

## Meeting of the Council of Governors

14:00 – 17:00 on Thursday 19 February 2026

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

### AGENDA – MEETING IN PUBLIC

Item 1	Time: 14:00	<b>Welcome and Apologies for Absence</b> To note	Verbal	Presenter: Chair Philippa Slinger
Item 2	14:00	<b>Quoracy of Council of Governors Meetings</b>	Verbal	Presenter: Chair Philippa Slinger
<p><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></p>				
Item 3	14:00	<b>Declarations of Interests</b> To note and agree any required actions	Verbal	Presenter: All
Item 4	14.05	<b>Minutes of Council of Governors Meeting in PUBLIC held on 20 November 2025</b> To approve	Enclosure	Presenter: Chair Philippa Slinger
Item 5	14.05	<b>Matters Arising from the Minutes</b> None	N/A	Presenter: Chair Philippa Slinger
Item 6	14.15	<b>Questions from the Public</b> To receive and respond to questions submitted by the public at least 48 hours in advance of the meeting.	Verbal	Presenter: Chair Philippa Slinger
Item 7	14:25	<b>Chief Executive Report to Council</b> To receive and agree any necessary actions	Enclosure	Presenter: Dr Andy Heeps

Item 8	14.45	<b>Lead Governor's Report</b> To receive and agree any necessary actions	Enclosure	Presenter: Lindy Tomsett Lead Governor
Item 9	14:50	<b>Public Governors' Engagement Activities Update</b> To receive and agree any necessary actions. These Governors would like to give an update:	Verbal	Presenter: Those public Governors in attendance
Item 10	15:30	<b>Staff Governors' Update</b> To receive and agree any necessary actions.	Verbal	Presenter: Zingy Thetho
Item 11	15:45	<b>Report from the Patient Experience &amp; Wider Engagement Committee Meeting held on 11 December 2025 and deep dive on 22 January 2026</b> To note	Enclosure	Frances McCabe
Item 12	16:00	<b>Appointed Governors' Update</b> <ul style="list-style-type: none"> <li>• Brighton &amp; Hove City Council</li> <li>• Inclusion Groups</li> <li>• University of Brighton</li> <li>• West Sussex County Council</li> <li>• Voluntary Sector - Age UK</li> </ul> To receive and agree any necessary actions	Verbal	Presenter: Those appointed Governors in attendance
<b><u>OTHER ITEMS</u></b>				
Item 13	16.25	<b>Research, Innovation &amp; Digital Committee Chair Feedback</b>  To receive and agree any necessary actions	Verbal	Presenter: Jackie Cassell
Item 14	16.45	<b>Company Secretary Report</b> To note	Enclosure	Presenter: Glen Palethorpe
Item 15	16.55	<b>Any Other Business</b> To receive and action	Verbal	Presenter: Chair Philippa Slinger
Item 16	17:00	<b>Date and time of next meeting:</b> The next meeting in public of the Council of Governors is scheduled to take place on <b>Thursday 28 May 2026. Times 2pm to 5pm</b>	Verbal	Presenter: Chair Philippa Slinger

# Minutes



University Hospitals Sussex

NHS Foundation Trust

**Minutes of the Council of Governors meeting held in PUBLIC at 14.00 on Thursday 20 November 2025 in the Boardroom, Trust HQ, 2<sup>nd</sup> Floor, Washington Suite, Worthing Hospital, Lyndhurst Road, Worthing, BN11 2DH and virtually via Microsoft Teams Live Broadcast.**

Philippa Slinger	Chair
Dr Andy Heeps	Chief Executive Officer (Interim)
Jonathan Reid	Chief Finance Officer
David Grantham	Chief People Officer
Michelle Arrowsmith	Chief Corporate Affairs Officer (Interim)
Professor Paul Layzell CBE	Non-Executive Director
Lucy Bloem	Non-Executive Director
Jackie Cassell	Non-Executive Director
Mike Driver	Non-Executive Director
Philip Hogan	Non-Executive Director
Bindesh Shah	Non-Executive Director
Kate Steadman	Non-Executive Director
Lindy Tomsett	Public Governor – Chichester (Lead)
John Todd	Public Governor – Adur
Yvonne Price	Public Governor – Arun
Frances McCabe	Public Governor – Brighton & Hove
Joanne Richardson	Public Governor – Horsham
Doug Hunt	Public Governor – Mid Sussex
Tomasz Makola	Staff Governor – St Richard's Hospital
Zingy Thetho	Staff Governor – Royal Sussex County Hospital
Cheryl Giles	Staff Governor – Worthing Hospital
Dr Angela Glynn	Appointed Governor – University of Brighton
Varadarajan Kalidasan	Appointed Governor – Trust Inclusion Groups

**In Attendance:**

Glen Palethorpe	Company Secretary
Ben Smith	Deputy Company Secretary
Nadia Shannon	Governor and Membership Assistant Manager

COG/11/25/1	Welcome and Apologies for Absence	ACTION
1.1	The Chair, Philippa Slinger, welcomed new Cllr Mitchie Alexander, Appointed Governor, Brighton & Hove City, Michelle Arrowsmith, Interim Chief Corporate Affairs Officer, Cheryl Giles, Staff Governor, all those present and those watching online to the meeting.	
1.2	Philippa then noted the following apologies that had been received.  <b>Executives:</b> Katie Urch, Chief Medical Officer, Dr Maggie Davies, Chief Nurse Nigel Kee, Interim Chief Operating Officer and Roxanne Smith, Chief Strategy Officer.	
1.3	<b>Governors:</b> Alex Leaney, Public Governor – Brighton & Hove, Patrica Percival Public Governor, East Sussex & Out of Area, Colin Holden, Public Governor, Mid Sussex, Cllr Mitchie Alexander, Appointed Governor, Brighton & Hove City Council, Helen Rice, Appointed Governor, Voluntary Sector, Cllr Alison Cooper, Appointed Governor, West Sussex County Council and Miranda Jose, Staff Governor – Peripatetic.	
1.4	<b>Non-Executive Directors:</b> Gordon Ferns and Wayne Orr.	

**COG/11/25/2 Quoracy of Council of Governors Meetings**

- 2.1 The meeting was quorate with more than half of all Governors in attendance and at least six of those present being publicly elected Governors.

**COG/11/25/3 Declarations of Interests**

- 3.1 There were no interests declared.

**COG/11/25/4 Minutes of Council of Governors Meeting in PUBLIC held on 21 August 2025**

- 4.1 The minutes of the meeting held in Public on 21 August 2025 were **APPROVED** as a correct record.

**COG/11/25/5 Minutes of Council of Governors Meeting in PRIVATE held on 21 August 2025**

- 5.1 The minutes of the meeting held in Public on 21 August 2025 were **APPROVED** as a correct record.

**COG/11/25/6 Minutes of Council of Governors Meeting in PUBLIC (AGM) held on 30 September 2025**

- 6.1 The minutes of the meeting held in Public on 30 September 2025 were **APPROVED** as a correct record.

**COG/11/25/7 Matters Arising from the Minutes**

- 7.1 There were no matters arising from the minutes of the previous meeting.
- 7.2 Frances McCabe asked if there was an update on item 8.6 from the minutes of 21 August 2025 Governors regarding a meeting for the Brighton Emergency Support Group. It was noted that Glen would seek confirmation if a meeting had been scheduled.
- 7.3 Frances asked for an update on item 9.15 from the minutes of 21 August 2025 regarding the pilot scheme on Artificial Intelligence (AI) at Chelsea & Westminster Hospital, specifically in relation to the discharge process. Andy Heeps acknowledged the strong interest among staff in AI and confirmed that a staff briefing would be arranged in the future, with Governors invited to attend.
- 7.4 In relation to Item 11.6 from the previous minutes of 21 August 2025, Doug Hunt queried if the Patient Experience Assistant Director for Strategy & Improvement had met with Governors who participate in Patient-Led Assessment of Care (PLACE) audits and peer reviews. It was noted that Glen would investigate and feedback to Governors.

**COG/11/25/8 Questions from the Public**

- 8.1 The Chair acknowledged that the Council of Governors had received a question from a member of the public in advance of the meeting.
- 8.2 The Council **NOTED** the question received by the member of the public and agreed that the detailed response would be provided individually and that the answer to the question would be placed on the Trust's website.

- 8.3 Andy Heeps shared further information that the Trust would start to reuse clinical consumables for training within the Trust with a view to inviting Community partners to participate in this sustainable project.

**COG/11/25/9 Chief Executive Report to Council**

- 9.1 Andy presented the Chief Executive Report to the Council.
- 9.2 The Council was updated on the new Trust Strategy, “*Excellent Care Everywhere*,” which had received positive feedback from staff. The strategy focused on bringing staff and patients together to achieve shorter waiting times, improve emergency care, and better integration of planned care to support personalised patient experiences.
- 9.3 Andy informed the Council that, to support this strategy, the Trust would invest £350 million in facilities and clinical services, alongside a £100 million digital transformation programme. Additionally, input from 1,200 staff members through the “Big Conversation” would help shape the approach. Andy confirmed that feedback from the Big Conversation, combined with involvement from the Executive Team and the Strategy & Major Projects Committee, would contribute to a detailed delivery plan, which would be presented at a future Council of Governors meeting.
- 9.4 Andy reported that the Trust had pleaded guilty to a single CQC prosecution charge concerning the death of Ellame Ford-Dunn, which was related to the the Missing Persons Policy following a tragic incident in 2022. The Trust was awaiting judgment on the case outcome. He emphasised that policy and training improvements had been made, with a commitment to strengthening mental health care pathways, and that delivering appropriate mental health treatment remained a significant challenge.
- 9.5 The Council was advised that the Trust was one of fourteen organisations participating in a National Maternity and Neonatal Review, scheduled for 20–21 January 2026. This review will include a visit from Baroness Amos and would focus on addressing systemic challenges in maternity safety.
- 9.6 Andy was pleased that the Trust would now highlight having one of the lowest perinatal mortality rates in the country and how the Trust had stabilised its maternity staffing since the 2021 CQC judgement.
- 9.7 Andy advised that the Care Quality Commission (CQC) had inspected all four maternity sites, and publication of the outcomes were awaited. The Council’s attention was drawn to the achievement of the staff involved who had recognised that change was needed and had made significant improvements to the maternity services since the last CQC report.
- 9.8 Andy highlighted that Urgent Treatment Centres (UTC) were now open at Worthing and St Richard’s Hospitals with a view to using the vacant spaces for a new Same Day Emergency Care (SDEC) service.
- 9.9 The Council was informed that the process to start the opening of the Acute Medical Unit (AMC) had begun at the Royal Sussex County Hospital (RSCH) which Andy stated would transform the Emergency Department at RSCH.
- 9.10 Andy reflected on the recent Resident Doctor’s industrial action and commented that patient flow had shown an improvement, even with the industrial action. Andy suggested that workforce should explore this

improvement to help both staff and patients as part of the Year 1 Strategy Delivery Plan.

- 9.11 In response to Jackie Cassell's question regarding Hospital Alternative Oversight Programme (HALO) cross-system metrics. Andy reported that at a recent meeting, system partners had agreed to collaborate and outlined the HALO process, emphasising the significance of this pilot. He recommended that this item be included on the agenda for the next Board meeting.
- 9.12 Paul Layzell asked whether there was resource available to help identify and use reusable space within the Trust. Jonathan Reid explained that the Trust, with support from the ICB, was developing a process to map these areas and turn the information into a practical tool. Andy shared an example of recently repurposed space within the Trust and highlighted the importance of having visibility of available areas for future use.
- 9.13 Frances asked about the policy in UTC for patients with additional needs, such as mental health concerns, who may not wish to wait. Andy explained that it was essential to have trained staff and security who understood the clear limitations around restraining individuals.
- 9.14 The Council **RECEIVED** the Interim Chief Executive Officer's Report.

#### **COG/11/25/10 Lead Governor's Report**

- 10.1 Lindy Tomsett delivered the Lead Governor's report to the Council of Governors
- 10.2 Lindy advised the Council that Governors had attended the official openings of the UTC at Worthing Hospital and the Same Day Emergency Centre at St Richard's Hospital.
- 10.3 Lindy was pleased to share that three Governors had participated in a recruitment activity during the University of Chichester Fresher's Week, resulting in 23 new Trust members. Lindy commented that engagement with students was positive and provided an opportunity to explain the Trust's aims and the role of Governors.
- 10.4 The Council was informed that Frances McCabe, Chair of Patient Experience & Wider Engagement Committee (PEWEC), was leading a project to improve Discharge Lounges for patient and staff satisfaction.
- 10.5 Lindy advised that work was underway to enhance Governors' public engagement and membership recruitment, increase collaboration with Patient Participation Groups and local stakeholders, which should improve contact with the Non-Executive Directors (NEDs).
- 10.6 Lindy confirmed that the process for selecting a new CEO had commenced, with Governors' involvement in candidate engagement and final interviews.
- 10.7 The Chair asked how the Trust could better engage younger voices. Lindy suggested a student session at Chichester University to answer questions about Trust membership which would allow students to share their views on future services.
- 10.8 The Chair proposed that, following a discussion with Tim Taylor, Director of Women & Children's Services, a performance update would be provided at a future Public Board meeting.

- 10.9 The Committee discussed student placements within the Trust and the importance of capturing feedback from students as both patients and service users.
- 10.10 Paul Layzell suggested increasing public education on the transition from young person to adult NHS service user and recommended utilising support from the ICB.
- 10.11 Jackie noted that there was currently no single service dedicated to young people that brought all relevant services together. It was recommended that the ICB should be asked to investigate this.
- 10.12 Mike Driver commented that Parliament offered junior parliamentary placements, which could provide valuable engagement and diversity of perspective. He advocated exploring similar opportunities within the Trust, such as associate Governor roles or feedback initiatives.
- 10.13 The Chair acknowledged that there was much work needed to ensure the voice of children and young people was heard in the Trust. A future Board item will be the scale, extent and performance of our own children's services.
- 10.14 The Council **RECEIVED** the Lead Governors report.

**COG/11/25/11 Public Governor's Update**

- 11.1 The Council **NOTED** there were no Public Governors' updates.

**COG/11/25/12 Staff Governors' Update**

- 12.1 Tomaz Makola shared with the Council that the (SDEC) unit at St Richard's Hospital opened on 31 October, improving same-day diagnosis and treatment and had reduced overnight stays. The Royal Sussex County Hospital would soon open its Acute Medical Unit (AMU) and SDEC to improve patient flow and to bypass the Emergency Department (ED). The Helideck at Royal Sussex was scheduled to go live early 2026, which should reduce time to treatment for major trauma patients.
- 12.2 Tomaz explained the rollout of a new AI chest X-ray tool (Annalise.Ai) that had been expanded to A&E and inpatient areas across all sites which should support early lung cancer detection.
- 12.3 Staff Governors acknowledged that staff voices had been central to the CEO recruitment process, and that Staff Governors had actively encouraged participation. They also reported the launch of the Communications and Engagement Panel, which would provide opportunities for staff to share feedback through surveys, workshops, and focus groups.
- 12.4 On behalf of Staff Governors Tomasz commented to the Council that the Everyday Stars initiative had been launched to recognise colleagues' contributions. They highlighted the success of the All-Staff Conference 2025, which introduced the new Trust Strategy, *Excellent Care Everywhere* and the success of the October Education Month which had offered over one hundred learning possibilities to staff.
- 12.5 Staff Governors noted the new Trust Strategy for 2025–2030 Excellent Care Everywhere and thanked staff who had contributed through the Big Conversation with their feedback.

12.6 The Council **NOTED** the Staff Governors Update.

**COG/11/25/13 Report from the Patient Experience & Wider Engagement Committee Meeting held on 25 September 2025**

- 13.1 Frances presented an update on the Patient Engagement and Experience Committee meeting held on 25 September 2025.
- 13.2 The PEWEC Committee had highlighted the Role of Young People in shaping the Strategy and Services and had explored initiatives to involve young people in NHS governance and career pathways. Suggestions included were to form a working group and review membership age restrictions.
- 13.3 Frances advised that since the last meeting more work had been conducted for the Discharge Lounge project to gather patient feedback on discharge lounge experiences and that it could change the focus of how the plan would be expedited.
- 13.4 Frances was pleased to update the Council on recent work to strengthen the role of Governors, which included hosting listening events and planning a deep dive session to enhance engagement strategies. Glen informed the Council that a Governor Photo Board would be created, along with flyers featuring Governors' photographs and information on Trust Membership, to raise awareness of the Governors' role and encourage membership applications.
- 13.5 Frances acknowledged that a question raised by the Council of Governors on 21 August 2025 regarding experiencing unconscious bias from healthcare providers had been addressed at the previous meeting. She confirmed that further work on this issue was continuing and was being led by the Director of Clinical Outcomes & Effectiveness. In response to Kali's question regarding issues with ethnicity data reporting, Andy confirmed that there had been a problem when the information was first collated. He advised that work to resolve this was still ongoing.
- 13.6 Lucy Bloem noted that discharge processes varied across sites and asked if work was being undertaken to ensure consistency. Andy agreed that there were differences between discharge sites and confirmed that an external company were supporting process improvements as part of the Urgent and Emergency Care (UEC) improvement programme.
- 13.7 Philippa was pleased to acknowledge the outstanding work in a pilot scheme on Same Day Same Care Frailty Unit at St Richard's Hospital. She highlighted how this initiative had transformed patient care and significantly improved the efficiency of the Emergency Department.
- 13.8 The Council **RECEIVED** the Report from the Patient Experience & Wider Engagement Committee Meeting held on 25 September 2025.

**COG/11/25/14 Appointed Governors' Update**

- 14.1 **Brighton & Hove City Council**
- 14.2 This item was deferred as no representative was present at the meeting.
- 14.3 **Inclusion Groups**

14.4 Varadarajan Kalidasan (Kali) reported that the NHS Race & Health Observatory had expressed an interest in attending a future meeting of the Trust Board and the Council of Governors. The purpose of the visit would be to present their role and discuss how they could support the organisation.

14.5 **West Sussex County Council**

14.6 This item was deferred as no representative was present at the meeting

14.7 **University of Brighton**

14.8 Angela Glynn highlighted that qualified graduates had been facing challenges in securing employment and confirmed that the college was providing support. She expressed her thanks to the UHSussex education team for their assistance.

14.9 Angela also noted that the nursing programme was currently under review, with stakeholder engagement already underway.

14.10 Angela advised that the University of Brighton's midwifery training programme was being reviewed to ensure compliance with all national nursing and midwifery standards.

14.11 **Voluntary Sector - Age UK**

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

14.13 The Council **NOTED** the updates from the Appointed Governors.

**COG/11/25/15 Finance & Performance Committee - Chair Feedback**

15.1 Philip Hogan gave a presentation on the Finance and Performance Committee's role, function, and outputs.

15.2 Philip provided an overview of the structure of the Finance and Performance Committee. He explained that the Committee was responsible for delivering the financial plan, cash flow, capital plan, and efficiency programme, alongside oversight of performance in key areas including Urgent and Emergency Care, Elective Waiting Lists (RTT), Diagnostics, and Cancer. The Committee also addresses updates from the Integrated Care System (ICS) and NHS England.

15.3 The Council was informed that the function of the Committee provided oversight, scrutiny, and challenged on finance and performance, reviews and evaluated investment proposals, specific and assurance items.

15.4 Philip explained that a significant amount of work went into preparation of how the information and data was presented at Committee meetings. He demonstrated how strategic risks were scored within the framework and provided examples of the scoring process.

15.5 Philip was pleased to report that Trust performance was currently on track as of month 7. However, he acknowledged that challenges were expected in the final four months of the year as additional efficiency programmes commence alongside the management of identified risks.

- 15.6 Operational performance on waiting lists had improved for RTT and Diagnostics, although further progress was still required in Urgent and Emergency Care and Cancer pathways.
- 15.7 Philippa asked Philip to share his perspective on how the Committee had evolved since his appointment, particularly in terms of improvements in data management, strategic focus and how the Committee was performing. Philip confirmed that when he joined, the Finance & Performance Committee did not exist. By bringing both groups together, it had become easier to correlate efforts, with some noticeable improvements. Data remained a challenge, particularly in streamlining processes, but the team was working to become as efficient as possible. Philip highlighted that there was solid progress across all metrics and initiatives aimed at delivering excellent care for everyone.
- 15.8 Frances asked how the Committee addressed cost-effectiveness. Philip explained that aligning conversations within the Committees helped support informed decision-making.
- 15.9 Jonathan Reid was pleased to report that financial stability had improved. He noted that the next 4–5 months would be particularly challenging. He also advised that Clinical Leads and Divisional Directors had been fully briefed and given detailed targets to adhere to, alongside a local government increased settlement payment. These measures should help the Trust improve throughout the remainder of the financial year and position the organisation more strongly for the year ahead.
- 15.10 Doug asked about the impact of site-wide digital systems and whether there was significant duplication for the Finance & Performance Committee. Paul explained that by the time the Committee had received the data, the work of collating information from different sites had already been completed. Andy added that future digitisation would integrate all systems, reducing duplication further.
- 15.11 The Council **NOTED** the Finance & Performance Committee Chair Report.

**COG/11/25/16 Company Secretary Report**

- 16.1 Glen presented the Company Secretary Report to the Council of Governors. Glen confirmed that the Annual Meeting for 2024/25 was held virtually on 30 September 2025 and that the virtual format had improved and attendance had increased on the previous year; learning from this would inform planning of the next Annual Meeting in 2026.
- 16.2 Glen informed the Committee that two listening events had been held to identify Governor support needs, and an initial work plan had been evaluated. Immediate actions included granting access to the staff hub and developing constituency-specific flyers to support recruitment and visibility. Progress reports on governor support enhancements would be shared more frequently going forward.
- 16.3 The Council **RECEIVED** the Company Secretary report

**COG/11/25/17 Any other Business**

- 17.1 The interview date for the CEO recruitment process had been confirmed as the 18 December 2025. A further meeting of the Governors would be held to

approve the process and confirm the outcome of the decision made by the NEDs.

- 17.2 Philippa provided a brief overview of the new Target Operating Model and its role in addressing the Trust’s culture. The management structure would be reconfigured from eight Divisions to four across the Trust to standardise operations and enable the four new Directors to work effectively with the Public Board.

**COG/11/25/18      DATE OF NEXT MEETING**

- 18.1 The next meeting in public of the Council of Governors is scheduled to take place at **14:00 – 17:00 on Thursday 19 February 2026.**

Nadia Shannon  
Governor & Membership Assistant Manager  
November 2025

Signed as a correct record of the meeting.

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Chair

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Date

<b>Agenda Item:</b>	7.	<b>Meeting:</b>	Council of Governors	<b>Meeting Date:</b>	19 February 2026	
<b>Report Title:</b>	Chief Executive's Report					
<b>Sponsoring Executive Director:</b>	Dr. Andy Heeps, Chief Executive					
<b>Author(s):</b>	Dr. Andy Heeps, Chief Executive					
<b>Purpose of the report:</b> <i>(indicate as appropriate)</i>	<b>For Decision</b>	<b>For Assurance</b>	<b>For discussion</b>	<b>For Information only</b>		
	N/A	N/A	Yes	N/A		
<b>Reason for not being taken in public</b> <i>(indicate as appropriate)</i>	<b>Commercial confidentiality</b>	<b>Staff confidentiality</b>	<b>Patient confidentiality</b>	<b>Other exceptional circumstances (please detail)</b>		
	N/A	N/A	N/A	N/A		
<b>Regulatory Reporting Requirement</b>	No statutory requirement. This is a standing Chief Executive's report to the Council of Governors, providing updates on key national, regional and local issues relevant to the Trust's performance and strategy.					
<b>Summary of the report describing</b>	This report provides the Council of Governors with an overview of key national, regional and local developments affecting UHSussex. It highlights the publication of CQC reports on maternity and urgent and emergency care services in Brighton, the opening of the Acute Medical Unit at RSCH, and a new treatment for prostate cancer patients.					
<b>Recommendation</b> <i>(linked to What Next section)</i>	The Council of Governors is asked to <b>Note</b> the updates set out in the Chief Executive's Report.					
<b>Assurance / Scrutiny route already undertaken</b> <i>(please explain where matter previously considered, and assurance provided)</i>	This is the Chief Executive's standing report and is presented directly to the Council of Governors. It should be noted that many of the matters within the report have been reported to the Board at its meeting on 5 February 2026.					
<b>Link to Trust Strategy</b> <i>(note which theme)</i>	<b>Patients</b>	<b>People</b>	<b>Future</b>	<b>Communities</b>	<b>One UHSussex</b>	<b>Culture</b>
	Yes	Yes	Yes	Yes	Yes	Yes
<b>Link to annual delivery plan</b>	This provides some context for our annual delivery plan					
<b>Link to BAF</b> <i>(explain which BAF risks this matter impacts on and what the impact is change in score/ change in assurance profile etc)</i>	Not directly					
<b>Link to CQC domain</b>	<b>Safe</b>	<b>Caring</b>	<b>Effective</b>	<b>Responsive</b>	<b>Well-led</b>	<b>Use of Resources</b>
	N/A	N/A	N/A	N/A	N/A	N/A
<b>Other impacts</b>	<b>Equality and Diversity</b> <i>(if yes has HEIA completed)</i>		<b>Environmental</b>	<b>Legal</b>	<b>External Registrations</b> <i>(if yes please indicate which)</i>	
	N/A		N/A	N/A	N/A	

## **CHIEF EXECUTIVE COUNCIL OF GOVERNORS REPORT**

**Dr Andy Heeps, Chief Executive**  
**February 2026**

### **1. CHANGING LANDSCAPE**

#### **New Chief Executive**

I'm delighted to be with you today as Chief Executive of University Hospitals Sussex, following my substantive appointment in December. I'm grateful to the Trust Board for the confidence they have placed in me, and to everyone who took the time to contribute to the appointment process.

What came through strongly is that colleagues across our hospitals know we need to change and want us to get on with it. My overall priority is to deliver our new strategy, Excellent Care Everywhere, starting with a clear focus on supporting our staff, performance and delivery, leadership and culture, partnership working, and our financial position.

#### **Local government reorganisation**

In January, we submitted our response to the government's statutory consultation on proposals to change the structure of local government across Sussex. Our view as a pan-Sussex organisation is that efficient partnership working between NHS providers and a small number of authorities holding full responsibility for adult social care, children's and community services will be most effective in supporting the system transformation required in health and social care. We would therefore prefer a reorganisation that creates the smallest possible number of unitary authorities across Sussex.

#### **Integrated Care Board transition**

A substantive executive team has now been appointed to lead the new single ICB for Surrey and Sussex. Chief Executive Karen McDowell is joined by the following:

- Deputy Chief Executive: Mark Smith
- Chief Medical Officers: Dr Charlotte Canniff and Professor Andrew Rhodes
- Chief Nursing Officer: Allison Cannon
- Chief Financial Officer: Clare Stafford
- Chief Commissioning Officer, Strategy, Planning and Evaluation: Claudia Griffith
- Chief Commissioning Officer, Neighbourhood Health and Partnerships: Amy Galea
- Joint Chief People and Culture Officer (in partnership with NHS Kent and Medway): Indiana Pearce

The transition to a single ICB is being guided by the recently published Strategic Commissioning Framework, which clarifies expectations of ICBs as commissioners, their place in the emerging NHS operating model and role in achieving the ambitions of the Government's 10-year Health Plan. The new framework updates the traditional commissioning cycle with an emphasis on outcomes, system leadership and population health intelligence, adapted to the current integrated care context.

### **New interim Chief Corporate Affairs Officer**

I'm very pleased to welcome Helen Brown to the UHSussex executive team as our new interim Chief Corporate Affairs Officer and successor to Michelle Arrowsmith in the role. Michelle has left us slightly earlier than planned, having been appointed Managing Director of the Queen Elizabeth Hospital in Kings Lynn, part of the Norfolk and Waveney University Hospitals Group.

## **2. REPORTS AND INSPECTIONS**

### **CQC reports: Maternity and UEC**

Since our last meeting, the Care Quality Commission (CQC) has published reports of inspections of our maternity and urgent and emergency care (UEC) services at the Royal Sussex County Hospital (RSCH), Brighton, carried out in February 2025.

I am pleased to report that the maternity unit saw its CQC rating upgraded to Requires Improvement. Across the individual inspection domains, the service earned upgrades to Requires Improvement for Safe and Well-led but was downgraded from Outstanding to Good on the Effective measure.

UEC services at RSCH remain rated as Requires Improvement overall but were downgraded from Good to Requires Improvement in the Effective, Caring, and Well-led domains, and from Requires Improvement to Inadequate in the Safe domain. Following the visit, Emergency Department colleagues worked with the CQC to develop and implement an action plan to improve safety and address immediate concerns the inspectors raised.

### **CQC maternity survey results**

The kindness, compassion and strong teamwork the CQC inspectors recognised in our maternity teams were reflected in the results of the regulator's national maternity survey too. Feedback from families published in December rated maternity care at UHSussex as either similar to or better than the national average on all measures. For example, 98% of respondents said they were treated with dignity and respect, 97% had confidence and trust in staff, and 95% felt they were sufficiently involved in decisions about their care. Overall, this meant our ranking rose to 10th out of the 55 trusts included, up from 22nd in 2023 and 18th in 2024.

### **National maternity and neonatal investigation**

In January, our maternity teams at RSCH and the Princess Royal Hospital (PRH), Haywards Heath, hosted Baroness Amos and her team as part of the national investigation into maternity and neonatal services commissioned by the Government last year. The investigators held focus groups for staff and will be talking to service users through our Maternity and Neonatal Voices Partnership. They also plan to visit Worthing and St Richard's in the next weeks.

During the visit, Baroness Amos stressed that the trusts taking part in the investigation were selected for a variety of reasons, including demography, geography, size and outcomes. The coastal population we serve is one area of interest, for example. Although each participating Trust will receive its own report, the investigation aims to produce a single set of recommendations for maternity and neonatal care across England. Interim findings are expected to be shared in February with final publication scheduled for Spring.

### **Operation Bramber**

Sussex Police continue to review historic cases of surgery and neurosurgery patients at the Royal Sussex County Hospital, assisted by independent medical experts. We are expecting the police to provide their next update to families in the coming weeks, and I will update the Council on this once it has been shared with us. In the meantime, we remain committed to cooperating fully with the inquiry, responding as quickly as possible to any requests for information, and taking any immediate action required by either Sussex Police or their medical experts.

## **3. INVESTING IN OUR HOSPITALS**

### **Acute Medical Unit opening**

Urgent and emergency care at RSCH has benefited since our last meeting from the opening of our new Acute Medical Unit (AMU), which provides a single point of assessment for patients referred to medical specialties, whether by their GP or colleagues in the ED. Alongside the Surgical Assessment Unit we opened in 2024, the AMU replaces the hospital's Acute Admission Unit to provide a better and faster service and vastly improved experiences for patients and staff. Being able to move more patients away from the pressured ED environment sooner is good for everyone, although we know there is much more work needed to improve flow through the hospital and beyond.

## Electronic Patient Record supplier appointment

We began the year by reaching an important milestone in our journey towards an electronic patient record (EPR) when we announced Alcidion as our preferred supplier. More than 1,500 colleagues were involved in the selection process, helping define our requirements and then reviewing supplier bids.

Introducing an EPR is one of the biggest analogue-to-digital changes we will make as part of our new strategy's approach to providing Excellent Care for our Future. But it will also have a positive impact on the strategy's other ambitions. For *patients*, the EPR will mean they only have to tell us their story once. For *our people*, it will mean less re-entering information, less time spent on admin and more time spent on care. Our *communities* will benefit from improved information flows between hospitals and partner services, enabling better continuity of care. And for *One UHSussex*, a shared system will enable consistent ways of working and help us unlock the benefits of scale available to us.

The first phase of the EPR – trust-wide e-noting, a unified EPMA and observations system, and a single, reliable source of all clinical documentation – will go live in 2027. Before then, we will be upgrading our infrastructure, preparing data, working with staff to standardise ways of working, and testing the new system with the teams that will be using it.

## St Richard's cardiac catheterisation laboratory

Following a recommendation from NHS England, we appointed Dr Yaver Bashir to lead the independent review we have commissioned into the future of the cardiac catheterisation laboratory service at St Richard's Hospital, Chichester. Dr Bashir is a distinguished and highly experienced consultant cardiologist based at the Oxford Heart Centre and Clinical Director of NHS England's Internal Medicine Clinical Network (South East).

We had to close the cath lab in January 2025 after finding a significant issue with the air exchange ventilation system required for safe use of its theatre. The lab provides pacing procedures for around 300 patients a year, a service we have continued to offer at St Richard's in the Interventional Radiology Suite. Fixing the ventilation issue would take 18-24 months and cost around £2 million, so assessing all our options to ensure we have the right service in place for our patients over the next 20 years is the correct thing to do.

Dr Bashir is meeting with colleagues from our cardiology service across the Trust and considering the findings of a wide-ranging strategic review carried out by our clinicians last year. His expertise will ensure our proposals for cardiac catheterisation services are benchmarked against the highest national clinical standards. We expect to receive his findings before the next Council meeting in March.

## **New cancer treatment**

UHSussex patients now have access to a new prostate cancer treatment through our participation in the national STAMPEDE 2 trial. Lutetium PSMA uses advanced PET-CT PSMA scanning to pinpoint cancer cells so clinicians can target them with internal radiation treatment while protecting surrounding healthy tissue.

Access to the trial has been made possible by outstanding collaboration between our cancer, nuclear medicine, medical physics and research and innovation teams, while a new Sussex Cancer Fund-supported research radiographer post is opening more national radiotherapy trials in Sussex, giving local patients access to cutting-edge treatments without having to travel.

## **4. STAFF RECOGNITION**

### **Long service recognition**

I was very pleased to be able to join our Chair, Philippa Slinger, in hosting two special events to salute the incredible commitment of many of our longest-serving members of staff in December. There was a total of 2,500 years of dedication to our hospitals in the room, along with countless acts of kindness and support for patients and colleagues. During 2025, we sent out 800 invitations to long-service events and expanded our recognition scheme so we start saying thank you to everyone who has worked here for 10 years or more.

### **Best of UHSussex**

We ended 2025 by publishing the latest edition of our Best of UHSussex magazine, highlighting and celebrating colleagues' achievements over the year. The publication features awards, accolades, innovations and improvements from across our hospitals as well as the stories of the patients benefiting from them. It's a really uplifting read and, as the title suggests, showcases UHSussex at its best.

### **New People Pulse survey**

As part of our continuing efforts to give colleagues more opportunities to speak up about working life at UHSussex and tell us how the Trust can better support them, we have been promoting participation in the new quarterly national NHS People Pulse survey. This asks participants about their experiences at work, how motivated they feel and the support that would make the biggest difference to them. We will include the results with other feedback and use it to inform our planning and decision making.

<b>Agenda Item:</b>	8	<b>Meeting:</b>	Council of Governors			<b>Meeting Date:</b>	19 February 2026
<b>Report Title:</b>	Lead Governor's Report						
<b>Sponsoring Executive Director:</b>							
<b>Author(s):</b>	Lindy Tomsett, Public Governor for Chichester and Lead Governor						
<b>Purpose of the report:</b> <i>(indicate as appropriate)</i>	<b>For Decision</b>	<b>For Assurance</b>	<b>For discussion</b>	<b>For Information only</b>			
	N/A	N/A	N/A	N/A			
<b>Reason for not being taken in public</b> <i>(indicate as appropriate)</i>	<b>Commercial confidentiality</b>	<b>Staff confidentiality</b>	<b>Patient confidentiality</b>	<b>Other exceptional circumstances (please detail)</b>			
	N/A	N/A	N/A	N/A			
<b>Regulatory Reporting Requirement</b>	No statutory requirement. This is a standing Lead Governor report to the Council of Governors, providing updates on the key Governor activities.						
<b>Summary of the report describing</b>	This report provides the Council of Governors with an overview of the key activities and engagement with the Governors during the past quarter.						
<b>Recommendation</b> <i>(linked to What Next section)</i>	The Council of Governors is asked to <b>Note</b> the updates as advised in the Lead Governor's Report.						
<b>Assurance / Scrutiny route already undertaken</b> <i>(please explain where matter previously considered, and assurance provided)</i>	This is the Lead Governor's standing report and is presented directly to the Council of Governors.						
<b>Link to Trust Strategy</b> <i>(note which theme)</i>	<b>Patients</b>	<b>People</b>	<b>Future</b>	<b>Communities</b>	<b>One UHSussex</b>	<b>Culture</b>	
	Yes	Yes	Yes	Yes	Yes	Yes	
<b>Link to annual delivery plan</b>							
<b>Link to BAF</b> <i>(explain which BAF risks this matter impacts on and what the impact is change in score/ change in assurance profile etc)</i>	N/A						
<b>Link to CQC domain</b>	<b>Safe</b>	<b>Caring</b>	<b>Effective</b>	<b>Responsive</b>	<b>Well-led</b>	<b>Use of Resources</b>	
	N/A	N/A	N/A	N/A	N/A	N/A	
<b>Other impacts</b>	<b>Equality and Diversity</b> <i>(if yes has HEIA completed)</i>		<b>Environmental</b>	<b>Legal</b>	<b>External Registrations</b> <i>(if yes please indicate which)</i>		
	N/A		N/A	N/A	N/A		

## Lead Governor Report 19 February 2026

The highlight of this quarters report is the Governors participation in the appointing of the Trusts new Chief Executive Officer (CEO) Several Governors were involved with the process and the 'listening' meetings were extremely useful allowing the Staff on all levels and Governors to join in and ask questions of the two candidates. This demonstrated a very open and honest process to ensure as many as possible could state their individual comments on the attributes the new CEO should be able to bring to the job. As we are all aware the Trust's new CEO is Andy Heaps and as this is the first Council of Governors meeting that Andy has attended in his new role, I wish to extend on behalf of all the Governors our congratulations to him and we offer our support and confidence in his ability to lead this Trust through some difficult challenges at present, but we uphold and champion the view that the future prospects for this Trust are exceedingly positive.

Sadly, though we have had resignations from two of the NEDs Kate Stedman and Wayne Orr whose careers see them working overseas and the Governors thank them for their contribution to the work of the Trust and wish them well in their future endeavours. The Governors are looking forward to being involved with the forthcoming process to find two new NEDs to replace those who are leaving and we look forward to being part of the process of welcoming some new people to the both the Board and the Council of Governor meetings.

We are all having to say another goodbye to the Governors manager Jan Simmons, who retires at the end of March, and I would also like to say a dear friend to many, as there are some long standing Governors like myself who have known Jan for many years. Jan's patience and understanding with the Governors with their often repeated needs to help sort out various problems that governors often come across. Therefore, on behalf of all the Governors, an exceedingly big thank you and our very best wishes from us all.

The recent visit by Baroness Amos to the Maternity Units at RSCH and PRH as part of the National Investigation into NHS Maternity and Neonatal Services is welcomed. As described at the recent Board meeting the Trust has listened carefully and respectfully to the families who have experienced tragic outcomes and recognise, they still have to live with the consequences of such tragedies. This will be visible for Baroness Amos to hear and see along with the many improvements that have been made to the services. Also, a new restorative culture programme has been introduced by the Service which goes beyond anything previously available in the NHS and this desire to lead on this is applaudable.

Following on from this is the excellent news regarding waiting lists and in particular in respect of the Ear, Nose and Throat directorate, where as reported at Board in June 2024 there were 16,000 waiting and this is now down to 6000 and waiting times for the 1<sup>st</sup> appointment and these are now fewer than 18 weeks rather than the previous levels of some 40 weeks. This is further evidence of advances in streamlining patient care from referral to treatment and through the Board reports there are many pilot schemes in progress to test the effectiveness of new practices and pathways.

The Governors recent briefing on the progress of the Electronic Patient Record system, which is a transformational project emerging over several years, was a very welcomed update. The announcement of the chosen supplier marks the start of the next phase and once implemented will further enhance the ability for clinicians to work more efficiently by accessing all aspects of the patient care record through one system and thereby being able to provide a more focused consultation in their drive to provide excellent care everywhere. This information is very good news for us as Governors to take out into the public arena.

The Enhancing Governors Support Project continues with information having been updated after questionnaires were sent to all the public and staff governors to collate a synopsis of their experiences, skills, and interests to encourage those leading change to reach out to the Governors to be involved. Thereby through focusing on their ability to be of significant value to the Trust and

enhance their involvement where it is considered to be acceptable to do so, by utilising their individual skills from their previous careers.

Governors will very soon have flyers which show for each local hospital constituency who their public and staff governors are. There will also be an application form on the reverse of the Governors profiles helping to encourage people to sign up as a Trust member. These can be taken to their local medical surgeries and any other local public place, or to give out to any individual contacts. The aim of this being to raise awareness of not only who their local Trust governor is but also to make people aware of how they can have more insight and participation with their local health services that are provided to them from the UHSussex.

The Membership and Engagement delivery Plan has also been updated for 2026. This is a very comprehensive document in both its depth and breath, the aim being to encourage public membership and for the Trust to be able to listen and respond to local public through involving communities in their local health services.

The Governors wait with much anticipation further clarity on the comment in the NHS 10-year plan to remove the requirement for Foundation Trust's to have Governors. There is much that needs clarification. As lead governor I have spoken to the Trust Chair about this and know the Trust has no more information on any replacement regime. Governors are an asset to the Trust, and all the Governors are looking for a very constructive conversation with the Chair and Company Secretary about the future of Governors as more information becomes available.

On a positive note, it is very reassuring that the Trust is continuing with the election process to fill the two public vacancies, staff governor vacancy at Princess Royal Hospital and two public governors whose current terms of office come to end and thus are up for re-election or if they wish to stand down and therefore a newly elected governors will take their place.

Finally on another extremely positive note the Governors were pleased to hear the amazing news that the Trust has secured the funding for the new cancer centre. This will ensure high standards of quality cancer care can be provided within a new purpose-built centre for Sussex offering fabulous facilities a centre for patients and staff in the provision of excellence world class cancer treatment and the new centre will aid cancer research.



<b>Agenda Item:</b>	11.	<b>Meeting:</b>	Council of Governors	<b>Meeting Date:</b>	19 February 2026
<b>Report Title:</b>	<b>Patient Experience and Wider Engagement Committee Chair's Report</b>				
<b>Author(s):</b>	Frances McCabe – PEWEC Chair, Public Governor Brighton and Hove				
<b>Purpose of the report: (indicate as appropriate)</b>	<b>For Decision</b>	<b>For Assurance</b>	<b>For discussion</b>	<b>For Information</b>	
		Yes		Yes	
<b>Regulatory Reporting Requirement</b>	None				
<b>Summary of the report describing</b>	<u>December meeting</u>				
	<p>The Patient Engagement and Wider Experience Committee met on 11 December 2025. The meeting was quorate, with four publicly elected Governors and two staff Governors in attendance. Also, present were the Director of Patient Experience, Engagement and Involvement, and the Assistant Director of Patient Experience Strategy and Improvement.</p> <p>The Committee received all its expected agenda items with the exception of an update from NHS Sussex detailing their own engagement activities that may offer opportunities for the Governors to join.</p> <p>Below is a summary of the key items discussed at the meeting.</p>				
	<u>Membership and Engagement Update</u>				
	<p>The Committee received an update on membership and engagement activities, confirming that all constituencies currently had sufficient representation across all areas. The update also included progress on the Enhancing Governor Support project, with agreement that a further update would be provided at the next formal committee meeting but that a short progress update would be provided to the Governors before Christmas.</p>				
	<u>Visitors Policy Evaluation</u>				
	<p>The Committee received the report on the Trust's evaluation of the Trust's updated Visitor's Policy which had seen extended visiting hours introduced to improve patient wellbeing and support for patient families. The evaluation showed strong support for these extended hours with benefits seen for patients and their families. The evaluation reflected that whilst there had been some initial concerns over disruption to the running of wards and some challenges with privacy however the evaluation found that there needed to be no significant changes to the policy but improved communications with staff and families were introduced to support in addressing these initial concerns.</p>				
<u>Governor Feedback / Contact with Public</u>					
<p>The Committee heard from the Chair directly on her experiences following a recent visit to the Urgent Treatment Centre at (UTC) Royal Sussex County Hospital (RSCH) and the subsequent meeting with the Nursing team to discuss where improvements can be made.</p>					
<u>Patient Feedback &amp; Insights Report</u>					
<p>The Committee received the Patient Feedback &amp; Insights Report and despite rising complaint volumes the Trust response performance had improved, evidenced by</p>					



	<p>fewer reopened cases and Ombudsman investigations. The Committee was updated on the actions that are being planned to address recurring themes from patient experience especially in respect of providing better communication for those patients experiencing delays within their care pathways.</p> <p><u>Discharge Lounge Patient Experience Project</u></p> <p>The Committee received an update on the Discharge Lounge Project, following earlier discussions at a previous Governors’ meeting, the Committee received information on a pilot survey that had been conducted at both RSCH and Worthing in their respective discharge lounges. The Committee was updated that a meeting to discuss these findings was being held with the Deputy Chief Nurse and the Committee agreed to consider this item further in the Committee’s next deep dive meeting in January.</p> <p><u>Healthwatch Update</u></p> <p>The Committee received an update from Healthwatch covering their most recent work especially in respect of their review of the patient transport service provision through the NHS Sussex contract with their appointed provider. The Committee was updated as to the areas of improvements from their secured patient feedback. The Committee also heard of the work about to commence on Healthwatch’s volunteers review of the Trust’s complaints letters for their readability.</p> <p><u>Deep Dive January Meeting</u></p> <p>The Committee also held its routine deep dive meeting. At the January meeting, members received an update on the Discharge Lounge pilot work from the Chair, followed by a detailed presentation on the Discharge Lounge improvement project from the Director of Nursing – Worthing Hospital. The Committee reflected on the alignment between the Governor secured patient feedback and the ongoing improvement project work presented by the Director of Nursing. The Committee asked if they could be provided later in the year with a further update on the impact the current improvement project had secured and offered their assistance if helpful in any repeat patient satisfaction surveying.</p>
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<b>Recommendation</b> <i>(linked to What Next section)</i>	<b><i>The Council of Governors is asked to NOTE that there were no matters from this meeting that were referred to the Council for action.</i></b>
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<b>Assurance / Scrutiny route already undertaken</b> <i>(please explain where matter previously considered, and assurance provided)</i>	<i>Not applicable</i>					
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<b>Link to Trust Strategy</b> <i>(note which theme)</i>	<b>Patients</b>	<b>People</b>	<b>Future</b>	<b>Communities</b>	<b>One UHSussex</b>	<b>Culture</b>
	Yes	Yes	N/A	Yes	N/A	Yes

<b>Link to annual delivery plan</b>	<i>The Patient Experience Report links to the Trust’s annual plan delivery</i>					
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<b>Link to BAF</b> <i>(explain which BAF risks this matter impacts on and what the impact is change in score/ change in assurance profile etc)</i>	<i>Not directly</i>					
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<b>Link to CQC domain</b>	<b>Safe</b>	<b>Caring</b>	<b>Effective</b>	<b>Responsive</b>	<b>Well-led</b>	<b>Use of Resources</b>
	N/A	Yes	N/A	N/A	N/A	N/A





Other impacts	Equality and Diversity ( <i>if yes has HEIA completed</i> )	Environmental	Legal	External Registrations ( <i>if yes please indicate which</i> )
	N/A	N/A	N/A	N/A



**COMMITTEE HIGHLIGHTS REPORT TO THE COUNCIL**

Meeting	Meeting Date	Chair	Quorate	
			yes	no
<b>Patient Engagement &amp; Experience Committee</b>	<b>11 December 2025</b>	<b>Frances McCabe</b>	✓	<input type="checkbox"/>
<b>Declarations of Interest Made</b>				
There were no declarations of interest				
<b>Assurance received at the Committee meeting</b>				
<b>Membership and Engagement Update</b>				
<p>The Committee <b>RECEIVED</b> an update on the Trust's membership and engagement and on the progress of membership and engagement activities. It was confirmed that the Enhancing Governor Support project, shaped by the Deep Dive held on 14 November 2025, was progressing well. The Committee reviewed the suggestions and improvements identified and <b>NOTED</b> that updates on actions currently underway will be shared with Governors.</p> <p>The Governor &amp; Membership Manager was in the process of preparing an interim update on the Enhancing the Governor Role project, which was circulated ahead of the next meeting to ensure transparency and continued engagement. Frances McCabe had proposed that the Enhancing the Role of the Governor project be included as an agenda item for the meeting on 12 March 2026, which was agreed by the Committee.</p>				
<b>Governor Feedback / Contact with Public</b>				
<p>The Committee <b>NOTED</b> feedback from the Chair of PEWEC following a recent visit to the Urgent Treatment Centre at RSCH. Issues identified during the visit had been promptly escalated and discussed with the Nursing Team, ensuring that appropriate improvements had been considered. This provided assurance of continued Governor engagement with frontline services and a strong commitment to raising concerns directly with senior leaders to drive quality improvements.</p>				
<b>The Role of Young People in Shaping our Strategy or Services</b>				
<p>The Committee <b>RECEIVED</b> an update on work undertaken to strengthen engagement with young people. Frances McCabe outlined how this topic first arose and described the steps taken, including collating information on Trust engagement activities with young people and producing a subsequent report. A proposal was also discussed to establish a Governor focus group to support future engagement.</p> <p>It was <b>NOTED</b> that the Trust Public Board will receive a presentation from Children and Young People's Services in early February 2026 and that the Chair of the Trust Public Board had previously committed to ensuring the voice of young people is meaningfully reflected in shaping the organisation's work.</p> <p>The Director of Patient Experience, Engagement and Involvement provided assurance that engagement with young people was already taking place through national surveys, youth workers, and mechanisms within children's services.</p>				
<b>Visitors Policy Evaluation</b>				
<p>The Committee <b>RECEIVED</b> a detailed update from the Assistant Director Patient Experience, Strategy &amp; Improvement. It was <b>NOTED</b> that extended visiting hours remain compliant with Care Quality Commission (CQC) requirements and the Human Rights Act. Engagement was informed by consultation with staff, governors, and patients, and inpatient surveys indicate improved family involvement and discharge</p>				

planning. The Committee **NOTED** that ongoing improvements in contact systems and for integrated IT solutions to enhance patient experience were needed.

### Patient Feedback & Insights Report

The Committee **RECEIVED** the Patient Feedback & Insights Report from the Director of Patient Experience, Engagement, and Involvement.

It was reported that the Trust receives 120,000 Friends and Family Test responses annually, alongside over 2,000 complaints and 18,000 PALS concerns. Friends and Family Test results show 90% of patients rate care as good. Complaints were highest at the County site, mainly due to delays and communication issues. Worthing Hospital had the most inpatient complaints, which correlated with survey results.

It was confirmed that while complaint volumes had doubled since the merger, reopened cases and Ombudsman investigations had now decreased, indicating improved handling. Monthly reviews allowed targeted action and training. Root causes of delays had been explored. Complaints related to follow-ups, diagnostics, and communication had risen significantly, and these issues were being addressed.

### Discharge Lounge Project Update

The Committee **RECEIVED** an update on the Discharge Lounge Project that Governor-led engagement had actively identifying operational challenges within discharge processes.

The pilot survey findings had highlighted key areas where improvements may be made, which indicated area that extend beyond the operation of the lounges themselves including transport delays, documentation, and medication timing and the patient's own understandings of the discharge process. It was **NOTED** that a meeting with the Deputy Chief Nurse for Quality was scheduled to review these findings and determine whether further survey work was required. A revised approach may be shared before the next meeting.

The Committee **NOTED** that the Discharge Lounge Project was being monitored closely and that actions are being taken to address systemic issues impacting patient experience.

### Healthwatch Update

The Committee **RECEIVED** a comprehensive update from Healthwatch on its recent activities. The Committee was informed that Healthwatch had surveyed fourteen patients as part of the national Kidney Patient Reported Experience Measure (PREM), which included Trust sites. Despite low response rates, feedback indicated overall satisfaction with care. Further feedback highlighted poor communication issues which have now been addressed through the introduction of patient summary sheets.

The Committee was assured that commissioners were reviewing the E-Meds non-emergency transport service following mixed survey results. The Company Secretary confirmed that the contract is not commissioned by the Trust and welcomed Healthwatch's proactive engagement with commissioners. Healthwatch confirmed that they had been commissioned by the Trust to review complaint letters for clarity and empathy, which will commence next year.

The Committee **ACKNOWLEDGED** Healthwatch's ongoing contribution in providing valuable independent feedback and expressed appreciation for their continued support whilst in challenging circumstances.

### Patient Experience Quarter 2 Report

The Committee **RECEIVED** the Patient Experience Quarter 2 report which provided comprehensive data on patient feedback and engagement activities for the period. The report supports ongoing monitoring of



patient experience and confirms that mechanisms remain in place to capture, analyse, and act on feedback to improve care quality.

The Committee **NOTED** the update, and it was read without discussion.

**Items for escalation to the Council of Governors**

There were no items which required escalation to the Council of Governors.



<b>Agenda Item:</b>	14	<b>Meeting:</b>	Council of Governors	<b>Meeting Date:</b>	19 February 2026
<b>Report Title:</b>	Company Secretary Report				
<b>Author(s):</b>	Glen Palethorpe – Company Secretary				
<b>Purpose of the report:</b> <i>(indicate as appropriate)</i>	<b>For Decision</b>	<b>For Assurance</b>	<b>For discussion</b>	<b>For Information only</b>	
				Yes	
<b>Reason for not being taken in public</b> <i>(indicate as appropriate)</i>	<b>Commercial confidentiality</b>	<b>Staff confidentiality</b>	<b>Patient confidentiality</b>	<b>Other exceptional circumstances (please detail)</b>	
<b>Regulatory Reporting Requirement</b>					
<b>Summary</b>	<p><i>The following is a summary update of matters not covered elsewhere within the agenda</i></p> <p><b>Governor Elections</b></p> <p><i>We are about to commence our next round of governor elections. The elections will open for nominations on 12 March 2026 with a deadline for nominations to be made by 13 April 2026. Following the receipt of nominations the formal election process will open on 6 May with elections concluding on the 1 June 2026.</i></p> <p><i>The positions open for election are Public Governors for Brighton and Hove, Chichester, Mid Sussex and Worthing and a Staff Governor for Princess Royal Hospital.</i></p> <p><i>The undertaking of these elections will ensure that the Council of Governors has sufficient elected governors to discharge its duties.</i></p> <p><b>Council of Governors and Board meetings in 2026/27</b></p> <p><i>The Trust is retaining its current cadence for its Board and Council of Governors meeting in public but is moving the Board meetings back by a week in the month they fall to allow for the Committee meetings in the week before the Board meetings to be better serviced by their specific reporting groups. The Council of Governors meetings will continue to fall quarterly and be held after the Board meetings that are focused on operational delivery.</i></p> <p><i>The meetings for 2026/27 are summarised below and will be held in the Boardrooms at Trust HQ, Worthing Hospital and can also be viewed online.</i></p> <p><i>Council of Governors meetings in public which commence at 14.00 will be held on 28 May, 1 October, 3 December 2026 and 25 February 2027. The papers as they are prepared for each of these meetings can be found on the Trust's website here: <a href="https://www.uhsussex.nhs.uk/about/governors/interest/">https://www.uhsussex.nhs.uk/about/governors/interest/</a></i></p> <p><i>Board Meetings in Public which commence at 10:00 will be held on 14 May 2026, 11 June, 17 September, 12 November, 10 December, 11 February 2027 and 18 March 2027. The papers as they are prepared for each of these meetings can be found on the Trust's website here: <a href="https://www.uhsussex.nhs.uk/about/board/board-meetings/">https://www.uhsussex.nhs.uk/about/board/board-meetings/</a></i></p>				

	<p><i>It should be noted that the final timetable for the auditing of the Trust’s annual report and accounts and the timetable for the laying of these before parliament has not been set and therefore the date for the Annual General Members Meeting has yet to be set. However, as was reported to the Board and Governors previously the Trust intends to hold this virtually given the drive to make this as accessible as we can.</i></p> <p><b>NED recruitment</b></p> <p><i>We are about to commence the recruitment to our vacant NED positions. With the recent retirements we will be looking for up to three NEDs. We are working with a recruitment consultant to support the Trust in securing a diverse and credible field of candidates.</i></p>					
<b>Recommendation</b> <i>(linked to What Next section)</i>	<p><b>The Council of Governors is asked to NOTE</b></p> <ul style="list-style-type: none"> <li>- <b>The timings of the 2026/27 Council of Governors and Board meetings being held in public</b></li> <li>- <b>The timeline for the next round of Governor elections</b></li> <li>- <b>The commencement of the process for the recruitment to our NED vacancies</b></li> </ul>					
<b>Assurance / Scrutiny route already undertaken</b> <i>(please explain where matter previously considered, and assurance provided)</i>	Not applicable					
<b>Link to Trust Strategy</b> <i>(note which theme)</i>	<b>Patients</b>	<b>People</b>	<b>Future</b>	<b>Communities</b>	<b>One UHSussex</b>	<b>Culture</b>
	Yes	Yes	Yes	Yes	Yes	Yes
<b>Link to annual delivery plan</b>	Not directly					
<b>Link to BAF</b> <i>(explain which BAF risks this matter impacts on and what the impact is change in score/ change in assurance profile etc)</i>	Not directly					
<b>Link to CQC domain</b>	<b>Safe</b>	<b>Caring</b>	<b>Effective</b>	<b>Responsive</b>	<b>Well-led</b>	<b>Use of Resources</b>
	N/A	N/A	N/A	N/A	Yes	N/A
<b>Other impacts</b>	<b>Equality and Diversity</b> <i>(if yes has HEIA completed)</i>	<b>Environmental</b>	<b>Legal</b>	<b>External Registrations</b> <i>(if yes please indicate which)</i>		
	N/A	N/A	Yes	The Trust is required to have an effective Board and Council of Governors as part of its provider licence and therefore there is a need to both recruit to fill our vacant NED positions and to hold elections to maintain sufficient elected governors to operate effectively.		

