of loss of any kind must be reported immediately to either head of department or nominated officer. The head of
	department / nominated officer should then inform the CE and CFO.
BOARD	Approve write off of losses above the level delegated to nominated Executive Directors or other senior officers contained in the Financial
	Limits.
CHIEF FINANCE	Consider whether any insurance claim can be made.
OFFICER	
CHIEF FINANCE	Maintain losses and special payments register.

OFFICER	
CHIEF FINANCE OFFICER	Responsibility for accuracy and security of computerised financial data.
CHIEF FINANCE OFFICER	Satisfy himself/herself that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation.
DIRECTOR OF CORPORATE SERVICES	Shall publish and maintain a Freedom of Information Scheme.
RELEVANT OFFICERS	Send proposals for general computer systems to CFO.
DIRECTOR OF STRATEGY AND DIGITAL DEVELOPMENT	Ensure that contracts with other bodies for the provision of computer services for financial applications clearly define responsibility of all parties for security, privacy, accuracy, completeness and timeliness of data during processing, transmission and storage, and allow for audit review.  Seek periodic assurances from the provider that adequate controls are in operation.
DIRECTOR OF STRATEGY AND DIGITAL DEVELOPMENT	Ensure that risks to the Trust from use of IT are identified and considered and that disaster recovery plans are in place.
DIRECTOR OF STRATEGY AND DIGITAL DEVELOPMENT	Where computer systems have an impact on corporate financial systems satisfy himself that: systems acquisition, development and maintenance are in line with corporate policies; data assembled for processing by financial systems is adequate, accurate, complete and timely, and that a management trail exists; the Director of Strategy and Digital Development and staff have access to such data; Such computer audit reviews are being carried out as are considered necessary.
CHIEF EXECUTIVE CHIEF FINANCE OFFICER	Responsible for ensuring patients and guardians are informed about patients' money and property procedures on admission.  Provide detailed written instructions on the collection, custody, investment, recording, safekeeping, and disposal of patients' property (including instructions on the disposal of the property of deceased patients and of patients transferred to other premises) for all staff whose duty is to administer, in any way, the property of.
MANAGERS CHIEF FINANCE OFFICER	Inform staff of their responsibilities and duties for the administration of the property of patients.  Shall ensure that each trust fund that the Trust is responsible for managing is managed appropriately.
CHIEF FINANCE OFFICER	Ensure all staff are made aware of the Trust policy on the acceptance of gifts and other benefits in kind by staff.
CHIEF EXECUTIVE	Retention of documents procedures in accordance with Records Management: NHS Code of Practice part 1 and part 2 (2006).
AUDIT COMMITTEE	Risk management programme.  Approve and monitor risk management programme.
 AUDIT COMMITTEE	Approve and monitor has management programme.



12. UHSussex Constitution

BOARD	Decide whether the Trust Board decides to use the risk pooling schemes administered by NHS Resolution if the Trust will insure through the risk pooling schemes administered by the NHS Resolution or self-insure for some or all of the risks covered by the risk pooling schemes. If the Board of Directors decides not to use the risk pooling schemes for any of the risk areas (clinical, property and employers/third party liability) covered by the scheme this decision shall be reviewed annually.
BOARD OF DIRECTORS	Where the Board decides not to use the risk pooling schemes administered by NHS Resilience for any one or other of the risks covered by the schemes, the Chief Finance Officer shall ensure that the Board is informed of the nature and extent of the risks that are self insured as a result of this decision. The Chief Finance Officer will draw up formal documented procedures for the management of any claims arising from third parties and payments in respect of losses that will not be reimbursed.
CHIEF FINANCE OFFICER	Ensure documented procedures cover management of claims and payments below the deductible.
TIES DELEGATED TO COMMITTEES	DECISIONS DELEGATED BY THE BOARD TO COMMITTEES
Audit Committee	Appointment of the Trust's Internal Auditors Appointment of the Trust's local counter fraud service Approve the Trust's accounting polices To agreed writes offs
Nomination and Remuneration Committee	Agree the renumeration of the Executive team To agree the annual Fit and Proper Persons Return
Patient & Quality Committee	To receive the required Maternity Performance and Oversight Reports
Finance & Performance Committee	To approve investments within their delegated limits
People & Culture Committee	To approve the Freedom to Speak up Guardian
	CHIEF FINANCE DEFICER TIES DELEGATED TO COMMITTEES Audit Committee  Nomination and Remuneration Committee  Patient & Quality Committee  Finance & Performance Committee  People & Culture