

Meeting of the Council of Governors

14:00 – 16.15 on Thursday 22 May 2025

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

AGENDA – MEETING IN PUBLIC

Item 1	Time: 14:00	Welcome and Apologies for Absence To note	Verbal	Presenter: Chair Philippa Slinger
Item 2	14:00	Quoracy of Council of Governors Meetings	Verbal	Presenter: Chair Philippa Slinger
		<i>A meeting of the Council shall be quorate and shall not commence until it is quorate. Quoracy is defined as meaning that there shall be present at the meeting at least one third of all Governors (7 allowing for vacancies). Of those present, at least 51% shall be elected Governors.</i>		
Item 3	14:00	Declarations of Interests To note and agree any required actions	Verbal	Presenter: All
Item 4	14:00	Minutes of Council of Governors Meeting in PUBLIC held on 20 February 2025 To approve	Enclosure	Presenter: Chair Philippa Slinger
Item 5	14.05	Matters Arising from the Minutes None	N/A	Presenter: Chair Philippa Slinger
Item 6	14.05	Questions from the Public To receive and respond to questions submitted by the public at least 48 hours in advance of the meeting.	Verbal	Presenter: Chair Philippa Slinger
		<u>ACCOUNTABILITY</u>		
Item 7	14:15	Chief Executive Report to Council To receive and agree any necessary actions	Enclosure	Presenter: Dr Andy Heeps
Item 8	14:30	Single Improvement Plan and Progress Dashboard To note	Enclosure	Presenter: Prof. Katie Urch

		LISTENING AND REPRESENTING		
Item 9	14.40	Lead Governor's Report To receive and agree any necessary actions	Enclosure	Presenter: Lindy Tomsett
Item 10	14.45	Public Governors' Update To receive and agree any necessary actions	Verbal	Presenter: Those public Governors in attendance
Item 11	15.00	Staff Governors' Update To receive and agree any necessary actions	Verbal	Presenter: Tomasz Makola
Item 12	15.10	Report from the Patient Experience & Wider Engagement Committee Meeting held on 13 March 2025 To note	Enclosure	Presenter: Frances McCabe as Committee Chair
Item 13	15.20	Appointed Governors' Update <ul style="list-style-type: none"> • University of Brighton • West Sussex County Council • Voluntary Sector - Age UK To receive and agree any necessary actions	Verbal	Presenter: Those appointed Governors in attendance
		OTHER ITEMS		
Item 14	15.40	Charitable Funds Committee - Chair Feedback To receive and agree any necessary actions	Presentation on the day	Presenter: Wayne Orr
Item 15	16.00	Company Secretary Report To note	Enclosure	Presenter: Glen Palethorpe
Item 16	16.05	Any Other Business To receive and action	Verbal	Presenter: Chair Philippa Slinger
Item 17	16.15	Date and time of next meeting: The next meeting in public of the Council of Governors is scheduled to take place at 14:00 – 17:00 on Thursday 21 August 2025	Verbal	Presenter: Chair Philippa Slinger

Minutes



Minutes of the Council of Governors meeting held in Public at 2pm on Thursday 20 February 2025 in the Boardroom, Trust HQ, 2nd Floor, Washington Suite, Worthing Hospital, Lyndhurst Road, Worthing, BN11 2DH and virtually via Microsoft Teams Live Broadcast.

Philippa Slinger	Chairman
Dr George Findlay	Chief Executive Officer
Jonathan Reid	Chief Finance Officer
Sandi Drewett	Chief Culture & Organisation Development Officer
Professor Paul Layzell CBE	Non-Executive Director
David Curley	Non-Executive Director
Wayne Orr	Non-Executive Director
Philip Hogan	Non-Executive Director
Bindesh Shah	Non-Executive Director
John Todd	Public Governor – Adur
Maria Rees	Public Governor – Arun
Frances McCabe	Public Governor – Brighton & Hove
Alex Leaney	Public Governor – Brighton & Hove
Lindy Tomsett (Lead Governor)	Public Governor - Chichester
Jo Richardson	Public Governor - Horsham
Doug Hunt	Public Governor – Mid Sussex
Patricia Percival	Public Governor – East Sussex & Out of Area
Pauline Constable	Public Governor - Worthing
Claire Bewick-Holmes	Staff Governor – Princess Royal Hospital
Miranda Jose	Staff Governor - Peripatetic
Varadarajan Kalidasan (Kali)	Appointed Governor – Inclusion Groups

In Attendance:

Stephen Mardlin (<i>for item 10</i>)	Hospital Director – Worthing & Southlands Hospitals
Dan Rennie-Hale (<i>for item 11</i>)	Director of Clinical Outcomes and Effectiveness
Glen Palethorpe	Company Secretary
Jan Simmons	Governor and Membership Manager

COG/02/25/1	Welcome and Apologies for Absence	ACTION
1.1	The Chair, Philippa Slinger, welcomed all those present and those watching online to the meeting.	
1.2	Philippa then noted the following apologies that had been received.	
1.3	Governors: Colin Holden, Public Governor, Mid-Sussex, Tomasz Makola, Staff Governor, St Richard's Hospital, Sue Shepherd, Staff Governor, Worthing Hospital, Alison Cooper, Appointed Governor, West Sussex County Council, Kate Galvin, Appointed Governor, Brighton University, Helen Rice, Appointed Governor, Voluntary Sector, Bruno De Oliveira, Appointed Governor, Brighton & Hove City Council.	
1.4	Executives: Dr Andy Heeps, Deputy CEO and Chief Operating Officer, Professor Catherine (Katie) Urch, Chief Medical Officer, Dr Maggie Davies, Chief Nurse, David Grantham, Chief People Officer, Roxanne Smith, Chief Strategy Officer.	

- 1.5 **Non-Executive Directors:** Lucy Bloem, Professor Jackie Cassell, Professor Gordon Ferns

COG/02/25/2 Quoracy of Council of Governors Meetings

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

COG/02/25/3 Declarations of Interests

- 3.1 There were no interests declared.

COG/02/25/4 Minutes of Council of Governors Meeting in PUBLIC held on 21 November 2024

- 4.1 The minutes of the meeting held in Public on 21 November 2024 were **APPROVED** as a correct record.

COG/02/25/5 Minutes of Council of Governors Meeting in PRIVATE held on 21 November 2025.

- 5.1 The minutes of the meeting held in Private on 21 November 2024 were **APPROVED** as a correct record.

COG/02/25/6 Matters Arising from the Minutes of Meetings

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

COG/02/25/7 Questions from the Public

- 7.1 The Council had received one question from Chris Burns in relation to the recent NHSE release that the NHS waiting lists nationwide had fallen for the fourth month in a row and how this was reflected in UHSussex, what had led to the reduction, if any, and what had led to the changes from October and what changed to make it possible in October rather than before.
- 7.2 George responded advising that having adjusted for a change in reporting and the Trust taking on elements of an MSK service previously reported by another provider, a reduction of around 600 pathways had been delivered.
- 7.3 In the 12-month period December 2023-2024 the national waiting list had reduced by 1.9% with UHSussex reducing by some 15.8% and accounting for around one sixth of the total national reduction in this period.
- 7.4 This reduction had been achieved by increasing internal activity, improvements in managing waiting lists and communications with patients who were waiting, working differently with providers across Sussex including the independent sector to manage capacity as a system, and working with the ICB to redesign pathways to enable patients to be cared for in the community.
- 7.5 George concluded by expressing thanks to NHS and private sector colleagues who had helped to contribute to this reduction in the waiting list, which was good news but remained a challenge.
- 7.6 The Council **NOTED** the question received and that a response had been provided and would also be placed on the Trust's website.

ACCOUNTABILITY

COG/02/25/8 Chief Executive Report to Council

- 8.1 George Findlay began by acknowledging and commending everyone for the exceptional patient care and activity levels that all the teams in the Trust had achieved, both in planned and urgent care, over the past few months and their extraordinary hard work to deliver enormous improvements for patients during a hugely challenging period for the NHS.
- 8.2 Expressing concern at the number of vulnerable patients coming into the hospitals through emergency care pathways who were waiting too long for treatment, George highlighted the continuous flow modelling initiative that had been implemented across the Trust. As a result, there had been improvements in the number of patients being cared for in Emergency Department corridors in January with the greatest improvement achieved at Royal Sussex County Hospital (RSCH), where this longstanding and complex issue had at times been eliminated, especially after the model had been expanded to seven days a week on this site.
- 8.3 George went on to explain the new pilot launched by NHS Sussex, by which UHSussex hospital consultants were 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 reduce the need for patients to be conveyed to the Hospital.
- 8.4 In the first six weeks of the Trust's consultants being co-located in the Falmer hub with ambulance colleagues, there had been a 14% reduction in ambulance attendances at Royal Sussex County Hospital. Over the same period, around 300 patients had avoided going to the Emergency Department in Brighton. Instead, many had received direct referrals from the ambulance service into the Same Day Emergency Care units (SDECs) and other departments, such as the new Surgical Assessment Unit, where their needs could be met more quickly by the right specialists.
- 8.5 George shared that at the next Board meeting in Public in March there would be an update focusing on improvements made to the surgical services, and the actions taken in respect of the Royal College of Surgeon's review published last year.
- 8.6 Concluding his report, George advised that the Surgery and Education teams had received welcome news in January from the General Medical Council, which had removed its enhanced monitoring status of the Trust's foundation doctor training in general surgery, that had been in place since 2016.
- 8.7 Frances McCabe commended the Trust on the number of innovative actions it had implemented to help reduce waiting times but questioned if the situation was sustainable given there was no additional funding available, staff were working extra hours and the use of the private sector.
- 8.8 George explained that with no increment available to the Trust above the funding received last year, the Executive team were currently working through the planning guidance for the coming year and having conversations with System and Region partners. The initial assessment indicated there would be insufficient funding available to achieve the requirements set out in the guidance. However, George stressed that the current levels of activity would continue.

- 8.9 Regarding the independent sector, George replied that this was important to the Trust as it was likely that additional capacity would be required for quite some time. The aim was for an arrangement that offered the independent sector slightly more certainty with longer term contracts and better value for the Trust, as they would have a part to play in the treatment of more patients over the coming months.
- 8.10 Frances further enquired if there were any plans to develop and increase the space provided for frailty patients in the Same Day Emergency Care (SDEC) unit as the current area in the Royal Sussex County Hospital (RSCH) site was inadequate and the demand was high.
- 8.11 In reply, George explained that the frailty SDEC received patients from the Emergency Department (ED) and also via the Clinical Hub with the aim for them to retain their independence and return home the same day. With demand likely to grow, discussions were currently taking place to determine the best location on the County site. In addition, George said ten nursing homes had been identified where patients were conveyed and spent a lot of time in ED. The Trust would work with those nursing homes to provide advice and guidance to avoid patients having to attend ED overnight. In conclusion George advised that the Trust was investing in SDECs across the hospital sites.
- 8.12 Referring to the General Medical Council's removal of its enhanced monitoring status of foundation doctor training in general surgery, Varadarajan Kalidasan (Kali) commented that this was a good indicator and assurance of the overall improvement in general surgery in the Trust. However, George acknowledged that there were still improvements to be made.
- 8.13 The Council **RECEIVED** the Chief Executive's report.

COG/02/25/9 Single Improvement Plan and Progress Dashboard

- 9.1 George presented the update on behalf of Professor Katie Urch who was unable to attend the meeting and began by reminding the Council that the Single Improvement Plan (SIP) was a fixed term plan developed in collaboration with the ICB and NHSE in response to the required undertakings and who had confirmed that the plan met their expectations.
- 9.2 The Council's attention was drawn to the detailed progress that had been made during quarter three and the performance and assurance against the plan's domains. George commented that he had spent time before this meeting in the maternity unit at Worthing. He highlighted the progress that had been made in the Maternity service where there were no vacancies, the correct number of midwives were on shift today and the Friends and Family Test from January reflected that 97% of people using the service were satisfied or highly satisfied and outcomes were better than national average.
- 9.3 George acknowledged that some areas were slightly behind track and others required more effort and input. Regarding 4.iii in the report, George explained that the scope of the Surgical operating model had been increased and work was being undertaken with Divisions to review the target operating model.
- 9.4 Concluding the report George advised that reasonable progress had been made in Q3 including the delivery of the RTT >52-week trajectory, quality improvements, progress in closing the CQC actions and in building the foundations for mature commissioning conversations on specialised services. Priorities for Q4 included plans for assimilating the improvement plans into substantive governance and to the new strategy in Q1 2025/26.

- 9.5 George then shared the news that NHSE, the Regional Office and the ICB had agreed to disestablish the separate assurance committee that sat over the SIP and return into a regular Provider Assurance meeting demonstrating confidence that this could move back into the business-as-usual process.
- 9.6 Responding to a query from Frances in relation to the number of children waiting for ENT appointments it was suggested that an update on children's services could be included on the agenda for future meetings.
- 9.7 The Council **NOTED** the Single Improvement Plan and Progress Dashboard

[Stephen Mardlin joined the meeting]

COG/02/25/10 Improving Utilisation and Reporting for Discharge Lounges

- 10.1 The Chair welcomed Stephen Mardlin to the meeting and reminded the Council that this item related to a question raised by Governors regarding the time patients were spending in the discharge lounges prior to going home and if the process could be improved.
- 10.2 Stephen then presented detailed information and graphs of the Discharge Lounges' Performance from November 2024 to January 2025 advising that on average patients were spending three hours in the discharge lounges although it appeared to be longer on the Royal Sussex County Hospital site. However, Stephen went on to explain the difficulties in making comparisons between the sites and the Council noted that work was ongoing to identify the reasons for the differences in performance.
- 10.3 Responding to a question from the Chair, George replied that it was the intention to standardise the discharge lounges but with local flexibility to cater for the demands and resources of individual sites. The Trust would welcome having the same functionality for all the discharge lounge areas and suitable locations would be reviewed as part of the Trust's strategy.

[Dan Rennie-Hale joined the meeting]

- 10.4 Frances asked what had been done to address improvements with other issues surrounding the discharge lounges including patient transport, to which George replied that a new patient transport provider had been commissioned by the ICB to commence on 1 April 2025 with the aim of providing a more reliable service and explained there were active conversations taking place around the complexities of the different cultures, behaviours, systems and processes and the use of the discharge lounges on each site.
- 10.5 Replying to a question from Phil Hogan, Stephen explained the two main causes for outliers, one being where there was a delay in providing patient transport and the other was where patients were taken to the discharge lounge early in order to free up a bed. Stephen also advised that the Trust were looking to increase the use of the voluntary sector to assist with transport.

[Pauline Constable and Stephen Mardlin left the meeting]

COG/02/25/11 GIRFT – Engagement and Learning

- 11.1 Dan Rennie-Hale gave a presentation on Getting It Right First Time (GIRFT), a national NHS England programme designed to improve treatment and care by reviewing health services in England. It undertook clinically led reviews of specialties, combining wide-ranging data analysis with the input and

professional knowledge of senior clinicians to examine how things were currently being done and how they could be improved.

- 11.2 Dan explained that by tackling variations in the way services were delivered across the NHS, and by sharing best practice between Trusts, GIRFT identified changes that would help improve care and patient outcomes as well as delivering efficiencies, such as the reduction of unnecessary procedures and cost savings. It had been applied across more than 40 surgical and medical specialties and cross-cutting themes including diagnostics, day case surgery, outpatient services and clinical coding.
- 11.3 Dan then described each of the components of the GIRFT programme and the Checklists showing progress being made by the Trust in relation to the specialties.
- 11.4 There was enhanced support from Professor Briggs, formal site visits every 6 weeks and access to the national and regional teams/leads with a focus on Dermatology, ENT, General Surgery, Ophthalmology, Oral and Maxillofacial and Trauma and Orthopaedics.
- 11.5 The Council further discussed aspects of the GIRFT programme noting that it drove change and was another lens into productivity and reducing costs. It was recognised that accurate coding was also critical to improving the Trust's productivity.
- 11.6 The Chair thanked Dan for a very informative presentation.
- 11.7 The Council **RECEIVED** the GIRFT – Engagement and Learning update

COG/02/25/12 Lead Governor's Report

- 12.1 Lindy Tomsett summarised the report and began by commending the Trust on its many exceptional and impressive achievements in 2024 that would help provide even more high-quality care and reduce waiting lists in 2025 even though it remained a challenge. In recognition of the unwavering dedication of staff and the Executive Team, Lindy took the opportunity to reassure them of the continued support of the Governors.
- 12.2 Lindy drew out some of the highlights of her report advising that Governors had attended several events that had provided further networking opportunities including the Governors Focus Update in December that proved to be a valuable session for Governors to receive up to date news of NHS England's initiatives and directives.
- 12.3 The Council was informed that Andy Cook, Staff Governor for RSCH had resigned and accepted a new position outside of the Trust. Andy was a very proactive Governor and would be greatly missed. Nominations were being sought to elect a new Staff Governor for RSCH.
- 12.4 The Chair acknowledged how involved the Governors were in many aspects of the Trust and was a very welcomed contribution.
- 12.5 The Council **NOTED** the Lead Governor's report.

[Miranda Jose left the meeting]

COG/02/25/13 Public Governors' Update

13.1 Update on Supportive and End of Life Care

13.2 Frances provided the Council with an update on her attendance at the Supportive and End of Life Care Group adding that there had been a real improvement in the energy and activity around how people were treated at the end of their life and had reflected some of the issues around standardisation of services, procedures, auditing, supporting a consistent approach and training.

13.3 France commended the work provided by the Medical Examiners team who reviewed all deaths and gave support and great peace of mind to relatives. The team had increased their activities but were sometimes a hidden team within the hospital setting.

13.4 Frances went on to describe some of the areas that had recently been raised by the Group that required attention in the future; these included the discharge process, the type of support provided to patients, the quality of care and the appropriateness of space for end-of-life care but the Council was assured that these issues were receiving attention and although there were still improvements to be made, Frances was pleased to report that there had been a big difference in terms of the approach to end of life care over the last few years.

13.5 The Chair drew the Council's attention and commended a new scheme called A Friend in Need being launched in March by the League of Friends in RSCH. They were funding a co-ordinator and a band of volunteers whose aim would be to ensure that no patient in the hospital died alone.

13.6 The Council **NOTED** the update on Supportive and End of Life Care.

13.7 Update on attendance at ICB Sussex Strategy & 10 Year Health Plan

13.8 John Todd advised that, as a Trust Governor, and involved with the Patient Engagement Group at Adur Health Partnership he was invited to attend the meeting hosted by NHS Sussex on 1 February to discuss the Sussex Strategy and 10-year health Plan and how improvements could be made locally and nationally.

13.9 John summarised the key areas of the 10-year plan as moving more care from hospitals into homes closer to where patients lived and their community, using digital technology for faster, higher quality and more connected care and prevent rather than just treating sickness to keep people healthier for longer.

13.10 The Council noted that the results of the discussions would be fed back to NHSE and other Governors would be welcome to become involved.

13.11 The Council **NOTED** the update on the attendance at the ICB Sussex Strategy & 10 Year Health Plan.

COG/02/25/14 Staff Governors' Update

- 14.1 Miranda Jose presented the report and began by commending George and the Executive team for acknowledging the extraordinary hard work by staff in delivering huge improvements for patients by reducing the overall waiting list.
- 14.2 Miranda highlighted the work being undertaken on the wards to improve the flow of patients and freeing up beds for A&E earlier in the day. This initiative had required strong collaboration and dedication from all ward staff who had joined together to ensure timely patient movement.
- 14.3 With a view to raising awareness of the Staff Governors and following a successful meeting with the Director of Communications and Engagement, plans were progressing to raise the profile of the staff governors by displaying posters at hospital entrances and on huddle boards within hospital sites to explain who they were, their role and how they could support staff.
- 14.4 The Staff Governors were pleased to see the continuation of the initiative at Worthing Hospital collaborating with Worthing Council and partnering with heat network investor Hemiko, to provide climate-friendly heating to every building in Worthing by 2050. However, while work had continued, the pressure on parking services for both patients and staff remained an issue, and the Governors were keen to encourage a re-exploration of options for ensuring patients and staff at Worthing could park as easily as possible.
- 14.5 Miranda acknowledged working with the Strategy and Planning Team and the ongoing work to develop the Trust's forward strategy adding that the Governors had a particular interest in seeing the working conditions for staff being planned for in the strategy, as simple hygiene factors such as changing facilities, working toilets and places for people to take a break were central to staff satisfaction.
- 14.6 Referring to of the challenges that had been encountered with the delays in opening the new Peabody's restaurants in Worthing and St Richard's hospitals, the Staff Governors were pleased to see that both restaurants were now open but acknowledged the concerns from some staff members, particularly in Worthing, regarding the cost and range of products. An update in the coming months on whether this move to Peabody's had been successful and if staff feedback had been sought would be welcomed.
- 14.7 The staff Governors also supported the importance and value of the staff survey and were pleased to see the level of contribution from the staff this year, although they would welcome further thoughts on how participation from staff could be encouraged further next year and looked forward to seeing the results and findings later this month.
- 14.8 Aware of the on-going pressures that the Trust continued to face, Miranda extended the thanks of the Staff Governors and full support to the Chair, George Findlay, Andy Heaps and the rest of the executive team.
- 14.9 George acknowledged the issues raised by the Staff Governors relating to car parking, for which additional capacity had already been provided and the new Peabody's' restaurant facilities at Worthing and St Richard's, adding that there would be a quarterly review and quality feedback for these.
- 14.10 The Council **RECEIVED** the Staff Governor's update.

COG/02/25/15 Report from the Patient Engagement & Experience Committee Meeting held on 12 December 2024

- 15.1 Frances presented the report advising that it was the first meeting of the new Committee that had been formed by the amalgamation of the Patient Experience and Engagement Committee (PEEC) and the Membership and Engagement Committee (MEC). There would also be the addition of Deep Dive meeting to facilitate richer discussions and engagement on specific topics. It had been proposed that a refresh of the Membership and Engagement Strategy should be the focus of a future Governors' Deep Dive meeting.
- 15.2 The Committee had received an update on Healthwatch activities, including participation in Patient Led Assessment of the Care Environment (PLACE) visits, interim reviews, mystery shops, and the development of a new dementia strategy.
- 15.3 Frances went on to report that the Committee had received the Patient Experience Quarter 2 Report and a presentation that focussed on the two services of Patient Advice and Liaison Service (PALS) and Complaints
- 15.4 In January the first of the Deep Dive meetings had been held with presentations explaining the difference between the PLACE audits and Peer review visits whilst noting that the latter had more of a clinical focus.
- 15.5 The Council **RECEIVED** the Report from the Patient Experience & Wider Engagement Committee Meeting held on 12 December 2024.

COG/02/25/16 Appointed Governors' Update

West Sussex County Council

- 16.1 This item was deferred as no representative was present at the meeting.

Voluntary Sector - Age UK

- 16.2 This item was deferred as no representative was present at the meeting.

University of Brighton

- 16.3 This item was deferred as no representative was present at the meeting.

Brighton and Hove City Council

- 16.4 This item was deferred as no representative was present at the meeting.

Trust Inclusion Groups

- 16.5 Varadarajan Kalidasan (Kali) provided an update on the activities of the Trust Inclusion Groups advising that February was the designated LGBTQ+ History month with the Trust's EDI department, HR and LGBTQ+ forum having been busy highlighting the various activities and resources available and NHSE holding regular webinars to highlight various aspects and individuals of significance to the LGBTQ+ community and to the social history.
- 16.6 The Council noted that a Fighting With Pride event had been organised jointly with Sussex Partnership and the Armed Forces Community staff networks for the 27 February and regular meetings and presentations were arranged by the LGBTQ+ forum and network for all to share their experiences.
- 16.7 Kali informed the Council that the first week of February was a designated Race Equality Week with various topics addressed daily online including one on Intersectionality. The BAME network also had regular meetings with specific areas addressed in each meeting and the disability forum, which had been

slightly quiet for a year or so, had been rejuvenated with the appointment of Marce Quinn as the lead. Kali was liaising with Marce to see how colleagues with various disabilities, both seen, and unseen could be supported.

- 16.8 The Council noted two important developments nationally, the approval of gene therapy for Sickle Cell disease which would be highlighted to paediatrics and haematology for them to note and action appropriately in conjunction with NICE and NHS England guidelines and The Race and Health Observatory who had published new guidelines and chart on the recognition of Neonatal jaundice in Black and ethnic minority babies which would be highlighted to all departments dealing with newborn babies.

- 16.9 The Council **NOTED** the update from the Trust Inclusion Groups

COG/02/25/17 People and Culture Committee - Chair Feedback

- 17.1 Paul Leyzell gave a presentation on the focus of the People and Culture Committee highlighting the key areas of having the right people doing the right job, being a good employer, ensuring the well-being of staff and looking ahead at what staff would need in the future, where they would come from and what skills would be required of current and future staff.
- 17.2 Paul explained the purpose of the 2024-25 People Plan that drew together key activities and positioned them under the NHS People Promise themes. It consisted of five workstreams aimed at improving the way the organisation worked, improving processes and was driven by the results of the staff survey.
- 17.3 Paul then shared with the Council the Committee's dashboard that highlighted the Trust's progress against capacity, efficiency and training and development adding that they were the areas that drove the Committee's meetings.
- 17.4 Referring to the Equality, Diversity and Inclusion (EDI) strategy, Paul advised that the organisation was reaching the last year of the three-year strategy that had six key areas of focus aligned to the National high-impact actions. The Committee was now agreeing the objectives for the final year and would be commencing a refresh of the strategy.
- 17.5 The Council was informed that the dedicated, independent and highly visible Freedom to Speak Up Guardian (FSUG) with 24/7 support for staff was providing a good service with management responses and procedures to escalate issues if necessary.
- 17.6 Regarding medical workforce systems, Paul advised that the Trust prioritised the wellbeing of its medical workforce and promoted a healthy work/life balance by developing and implementing new and innovative ways of working with the use of annualised rostering having been reported positively.
- 17.7 Paul concluded his report by explaining the role of the Consultant Advisory Appointment Panels which made approximately 130 consultant appointments annually. The panels were comprised of clinical experts, Chiefs of Service, Chief/Deputy Medical Officer, CEO or other Executive member and chaired by Non-Executive Directors to ensure good and fair practice.
- 17.8 Responding to a question from Frances, Paul confirmed that the Trust had good control of its use and spend on agency staff.
- 17.9 In answer to a query from Kali, Paul advised that it was the aim to provide students with university credits in respect of the courses provided by the Trust's educational partnership with the University of Chichester

- 17.10 Replying to a further query from Kali around the appraisal of locally employed doctors, George advised that they were now part of the LFG structure and received the same amount of clinical and educational supervision and would provide the Trust with an opportunity to develop some of its own training programmes.

[Wayne Orr left the meeting]

- 17.11 The Council **RECEIVED** the People and Culture – Chair Feedback

COG/02/25/18 Company Secretary Report

- 18.1 Glen Palethorpe presented the report and drew the Council's particular attention to the latest review of the Trust's Constitution and the recommended revisions which the Council were requested to approve and recommend to the Board.
- 18.2 Glen described the recommended revisions that included the removal of gender specific references, the removal within Annex 4 of a formal deputy lead governor, making clearer certain elements of standards of behaviours and other explicit issues and an additional annex 10 providing details of where key decisions were taken in respect of the Board and its Committees.
- 18.3 It was noted that in order to make changes to the Trust's Constitution it required the approval of 50% of the Governors as well as 50% of the Trust Board.
- 18.4 Responding to a query from Frances McCabe on how Governors were involved in the appointment of a Deputy Chair and the role of the Senior Independent Director (SID) Glen advised that as members of the Nomination and Remuneration Committee the Governors would be involved in the appointment of a Deputy Chair and although the SID and Deputy Chair could be the same person, in this organisation it had been agreed that they were two separate people.
- 18.5 The Council also received an update on the RSCH Staff Governor election process, the result of which would be available on 15 March 2025.
- 18.6 Glen advised that it had been agreed that the Trust would be seeking to recruit three new Non-Executive Directors with the aim to improve the skill set. One for the role of Audit Chair to replace David Curley who would shortly be retiring from the Trust plus one to guide through transformation and another with a clinical background. Glen confirmed that role descriptions would be shared with Governors for their comments and feedback.

[post meeting note: the role descriptions were shared with the Governors and their feedback had been received and noted]

- 18.7 Finally, Glen informed the Council that the Trust would be commencing its NED appraisal process over the forthcoming months and would include the seeking of Governor feedback on the NEDs through a short questionnaire and input into a Governor set objective for each NED.
- 18.8 The Council **NOTED**:
- The progress with the Staff Governor election
 - The 2025/26 meeting cycle for the Council of Governors
 - The commencement of the NED appraisal process in March 2025
 - The agreement to recruit three new NEDs and

APPROVED and **RECOMMENDED** to the Board the revisions to the Trust Constitution.

COG/02/25/19 Any Other Business

- 19.1 George provided a brief update to the Council on the progress of the Same Day Emergency Care (SDEC) unit and the Stroke Unit at St Richard’s Hospital in Chichester. George explained that due to issues with Reinforced Autoclaved Aerated Concrete (RAAC) the plans for the SDEC unit had to be changed and was now sited in part of the Munro unit.
- 19.2 Referring to the transition of the Stroke service from Worthing to Chichester George reminded the Council that this had been the subject of a public consultation and with Chichester being the centre of excellence for stroke patients and care, would benefit all West Sussex residents. The contractor had now been appointed and discussions currently taking place around the timetable for completion.
- 19.3 Finally, George took the opportunity to commend the amazing Stroke team at Worthing Hospital who were now fully recruited and had taken steps to ensure staff morale was maintained, inclusion and delivering a high-quality service.
- 19.4 In closing the meeting, the Chair thanked everyone for their contributions and their input.

COG/02/25/18 Date and time of next meeting:
The next meeting in public of the Council of Governors is scheduled to take place at **14:00 – 16:30 on Thursday 22 May 2025**

Jan Simmons
Governor & Membership Manager
February 2025

Signed as a correct record of the meeting

.....

Chair

.....

Date

Agenda Item:	7.	Meeting:	Council of Governors in Public	Meeting Date:	22 May 2025
Report Title:	Chief Executive's Report				
Sponsoring Executive Director:	Dr George Findlay, Chief Executive				
Author(s):					
Report previously considered by and date:					
Purpose of the report:					
Information	Yes	Assurance	N/A		
Review and Discussion	N/A	Approval / Agreement	N/A		
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality	N/A	Staff confidentiality	N/A		
Patient confidentiality	N/A	Other exceptional circumstances	N/A		
Link to ICB (Integrated Care Boards) / Trust Annual Plan					
Link to ICB Annual Plan	N/A	Link to Trust Annual Plan	N/A		
Implications for Trust Strategic Themes and any link to Board Assurance Framework risks					
Patient	Yes				
Sustainability	Yes				
People	Yes				
Quality	Yes				
Systems and Partnerships	Yes				
Research and Innovation	Yes				
Link to CQC Domains:					
Safe	Yes	Effective	Yes		
Caring	Yes	Responsive	Yes		
Well-led	Yes	Use of Resources	Yes		
Regulatory / Statutory reporting requirement					
Communication and Consultation:					
N/A					
Executive Summary:					
<p>Chief Executive Report</p> <p>Since we last met, I have had the privilege of helping to judge this year's Patient First STAR Awards. Reading so many heartfelt nominations is both uplifting and inspiring, as well as a timely reminder, as another busy winter period ends, of the incredible care, commitment, and innovation taking place across the Trust all year round. I am extraordinarily proud to work with such talented, compassionate, and dedicated colleagues at University Hospitals Sussex, and it was great to engage with so many compelling accounts of people going above and beyond for our patients and each other.</p> <p>Our annual staff recognition awards always showcase the best from our people, services, and hospitals – and this year is guaranteed to be no exception. More than 1,200 nominations were made across the 12</p>					

prize categories, and so it was no easy task to determine this year's winners and runners-up. Fortunately, our large judging panel includes a wide range of Trust leaders, governors, and staff representatives to help us distil the very best from a very competitive field. Our decisions will, of course, remain top secret until the awards ceremony on Friday 13 June, but we will be announcing all this year's finalists later this month.

They will all receive an invitation to our celebration event at the Pavilion Theatre in Worthing, kindly funded by our charity, My University Hospitals Sussex. We will also be sending celebratory messages and "Congratulations" postcards to every individual and team nominated. Knowing that someone has taken the time to put them forward for special recognition is a huge boost, and I look forward to seeing all this year's celebration notices on display as I visit teams and departments across the Trust in the coming weeks and months.

Visiting teams and departments is another real highlight of my role, and something all the members of the executive team make time to do each week. I regularly post about who I've met and where I've been on our Staff Facebook page, which has grown to include nearly 3,000 members since we launched the group a couple of years ago. In addition to my regular visits to our urgent and emergency care teams and other frontline colleagues, over the past month or so I've focused on spending time with other critical patient-facing teams such as our housekeepers, portering, catering, and security colleagues.

At St Richard's, we had a good conversation about the condition of much of our estate, and it was good to update teams on the extensive refurbishment programme taking place in stages throughout the hospital, modernising our public spaces and ensuring they meet our stringent infection prevention and control measures. At the Royal Sussex County Hospital, I visited colleagues in our new CCTV Control Centre and listened to the concerns about the violence and aggression staff can face and what we can do to address it better. Sadly, this is something most public sector organisations are contending with, and so we work closely with all our partners in Sussex to ensure a consistent and more effective approach. We are also part of Sussex Police's Operation Cavell, which supports healthcare staff and aims to reduce offences against them.

Partnership working is at the heart of improving services for people in Sussex and strengthening our current relationships and generating new ones with the voluntary sector, community groups, charities, and the business community is a key component of our new Trust Strategy that we will be discussing in detail at our next public board meeting in June. A huge amount of work has been taking place in recent months to finalise the document and ensure we have the best roadmap possible to guide and support our delivery of excellent care everywhere across the Trust over the next five years. I am looking forward to our public launch of the strategy in the coming weeks, getting started on its delivery, and realising the many benefits and improvements it heralds.

Congratulations - improvements, innovation, and achievements

University Hospitals Sussex won two HSJ Partnership Awards in March, and we were highly commended in another category. Consultant neurologist professor **Dennis Chan** and clinical nurse specialists **Kate Warren** and **Anna Koniotes** won Best Pharmaceutical Partnership with the NHS as part of a national pilot to provide more accurate diagnosis of Alzheimer's disease via cerebrospinal fluid (CSF) testing. **Colleagues from Clinical Education and Practice Development** were recognised by winning the Workforce and Wellbeing Initiative of the Year for our collaboration with The Bravest Path, which provides our staff with high-quality, evidence-based programmes designed to develop courageous, compassionate, and connected leaders. And the **3Ts Programme Team** were highly commended in the Healthcare Infrastructure Project of the Year for their management of patient and staff transfers into the new Louisa Martindale Building.

Our **cancer and capital development teams** have worked incredibly hard to gain planning approval for our new Sussex Cancer Centre at Royal Sussex County Hospital and produce a scheme that can be funded

and delivered as part of Wave 1 of the New Hospitals Programme (NHP). Construction is scheduled to begin next year, and we anticipate opening the doors to patients in 2029. The new Sussex Cancer Centre will be seven times the size of our current centre and provide more inpatient beds and significantly more treatments in outpatient settings. It will also be a specialist tertiary hub for Sussex, working with all our hospitals and our partners to provide more care closer to home, and the base for a new regional cancer research partnership that will shape the future of treatment and give patients access to cutting-edge clinical trials in a new Centre of Excellence.

An 82-year-old opera singer from Lewes became the first person in the UK to receive a new type of heart valve implant thanks to a team from the Sussex Cardiac Centre at Royal Sussex County Hospital, led by consultant cardiologist professor **David Hildick-Smith**. Charles Kerry has a serious condition called severe tricuspid valve regurgitation which causes blood to flow backwards instead of away from the lungs, but thanks to a research study and the work of lead research nurse Jessica Parker to enrol him, Charles avoided risky open-heart surgery and is hopefully the first of many to benefit from transcatheter tricuspid valve replacement (TTVR). A keen walker, Charles was back home the day after surgery, walking up a steep hill the following day, and now hoping to return to the opera stage very soon.

Patients across Sussex can now access a new, cutting-edge transplant procedure to help restore sight loss for patients with a damaged cornea. Consultant ophthalmologist **Mr Mayank Nanavaty** has enabled University Hospitals Sussex to be one of only five NHS trusts in the country to offer an artificial transplant that is proving to be a life-changing, state-of-the-art alternative for some patients. The technology used in the procedure, called EndoArt, is specifically designed for centres with expertise in complex corneal transplants, such as the Sussex Eye Hospital in Brighton.

St Richard's Hospital is the first in the South of England (outside London) to offer a life-changing urology procedure that helps patients with debilitating overactive bladder issues. Sacral nerve neuromodulation (SNM) was previously only available in London, but our patients can now receive effective treatment in Sussex thanks to consultant urologist **Dr Angela Birnie**, who has led the introduction of SNM at the Trust.

A new volunteer service, A Friend in Need, successfully launched at Royal Sussex County Hospital to provide companionship and emotional support to patients and their loved ones at the end of their life. Supported by the **Friends of Brighton and Hove Hospitals**, the service has trained 13 volunteers who have already supported more than 100 patients. Speaking at the launch event in the Heritage Space at RSCH, selfless volunteers spoke of the immense privilege they felt being able to spend time with people in their final days and hours, offering a comforting presence and listening ear to those who may be alone or in need of additional support.

Fast-acting nurses and healthcare assistants have been praised by a man whose life was saved during a badminton game at Moulsecoomb Leisure Centre. Nurses **Xerxes Carticiano** and **Theresa Balmores**, and healthcare assistants **Menard Tomas** and **Carlos Balmores**, leapt into action to provide CPR when a 47-year-old man collapsed on court, banged his head, and turned blue with no pulse. Their actions saved his life, and subsequently, surgery colleagues at Royal Sussex County Hospital fitted a device that acts as a pacemaker and a defibrillator. Their patient is now recovering at home and wants to learn CPR so he can help others if needed.

Parkinson's nurse consultant **Amanda Hulejczuk** was invited to St James's Palace to celebrate 35 years since the introduction of the first Parkinson's nurse. Amanda enjoyed afternoon tea with Her Royal Highness the Duchess of Gloucester, the Chief Executive of Parkinson's UK, and 26 other Parkinson's nurses from around the country. Amanda provides an invaluable service to our patients with Parkinson's, which is the fastest-growing neurological condition in the world, and currently, there is no cure.

We wish a very well-earned and happy retirement to cancer nurse specialist **Maggie Morley**, who, at the age of 72, decided to hang up her uniform after 55 years at Worthing and Southlands hospitals. Maggie joined as a 16-year-old nursing cadet in 1969 and for more than half a century has been a devoted colleague in surgery, intensive care, and Ear, Nose, and Throat teams. For the last 20 years, she has been

a Head and Neck cancer nurse specialist, but she's not leaving us completely as she'll soon return as a volunteer!

We're installing new solar panels at St Richard's, Princess Royal, and Southlands hospitals following receipt of a £2.6 million grant from the Department for Energy Security and Net Zero. The investment not only supports our commitment to sustainability, but it will also reduce our energy bills by around £360,000 a year and enable us to redirect funds to frontline care.

Supporting our people

As described in previous reports we provide a comprehensive, broad-ranging and growing programme to provide support for colleagues across the organisation as well as thank, acknowledge, and recognise everything they do for our patients and each other. The programme covers physical, mental and financial wellbeing. Full details are available on our website at www.uhsussex.nh.uk/Wellbeing and below are some recent examples:

More than 4,500 colleagues were referred to our Staff Psychological Support Service (SPSS) over the past five years. Approximately 42% referred themselves, 43% were referred by managers, and 7% from Occupational Health. While 88% of referrals did not state a key reason, where this was stated 50% of referrals included anxiety and depression; 16% included issues relayed to work, such as work-related stress; while 4% referenced bullying, discrimination, harassment or violence. Feedback from staff about the service is positive and the data has been used to inform new Health and Wellbeing services for staff.

A new series of Lunch and Learn events started in April called "**Understanding Anxiety**". The sessions, led by a trauma-informed hypnotherapist and neuro-linguistic programming master practitioner, are designed to help colleagues understand what causes feeling of anxiety, what coping strategies they can use, as well as practical techniques designed to manage anxiety levels and address its effects.

Each month, colleagues can benefit from complimentary "**Hypnotherapy and Mini Meditation**" sessions led by a clinical solution-focused psychotherapist and hypnotherapist. The sessions include tips and techniques to help staff deal with stress and anxiety, as well as easy-to-understand explanations of the neuroscience that explains how the brain works.

Our **Crisis Support Fund** helped more than a thousand colleagues last year, with more than £204,000 provided to staff with financial wellbeing issues, thanks to our charity My University Hospitals Sussex. The money is received in the form of £50 monthly supermarket vouchers, or one-off grants of up to £500 in vouchers for unexpected or significant items of expenditure, or support for a drop in income due to unexpected circumstances. We also work with Credit Union to provide staff with personal money management support and advice and all staff applying for grants receive a follow up referral to speak with an advisor.

Support for our **trans members of staff** has also never been more important, following the recent UK Supreme Court ruling concerning the definition of 'sex' in the Equality Act 2010. The ruling does have implications for our policies concerning single-sex wards, services and facilities, for both patients and staff. In response, the NHS is reviewing its national guidance to align with the Supreme Court's interpretation and statutory guidance is expected soon from the Equality and Human Rights Commission. We are committed to delivering safe, compassionate and lawful services for all patients and staff. We acknowledge the concerns the ruling has raised, particularly for our trans colleagues and patients, as well as recognising the need for women only spaces. Our review process will be inclusive and aim to ensure there is no discrimination, while adhering to the clarified legal definitions and national guidance. We will provide further information at a future board.

Interested to find out more

If you are interested to find out more, the news section of our website provides more detail and images related to many of the achievements and initiatives referenced above. Please visit www.uhsussex.nhs.uk/news. We are also active on social media. Please join the conversation, comment, like, and share by searching for @UHSussex on your favourite platform.

We also invite people living locally to join University Hospitals Sussex as a member, volunteer in our hospitals, or to develop their career with us. With seven hospitals across Sussex and numerous satellite services, we are proud to be at the heart of the communities we serve. We wish to welcome others to our UHSussex family too. Visit www.uhsussex.nhs.uk/join-us - thank you.

Key Recommendation(s):

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

Agenda Item:	8.	Meeting:	Council of Governors	Meeting Date:	22 May 2025
Report Title:	Single Improvement Plan: Report to Council of Governors				
Sponsoring Executive Director:	Professor Catherine (Katie) Urch, Chief Medical Officer				
Author(s):	Nicole Chavaudra, Single Improvement Plan SRO				
Report previously considered by and date:					
Purpose of the report:					
Information	Yes	Assurance	Yes		
Review and Discussion	Yes	Approval / Agreement	N/A		
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality	Yes / N/A	Staff confidentiality	Yes / N/A		
Patient confidentiality	Yes / N/A	Other exceptional circumstances	Yes / N/A		
Link to ICB / Trust Annual Plan					
Link to ICB Annual Plan	Yes / N/A	Link to Trust Annual Plan	Yes / N/A		
Implications for Trust Strategic Themes and any link to Board Assurance Framework risks					
Patient	Yes	1.1 We are unable to deliver or demonstrate a continuous and sustained improvement in patient experience resulting in overall poorer patient experience and potential for adverse reputational 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 and addressing cultural gaps and reducing cultural variation			
Quality	Yes	4.1 We are unable to demonstrate compliance with regulatory and quality standards 4.2 We are unable to deliver any safe and harm free care			
Systems and Partnerships	Yes	5.2 We are unable to deliver and demonstrate consistent 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 Innovation	N/A				
Link to CQC Domains:					
Safe	Yes	Effective	Yes		
Caring	Yes	Responsive	Yes		
Well-led	Yes	Use of Resources	Yes		

Regulatory / Statutory reporting requirement
R
Communication and Consultation:
None
Executive Summary:
<p>Approved in June 2024, the Single Improvement Plan (SIP) is a fixed term plan, with associated governance, developed in response to the required undertakings.</p> <p>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.</p> <p>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. There is limited assurance against actions in some work streams which are off track, however these 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.</p>
<p>The Council of Governors is asked to:</p> <p>i. NOTE the report</p>

Report Title	Single Improvement Plan: Report to Council of Governors
Executive Sponsor	Professor Catherine Urch, Chief Medical Officer
Report Author	Nicole Chavaudra, Single Improvement Plan SRO
Date	May 2025
1. Introduction and context	
<p>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.</p> <p>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.</p> <p>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.</p> <p>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 dis-establishment and a plan for business-as-usual governance enabled.</p> <p>Reporting to the Board and to the Integrated Care Board (ICB) and NHS England (NHSE) is maintained until the ambitions of the SIP are fully assimilated into deployment arrangements for the new Trust strategy.</p>	
2. Analysis - Progress and performance over the previous reporting period	
<p>Performance against the key metrics is described in Appendix A.</p> <p>During the reporting period, the status of the work stream actions against the plan is detailed in Appendix B, and summarised as follows:</p>	

- **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 97% of all actions have been completed.
- **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 41.7%.
- **Surgery:** A surgical Operating model has been developed and proposed to the Trust Executives. Implementation of the SOM will now be completed as part of the Trust wide Target Operating Model (TOM), a new piece of work commencing Q1 25/26 that will incorporate a wider scope across more specialities in the Trust, including clinical and corporate areas.
- **Planned care and cancer:** Under focused support from GIRFT, recovery plans are in place for each speciality. The Trust is under tier 1 reporting and has delivered 117% of ERF activity – 65week wait target is expected to be achieved in July 2025 and continued improvements are being made. The faster diagnosis standard was met with current confirmed position 81.6% in March 2025. The Trust currently under Tier 1 reporting with support from the cancer alliance.
- **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. Current performance: 4-hour performance 66.9% (Mar 25) against a 78% standard. 12-hour breaches 2, 606 (Mar 25), 7.9% of attendances.
- All **maternity, EDI, specialised services** and **culture** actions are completed.

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, including UEC and clinical guidelines have established plans and governance arrangements to enable delivery. Priorities for the next reporting period are enabling further progress against outstanding ambitions and enabling assimilation of the improvement plans into the new strategy arrangements in Q1 2025/26.

3. Recommendations

It is recommended that the Council of Governors:

- NOTE the content of the report.

Agenda Item:	9.	Meeting:	Council of Governors	Meeting Date:	22 May 2025
Report Title:	Lead Governor's Report				
Sponsoring Executive Director:	Lindy Tomsett, Lead Governor				
Author(s):	Lindy Tomsett, Lead Governor				
Report previously considered by and date:					
Purpose of the report:					
Information	Yes	Assurance	N/A		
Review and Discussion	N/A	Approval / Agreement	N/A		
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality	N/A	Staff confidentiality	N/A		
Patient confidentiality	N/A	Other exceptional circumstances	N/A		
Link to ICB / Trust Annual Plan					
Link to ICB Annual Plan	N/A	Link to Trust Annual Plan	N/A		
Implications for Trust Strategic Themes and any link to Board Assurance Framework risks					
Sustainability	N/A				
People	N/A				
Patient & Quality	N/A				
Systems and Partnerships	N/A				
Research and Innovation	N/A				
Link to CQC Domains:					
Safe	N/A	Effective	N/A		
Caring	N/A	Responsive	N/A		
Well-led	Yes	Use of Resources	N/A		
Regulatory / Statutory reporting requirement					
Communication and Consultation:					
Executive Summary:					
This report provides the Council with an update of activities up to May 2025					
Key Recommendation(s):					
The Council is asked to NOTE this report.					

Lead Governor Report 22 May 2025

Firstly, I would like to start by welcoming our new Staff Governor 'Zingy' from the Royal Sussex County Hospital site. We have already had some meetings which has given Zingy the opportunity to meet several of the other Governors.

Since my last report 3 months ago, it has been announced by the government their intention to move NHS England into the Department of Health and Social Care. Obviously, it is too soon to say how it may impact on the Trust and the role of Governors but we will be watching this closely. Despite the external disruption the Trust continues to move forward with ambitious plans within its tight financial restraints focusing on performance and delivery.

The Governors have received several very interesting briefings this quarter. Firstly, from the CEO regarding the Trust's strategy and how the 'Big Conversation' helped to shape the Trust's future strategy for 2025-30 looking at the Trust's current weaknesses, strengths and ambitions acknowledging not every site can do everything, so this strategy is focussing on developing 'Centres of Excellence' at appropriate sites, and the Governors agree wholeheartedly with this strategy.

Secondly a briefing on the new Cancer Centre at Brighton which is the 2nd stage of the three T's development, which is planned to open in 2029 was very impressive.

The briefing from the Charitable Trust Director Steve Crump was exceptionally valuable giving the Governors a well presented talk on how it works and its on going ambitions to grow charitable donations from a variety of events and shows and how the Chairty has supported the Trust by being able to bring forward the purchases of a variety of equipment across all of the sites. It was particularly impressive to hear that they have signed a contract with the BBC programme 'OUCH'. A children's comedy series on the human body that helps children understand about hospital experiences and the plan is to have children's areas decorated and use this interaction via TV screens to make their hospital visits more enjoyable and reduce their anxiety about their attendance and stay with the Trust. The Governors were very impressed with the initiative plans that the charity pursues and the alignment of this work with the Trust's developing Strategy.

The Governors have been very active on several other fronts over the quarter. They have been involved with Developmental Well Led Review and have had two sessions as a focus group where their thoughts and opinions were sought on various topics relating to the Trust and how it operates. This review, which is being undertaken by 'NICHE', has been commissioned by the Trust to review its performance and they will report back in the autumn.

We have also been actively involved with constructing an objective for the Chair and the NEDs for the coming year. Through these objectives we are aiming to gain a greater understanding of their roles via feed back from them and also lead to an increased ability to appraise each person individually which is one of the Governors constitutional roles.

We also continue to have regular meetings with the NEDs to allow them to discuss with the Governors their particular committee roles and to give any feed back from these committees to keep the Governors informed of their activities, these complement the routine reporting to the Council.

Several Governors have been on the judging panel for the Star Awards nominations. This is a very humbling experience as there are so many worthy nominations and just demonstrates how superb the staff are and how they tirelessly strive to give the patients excellent care despite the pressure on the service which is severe at times.

Lastly the Governors will be actively involved with the appointment of three new NEDs, which begins in a few days time. They will have the opportunity to meet the prospective candidates to discuss and question why they wish to become a NED for UHSussex, which will culminate with a few Governors being on the final interview panel to make a decision on which candidate is the best to join the Trust Board.

And finally:

I was invited to the UK Customer Satisfaction Awards 2025 as part of the recognition UHSussex had achieved through its welcome standards work, and although we didn't win an award it was an enormous achievement for the Trust to have reached the final and is testament to how the Trust is focusing on making sure patients feel well cared for when they are receiving treatment to have been nominated for entry to this prestigious event.

Agenda Item:	12	Meeting:	Council of Governors	Meeting Date:	22 May 2025
Report Title:	Report from Patient Experience & Wider Engagement Committee Meeting Chair				
Responsible Governor:	Frances McCabe, Public Governor, Brighton & Hove				
Author(s):	Jan Simmons, Governor & Membership Manager				
Report previously considered by and date:	N/A				
Purpose of the report:					
Information	Yes	Assurance	Yes		
Review and Discussion	N/A	Approval / Agreement	N/A		
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality	N/A	Staff confidentiality	N/A		
Patient confidentiality	N/A	Other exceptional circumstances	N/A		
Link to ICB / Trust Annual Plan					
Link to ICB Annual Plan	N/A	Link to Trust Annual Plan	N/A		
Implications for Trust Strategic Themes and any link to Board Assurance Framework risks					
Patient	Yes				
Sustainability	N/A				
People	N/A				
Quality	Yes				
Systems and Partnerships	N/A				
Research and Innovation	Yes				
Link to CQC Domains:					
Safe	Yes	Effective	Yes		
Caring	Yes	Responsive	Yes		
Well-led	Yes	Use of Resources	N/A		
Regulatory / Statutory reporting requirement					
Communication and Consultation:					
Executive Summary:					
<p>The Patient Experience and Wider Engagement Committee met on 13 March 2025. The meeting was quorate with at least ten Governors being present, five of which were publicly elected, one staff member, a member of the Patient Experience Team and a member of the Communications Team.</p> <p><u>Mental Health Update</u> The Committee received an update on the Enhanced Care Support Workers (ECSW) initiative, highlighting positive patient experiences, staff feedback, and the impact on patient safety incidents.</p> <p><u>Research Activities Aligned to Patient Experience</u> The Clinical Director, Research and Innovation provided a presentation and update on research activities, emphasising patient and staff participation, and the development of Divisional Leads for research.</p> <p><u>Membership and Engagement Update</u> The Governor and Membership Manager gave an update on membership and engagement activities, including recent events and efforts to recruit new members.</p>					

Governor Feedback / Contact with Public

There was no feedback received from the Governors relating to contact with the public.

Stakeholder Feedback

Alison Waters provided an update on the ICB engagement activities, including work on neurodivergence, the NHS 10-year plan, and integrated community teams.

Healthwatch Update

The Company Secretary shared an update from Healthwatch.

Patient Experience Quarter 3 Report

The Committee noted the Trust’s Quarter 3 Patient Experience Report and received an update from the Director of Patient Experience, Strategy & Improvement on the patient experience metrics, including satisfaction rates and complaints.

Key Recommendation(s):

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



COMMITTEE HIGHLIGHTS REPORT TO COUNCIL

Meeting:	Patient Experience & Wider Engagement Committee	Meeting Date:	13 March 2025	Chair:	Frances McCabe	Quorate: Yes
Declarations of Interest Made						
There were no declarations of interest made.						
Assurances received at the Committee meeting						
<p>Mental Health Update</p> <p>The Committee RECEIVED an update from the Deputy Chief Nurse for Quality and the Head of Nursing for Mental Health on the Enhanced Care Support Workers (ECSW) initiative and the positive impact it had on patient experiences. Patients felt more engaged and supported and participated in activities which helped build trust and improve patient well-being.</p> <p>Feedback received had reported that support workers had described their roles as fulfilling and rewarding, but the importance of supporting them through development days and safeguarding training was recognised.</p> <p>The Committee noted a reduction in patient safety incidents since the introduction of the support workers and understood that their presence had led to fewer incidents of violence and aggression, particularly in emergency departments and wards and attributed this improvement to their ability to engage with patients and provide appropriate support during times of distress.</p> <p>The Committee further noted that data had shown a significant reduction in the length of stay for mental health patients in the emergency department. This had been attributed to various factors including the presence of support workers, better patient engagement and improved flow management by Sussex Partnership Trust.</p> <p>With regard to mental health issues in maternity, the team were working on providing appropriate support and training to staff. This included making necessary medications available and ensuring that staff were equipped to handle mental health concerns in maternity settings.</p> <p>Research Activities Aligned to Patient Experience</p> <p>The Committee RECEIVED a presentation from the Clinical Director for Research and Innovation that focussed on patient and staff participation and the development of Divisional Leads for research within the Trust responsible for promoting and coordinating research activities.</p> <p>The Committee was informed that almost 4000 patients had participated in research over the past nine months, with the focus on interventional studies that offered new treatments and diagnostics and highlighted the diverse range of specialties involved in research including cancer, cardiovascular disease, surgery, and paediatrics.</p> <p>The Committee heard about the role of research champions and ambassadors and noted the need to promote awareness and participation in research opportunities and to engage with the public.</p> <p>Membership and Engagement Update</p> <p>The Committee RECEIVED an update on the membership engagement activities, noting that the Trust was above its minimum requirements for membership in each of its constituencies and was continuing to engage members via emails and Newsletters.</p>						

The Committee was informed that 23 new members had recently been recruited when attending the Adur Health Fayre with the next opportunity to recruit new members being at the Chichester Pride event in May 2025.

The membership database continued to be used to send members information on the Council of Governors' meetings, the Trust's winter Newsletter, to request participation in the Visiting survey and to invite them to the next Expert Talk given by Mr Thomas Crompton, Orthopaedic Surgeon and Surgeon Commander in the Royal Navy entitled Life Aboard HMS Queen Elizabeth as part of the Medical Team.

Governors would be provided with appropriate materials that would enable them to recruit new members from the community and personal contacts.

Governor feedback / Contact with Public

On this occasion there was no feedback received from the Governors relating to contact with the public.

Stakeholder Feedback

The Committee welcomed the attendance of the Working with People and Communities Manager from the ICB at the meeting and the update on their engagement activities, including work on neurodivergence, the NHS 10-year plan and the work of the integrated community teams.

Engagement in April had been focussed on working closely with integrated community teams in relation to their priorities for service pathways whilst the work of the ICB this year to date had been in relation to the NHS 10-year plan that had involved engagement with communities across Sussex.

The Committee **NOTED** that the ICB would welcome involvement from the Governors in their engagement events and that many of the initiatives and events could be found on the Go Vocal community platform.

Healthwatch Update

The Company Secretary shared an update, which had been provided by Healthwatch, highlighting their engagement with the Trust, concerns about mental health patients in emergency departments, and their involvement in the ICS Quality and Patient Experience Committee.

Patient Experience Quarter 3 Report

The Committee **RECEIVED** the highlights of the Patient Experience Q3 report noting that, based on 30,000 responses, 89.2% of patients were satisfied that they had a good or very good experience and was comparable to each quarter throughout 2023/24 and Q1 and Q2 2024/25.

The Director of Patient Experience, Strategy & Improvement had informed the Committee that 325 complaints had been received in Q3. This was a drop following a continued increase in complaints received over seven quarters, with the main drivers of complaints and PALS being waiting list issues, appointments, staff attitude and behaviour, clinical care and discharge.

The Committee was informed that the results of the national maternity survey 2024 had been published and had shown positive progress in the delivery of high quality, safe maternity care.

A new visiting policy was soon to be introduced. It had received wide engagement locally, including workshops in hospitals and surveys with staff and public members resulting in a proposal for new visiting hours of 10am – 8pm with flexibility outside of these hours if required to meet patient need.

Deep Dive Meeting

Subsequent to the Committee meeting, members received a Deep Dive into the three-year strategy of the Trust's My Charity during which the Director of Charities & Voluntary Services explained the background to the merger of the legacy charities in 2022, the strategic priorities for 2025-2028, how it aligned with the Trust's strategy, its fundraising plans and a financial overview of fundraising.

Actions taken by the Committee within its Terms of Reference
The Committee did not take any specific decisions at this meeting other than the approval of the previous minutes.
Items to come back to Committee / Group (Items Committee / Group keeping an eye on)
<p>Frailty To be the subject of a presentation by Prof. Kate Galvin at the next meeting.</p> <p>Discharge Processes To note progress post winter and CoG discussion</p> <p>The new Visiting Policy To review the impact of the new policy</p> <p>Q4 Patient Experience Report To note progress</p>
Items referred to the Board or another Committee for decision or action
The Council is asked to NOTE that there were no matters from this meeting that were referred to the Council for decision or action.

Agenda Item:	15	Meeting:	Council of Governors	Meeting Date:	22 May 2025
Report Title:	Company Secretary Report				
Author(s):	Glen Palethorpe – Company Secretary (acting H&S Committee chair)				
Purpose of the report: (indicate as appropriate)	For Decision	For Assurance	For discussion	For Information only	
	N/A	N/A	N/A	Yes for awareness of election timetable	
Reason for not being taken in public (indicate as appropriate)	Commercial confidentiality	Staff confidentiality	Patient confidentiality	Other exceptional circumstances (please detail)	
	N/A	N/A	N/A	N/A	
Regulatory Reporting Requirement		Governors serve a term of 3 years and to maintain an effective council the Trust ensures there is an efficient election process to fill seats where the terms of office are ending.			
Summary of the report describing What (summary of current position / issue & why it matters and evidence to support that position etc)		Governor Elections <u>Public Governors</u> The Trust is undertaking elections for four positions, these being for the constituencies of Arun, Adur, Chichester and Worthing. Nominations for these positions were required to be made by 17.00 on the 2 May. We received 3 nominations for Arun and therefor this position will go out to vote with the voting closing on 18 June 2025. We received one nomination for Adur, this being from John Todd who is currently the elected governor for this position. Therefore, John will continue for a further term of three years, noting this will be his last term as constitutionally any governor can only serve a series of three terms continuously. Unfortunately, we received no nominations for the Chichester and Worthing positions. <u>Appointed Governors</u> The Trust has been informed that Kate Galvin will be retiring as the appointed governor from the universities that make up the Brighton and Sussex Medical School. Kate has served as appointed governor since 1 April 2017. Angela Glynn has been nominated for this position. Angela is the Dean of the School Education, Sport and Health Sciences spanning all health professions including radiography and paramedic and we have links to pharmacy in the School of Science and Technology for the University of Brighton. The Trust expects to receive confirmation from Brighton and Hove City Council shortly as to who their nominated governor will be following the retirement of Councillor Bruno De Oliveria. So What (provide meaningful analysis drawing			
		Whilst the Council will have two vacancies within its public constituencies, once Brighton and Hove have confirmed their appointed governor the Council will have			

<p>out as appropriate implications against Trust Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these)</p> <p>What Next (summary of intended action and benefits supporting the choices and recommendation(s)being made)</p>	<p>19 of its 21 positions filled so will be able to function and take decisions within its quoracy rules.</p> <p>The Trust has sought feedback from Civica who are running the elections to secure any insight they may have as to the lack of nominations. They have said the process followed was sound, the opportunity for prospective candidates to speak to us was helpful so we are unsure why there had been no nominations, although they did say that they had noticed a reduction in interest in being a governor nationally.</p> <p>We shall be running further elections for positions where terms of office end in March OR June 2026 and our intention is to seek nominations for these two vacant positions as this time.</p>						
<p>Recommendation (linked to What Next section)</p>	<p>The Council is asked to note the update on the election process, to welcome John Todd as a returning governor for Adur and to note that thanks have been conveyed to Pauline Constable who is retiring as elected governor for Worthing</p> <p>The Council is also asked to note the change of appointed governor from the Universities that make up the Brighton and Sussex Medical school from Kate Galvin to Angela Glynn. Again, noting that thanks have been conveyed to Kate for all her support to the Council.</p>						
<p>Assurance / Scrutiny route already undertaken (please explain where matter previously considered, and assurance provided)</p>	<p>Not applicable</p>						
<p>Link to Trust Strategy (note which theme)</p>	<p>Care</p> <p>Yes</p>	<p>People</p> <p>Yes</p>	<p>Future</p> <p>Yes</p>	<p>Communities</p> <p>Yes</p>	<p>One UHSussex</p> <p>Yes</p>	<p>Culture</p> <p>Yes</p>	
<p>Link to annual delivery plan</p>	<p>The Governors help to shape the Trust’s Strategy and thus the annual delivery plan</p>						
<p>Link to BAF (explain which BAF risks this matter impacts on and what the impact is change in score/ change in assurance profile etc)</p>	<p>Not directly</p>						
<p>Link to CQC domain</p>	<p>Safe</p> <p>Yes</p>	<p>Caring</p> <p>N/A</p>	<p>Effective</p> <p>N/A</p>	<p>Responsive</p> <p>N/A</p>	<p>Well-led</p> <p>Yes</p>	<p>Use of Resources</p> <p>N/A</p>	
<p>Other impacts</p>	<p>Equality and Diversity (if yes has HEIA completed)</p> <p>N/A</p>		<p>Environmental</p> <p>N/A</p>		<p>Legal</p> <p>Yes</p>	<p>External Registrations (if yes please indicate which)</p> <p>The Trust is required to maintain an effective council of governors (FT Code of Governance / FT Licence)</p>	