

Meeting of the Council of Governors

14:00 – 17:00 on Thursday 28 May 2026

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

AGENDA

Item 1	Time: 14:00	Welcome and Apologies for Absence To note	Verbal	Presenter: Designated Chair Paul Layzell
Item 2	14:00	Quoracy of Council of Governors Meetings	Verbal	Presenter: Designated Chair Paul Layzell
<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	Declarations of Interests To note and agree any required actions	Verbal	Presenter: All
Item 4	14.05	Minutes of Council of Governors Meeting in PUBLIC held on 19 February 2026 To approve	Enclosure	Presenter: Designated Chair Paul Layzell
Item 5	14.05	Matters Arising from the Minutes held in PUBLIC on 19 February 2026	Enclosure	Presenter: Designated Chair Paul Layzell
	14.05	10.11 Andy was asked to inquire into the Trust's touchpoints with younger people and to include this information in his next Chief Executive Officers report to the Council at its meeting on 28 May 2026. Actioned – this is included in the CEO report later on the agenda	Verbal	Presenter: Designated Chair Paul Layzell
Item 6	14.15	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: Designated Chair Paul Layzell
Item 7	14:25	Chief Executive Report to Council To receive and agree any necessary actions	Enclosure	Presenter: Jonathan Reid
Item 8	14.45	Lead Governor's Report To receive and agree any necessary actions	Enclosure	Presenter: Lindy Tomsett Lead Governor
Item 9	14:50	Public Governors' Engagement Activities Update	Verbal	Presenter:

		To receive an update on the engagement activities undertaken by the public governors since the last meeting		Those public Governors in attendance
Item 10	15:15	Staff Governors' Update To receive and agree any necessary actions.	Verbal	Presenter: Cheryl Giles
Item 11	15:30	Report from the Patient Experience & Wider Engagement Committee Meeting held on 12 March 2026 and deep dive on 23 April 2026 - including proposal for work programme for the 2026/27 <i>To note update and endorse Committee work programme</i>	Enclosure	Presenter Frances McCabe
Item 12	15.50	Appointed Governors' Update <ul style="list-style-type: none"> • Brighton & Hove City Council • Inclusion Groups • 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
Item 13	16.10	Committee Chair Update Strategy & Major Projects <i>To enhance the Governors understanding of the work of the NEDs</i>	Verbal/ Presentation	Presenter Paul Layzell
Item 14	16.45	Company Secretary Report To note	Enclosure	Presenter: Glen Palethorpe
Item 15	16.50	Any Other Business To receive and action	Verbal	Presenter: Designated Chair Paul Layzell
Item 16	17:00	Date and time of next meeting: The next meeting in public of the Council of Governors is scheduled to take place on Thursday 1 October 2026. Times 2pm to 5pm	Verbal	Presenter: Designated Chair Paul Layzell

Minutes



University Hospitals Sussex

NHS Foundation Trust

Minutes of the Council of Governors meeting held in PUBLIC at 14.00 on Thursday 19th February 2026 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	Chair
Dr Andy Heeps	Chief Executive Officer
Katie Urch	Chief Medical Officer
Jonathan Reid	Chief Finance Officer
Sarah-Jane Taylor	Chief People Officer (Interim)
Helen Brown	Chief Corporate Affairs Officer (Interim)
Jackie Cassell	Non-Executive Director
Mike Driver	Non-Executive Director
Gordon Ferns	Non-Executive Director
Philip Hogan	Non-Executive Director
Bindesh Shah	Non-Executive Director
Lindy Tomsett	Public Governor – Chichester (Lead Governor)
John Todd	Public Governor – Adur
Frances McCabe	Public Governor – Brighton & Hove
Joanne Richardson	Public Governor – Horsham
Doug Hunt	Public Governor - Mid Sussex
Zingy Thetho	Staff Governor – Royal Sussex County Hospital
Cheryl Giles	Staff Governor - Worthing Hospital
Miranda Jose	Staff Governor - Peripetic
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/02/26/1 WELCOME AND APOLOGIES FOR ABSENCE ACTION

1.1 The Chair, Philippa Slinger, welcomed new Interim Chief Corporate Affairs Officer, Helen Brown, Interim Chief People Officer, Sarah-Jane Taylor, and noted that David Grantham, Chief People Officer, had left and wished him well from the Governors. Philippa added a welcome to all those present and those who were online.

1.2 Philippa then noted the following apologies that had been received.

Executives: Dr Maggie Davies, Chief Nurse, Nigel Kee, Interim Chief Operating Officer and Roxanne Smith, Chief Strategy Officer.

Governors: Alex Leaney, Public Governor, Brighton & Hove, Yvonne Price, Public Governor, Arun Patrica Percival, Public Governor, East Sussex & Out of Area, Colin Holden, Public Governor, Mid Sussex (attended via the public link as he had technical difficulties) Tomasz Makola, Staff Governor, St Richard’s Hospital Cllr Mitchie Alexander, Appointed Governor, Brighton & Hove City Council, Helen Rice, Appointed Governor, Voluntary Sector,

Dr Angela Glynn Appointed Governor, University of Brighton
Cllr Alison Cooper, Appointed Governor, West Sussex County Council

Non-Executive Directors:

Lucy Bloem and Paul Layzell

COG/02/26/2 CONFIRMATION OF QUORACY

- 2.1 The meeting was quorate with more than a third of all Governors in attendance and at least 51% of these being elected Governors.

COG/02/26/3 DECLARATIONS OF INTERESTS

- 3.1 In respect of matters for consideration and actions being taken there were no declarations of interest made.

COG/02/26/4 MINUTES OF THE MEETING HELD ON 20 NOVEMBER 2025

- 4.1 The Council received the minutes of the meeting held on 20 November 2025
- 4.2 The Council agreed that the minute 9.6 contained a typographical error with the wording of morality should have read mortality. The meeting agreed that this correction should be made in the minutes and the corrected minute placed on the Trust's website

COG/02/26/5 MATTERS ARISING FROM PREVIOUS MEETINGS

- 5.1 The Council agreed that there were no matters arising from the prior meeting.

COG/02/26/6 QUESTIONS FROM THE PUBLIC

- 6.1 The Council noted there were no questions for the Council, a question had been submitted but this was for the Board and would be taken at that meeting on the 31 March 2026.

COG/02/26/7 CHIEF EXECUTIVE REPORT TO COUNCIL

- 7.1 The Council received the Chief Executive's Report from Dr Andy Heeps, Chief Executive Officer, who drew the Council to its key elements.
- 7.2 Andy informed the Council that he had taken up his substantive appointment as Chief Executive in December. He outlined his commitment to delivering the Trust's *Excellent Care Everywhere* strategy, focusing on supporting staff, improving performance, strengthening leadership and culture, enhancing partnership

working, and stabilising financial performance. Andy thanked all those who had taken part in the appointment process.

- 7.3 Andy drew the Council's attention to the report's update on the national maternity and neonatal investigation, noting that site visits by Baroness Amos had taken place at the Royal Sussex County, Princess Royal and St Richard's hospitals, with a further visit scheduled for Worthing hospital in the next week, with interim findings expected to be provided shortly after the final visit.
- 7.4 The Council was informed that, following four years of sustained maternity improvement work, considerable progress had been achieved within the maternity service. Andy added that the CQC report into maternity services at Worthing was due to be published the following week.
- 7.5 Andy shared that the new Acute Medical Unit (AMU) was due to open on 20 February 2026 at the Royal Sussex County Hospital and the improved patient experience this new unit will bring.
- 7.6 Andy reported that the Trust's annual plan for 2026/27 which will be submitted to NHS England and the Department of Health and Social Care is being developed. The plan is focusing on improving elective care performance, cancer performance, and urgent and emergency care performance, noting the delivery of this is all within a significantly constrained financial position.
- 7.7 It was noted that the Trust is likely to submit a non-compliant plan for elective care acknowledging that it would not be able to meet the Referral to Treatment (RTT) target of 65% of patients treated within 18 weeks.
- 7.8 Jonathan Reid, Chief Finance Officer reported that the Trust's draft financial plan would also not likely achieve a break-even position until the second year of the medium-term financial planning. To support the 2026/27, plan a significant Cost Improvement Programme (CIP) would be required and work is being undertaken to develop such a plan across the Trust.
- 7.9 Andy explained the Trust's new operating model, is progressing which would consist of four cross-site divisions led by Managing Directors, who would attend Board meetings. He noted that work was underway to align staff to the most appropriate roles and directorates, and to move away from legacy structures in order to create a more standardised, Trust-wide divisional model
- 7.10 The Council was advised that a new vacancy for the Chief Delivery Officer role, has been advertised which would replace the current Chief Operating Officer, this role has a different focus aligned to the TOM to support the divisions who are being structured to be responsible for their local delivery and receive the right leadership.
- 7.11 Jackie Cassell, Non-Executive Director commented that she had recently visited the new AMU and that the planned refurbishment of the new acute floor will further support patient assessment. Philippa noted that refurbishment will be challenging

while the Emergency Department remains operational and the work was and will be a credit to all those involved.

- 7.12 Frances McCabe, Public Governor Brighton & Hove praised the new AMU and highlighted that the older working area was difficult for staff to work in, and the new unit is such an improvement.
- 7.13 In response to Fran's question, whether any data had been collected regarding the new area, including the utilisation of the unit from primary care, Andy advised that the Trust does have access to that data and the Trust is using that to improve engagement with those practices who could make better use to this unit. Andy added that the unit design had considered patient engagement, which was led by the Chief Nurse, who was supported by Directors for Patient Safety & Learning and the Clinical Outcomes & Effectiveness,
- 7.14 Andy confirmed that the AMU had reduced bed numbers with flow expected to improve via greater trolley use and reiterated the ongoing patient-experience reviews which will support improved and consistent use of the unit by General Practitioners (GPs). Andy added that the Trust is seeing ambulance patients now going direct to the unit.
- 7.15 Gordon Ferns, Non-Executive Director asked whether the ventilation issues affecting the Cardiac Catheterisation Laboratory (CAF Lab) at St Richard's Hospital would impact any other units. Andy reported that the Trust faced a significant maintenance backlog and that meeting modern ventilation standards required substantial work, with a review already undertaken and asked Jonathan to comment on the cross-site investment. Jonathan added that a comprehensive survey had been completed across all sites and confirmed that £5 to £10 million per year had been allocated for the next 4–5 years to address this. It was noted that some theatres required refurbishment and replacement. He also noted that capital funding was in place, including £13 million for temporary theatre capacity and a five-year plan for theatres initially at the Princess Royal and St Richard's hospitals.
- 7.16 Mike Driver, Non-Executive Director asked how the wide range of changes needed and being delivered across the Trust could be communicated most effectively to patients, the media, and stakeholders, emphasising the need for consistent messaging. Andy stated that the Trust aimed to be open and honest about its challenges while maintaining a balance on the work being undertaken and their delivery timescales.
- 7.17 The Council **RECEIVED** the Chief Executive Report

COG/02/26/8 LEAD GOVERNOR'S REPORT

- 8.1 Lindy Thomsett, Lead Governor & Public Governor for Chichester reported that Governors had taken part in the recruitment process for the Trust's new Chief Executive Officer. She noted that the listening sessions held with staff and Governors had been well received and had demonstrated an open and transparent process being pursued by the Trust. Lindy formally welcomed Andy

Heaps to his first Council of Governors meeting as the substantive Chief Executive.

- 8.2 Lindy noted the resignations of Non-Executive Directors Kate Steadman and Wayne Orr and expressed thanks on behalf of the Council of Governors for their valuable contributions. Lindy added that the Governors were actively being involved in the forthcoming appointment process for two new Non-Executive Directors.
- 8.3 Lindy informed the meeting that the Council recorded its thanks to Jan Simmons, Governor & Membership Manager, who was due to retire at the end of March, with her long-standing support and guidance having been warmly welcomed.
- 8.4 Lindy reported that progress continued on several areas of Governor activity, including the collation of Governors' skills and experience to support the Trust's priorities. Lindy added that flyers containing Governor profiles and membership forms were being prepared, and the Membership and Engagement Delivery Plan for 2026 had been updated.
- 8.5 An update was provided on national discussions regarding the future statutory requirements for Governors, with further clarification awaited as to how the draft 10-year plan will be progressed. The Council also noted the upcoming elections for both public and staff Governor roles.
- 8.6 Frances asked whether the recent improvements in Ear Nose and Throat (ENT) involved the use of an external contractor or an insourcing company. Andy explained that, following the merger of the two legacy Trusts, there had been a need to address a large waiting list and that insourcing had been used to help reduce this backlog and improve patient experience with once the backlog has been addressed then the current workforce would be sufficient thus seeing a removal of a need to external support.
- 8.7 The Council **RECEIVED** the Lead Governor's Report

COG/02/26/9 PUBLIC GOVERNOR'S UPDATE

- 9.1 John Todd, Public Governor Adur, reported that he would be attending a Membership Engagement Day at the Adur Healthcare Roadshow in Shoreham on 11 April 2026 where he hopes to recruit new members to the Trust.
- 9.2 Lindy encouraged continued engagement with local MPs regarding the NHS plan and expressed concern that the public voice might not be heard if the reforms are not well considered and advised that she had submitted questions to her local MP for Wes Streeting, the UK Secretary of State for Health, and Social Care, on this issue.
- 9.3 The Committee **NOTED** the Public Governors Update.

COG/02/26/10 STAFF GOVERNOR'S UPDATE

- 10.1 Zingy Thetho, Staff Governor for Royal Sussex County Hospital presented the Staff Governors report and congratulated Andy on his appointment as Chief

Executive and noted the positive leadership he had demonstrated during his period as Acting Chief Executive.

- 10.2 Zingy added that staff had reported to have experienced considerable operational pressures arising from widespread influenza and norovirus outbreaks in the Trust and the wider community and the associated ward bed closures, along with heightened emergency department demand, increased staff sickness absence, the recent junior doctors' strike, ongoing national maternity investigation and the media interest, and the Target Operating Model consultation. Notwithstanding these challenges, colleagues continued to demonstrate a high level of professionalism and resilience, and the visible and consistent support of the senior leadership team was formally acknowledged.
- 10.3 Zingy informed the meeting that the Staff Governors noted several positive developments, including confirmation of the £250m investment for the new Sussex Cancer Centre in Brighton, the installation of The Nature of Healthcare art exhibition at RSCH, progress on the new 24/7 Acute Stroke Centre at St Richard's, Hospital and positive feedback on the expanded Same Day Emergency Care units.
- 10.4 Zingy added that the staff Governors were interested at the Strategic Review and Options Planning for the Caf Lab service at St Richard's and requested clearer communication to support the affected staff.
- 10.5 The Council was informed of the forthcoming launch of the Trust Education Plan and of the continued work with regional education partners to expand placement capacity and development opportunities. It was also noted that planning had commenced for the 2026/27 education programme, following the Trust's £1.8m CPD investment during the current year.
- 10.6 Zingy's presentation concluded by recognising the ongoing achievements and commitment of staff across the Trust.
- 10.7 Andy responding to the question reported that work on the Cath Lab review was ongoing. He confirmed that Dr Yaffi Bashire had been invited to lead an external review with consultant staff to determine the most appropriate model of care. A report had been received and was progressing through internal governance processes. Andy noted that the final outcome would include recommendations for next steps and emphasised that the Trust would need to make some complex decisions and changes, but that staff engagement would continue.
- 10.8 Kate Urch, Chief Medical Officer, joined the meeting at this item and shared with the Council that she had met with the project steering group and held an all-staff meeting, including a face-to-face session with Cath Lab staff, to review care pathways and support the ongoing work.
- 10.9 Frances asked whether the Trust understood all the touchpoints it had with young people, noting that some of these could provide opportunities to engage younger people about becoming members. Sarah-Jane Taylor, Chief People Officer reported that she had recently asked whether establishing a young people's group

would be beneficial, as similar groups elsewhere had proved effective in supporting engagement on employment pathways and service change.

- 10.10 Philippa requested that, as a first step, Andy include information in his next Chief Executive Officer report to the Council on the various touchpoints the Trust had with younger people.

10.11 **ACTION**

Andy was asked to inquire into the Trust's touchpoints with younger people and to include this information in his next Chief Executive Officers report to the Council at its meeting on 28 May 2026.

AH

- 10.12 The Council **NOTED** the report from Staff Governors

COG/02/26/11 REPORT FROM THE PATIENT EXPERIENCE & WIDER ENGAGEMENT COMMITTEE MEETING HELD ON 11 DECEMBER 2025

- 11.1 Frances McCabe, Chair of Committee presented the report on the Patient Experience & Wider Engagement Committee (PEWEC) meeting noting the need to continue encouraging young people and under-represented groups to join as members, and they wished to keep monitoring progress over actions.

- 11.2 Frances reported that the Governor led discharge lounge improvement pilot received valuable feedback that delays had occurred due to waiting for medications or letters. It was recognised that pharmacy staff lunch breaks had also be adding to delays, which had now been addressed. Frances added that Governor feedback that had been provided to the Trust's own improvement work, alongside information received by the Committee had identified issues that had now been resolved. Nursing leaders are reviewing the remaining feedback. Frances added that a further review of progress by the Committee will take place at the end of the year.

- 11.3 Frances added that the Committee at its next meeting will receive an update from the Trust on its Strategy Delivery plan and this will allow the Committee to align its work to the key areas where they can provide valuable support with feedback on practical improvements.

- 11.4 The Council **RECEIVED** the report from Patient Experience & Wider Engagement Committee.

COG/02/26/12 APPOINTED GOVERNORS' UPDATE

12.1 **BRIGHTON & HOVE CITY COUNCIL**

- 12.2 This item was deferred as no representative was available at the meeting.

12.3 **INCLUSION GROUPS**

- 12.4 Varadarajan Kalidasan (Kali), Appointed Governor – Trust Inclusion Groups, advised the Council that he had been holding regular meetings with the Equality, Diversity and Inclusion (EDI) group and the LGBTQ+ group, who had felt that the new leadership was both supportive and visible. Kali added that no issues had been reported in relation to how the Trust was addressing protected characteristics.
- 12.5 Kali informed the meeting that he had attended the Race and Health Observatory Board (RHO) one day session on maternity and neonatal, and there was an intention to speak with the Chief Executive Officer to share stories and experiences linked to ethnicity where the Trust could learn.
- 12.6 The Council **RECEIVED** the Update from the Appointed Governor Inclusion Groups.

12.7 **WEST SUSSEX COUNTY COUNCIL**

- 12.8 This item was deferred as no representative was available at the meeting.

12.9 **UNIVERSITY OF BRIGHTON**

- 12.10 This item was deferred as no representative was available at the meeting.

12.11 **VOLUNTARY SECTOR - AGE UK**

- 12.12 This item was deferred as no representative was available at the meeting.

COG/02/26/13 CHAIR FEEDBACK RESEARCH, INNOVATION & DIGITAL COMMITTEE CHAIR'S REPORT

- 13.1 Jackie Cassell, Chair of Research, Innovation & Digital Committee (RIDC) gave an overview of how this Committee was established and how it operated. She highlighted work over the past 2–3 years, including developments at the Brighton facility and the introduction of the Research Delivery Plan. Key priorities had been improving set-up times and strengthening the Commercial Research Centre.
- 13.2 Jackie reported a reduction in study set-up times had seen a positive uptake in the Trust being approached to support studies and confirmed that National Institute for Health and Care Research (NIHR) had approved the Trust's approach to patient and public involvement in research. Jackie highlighted that the Trust's Strategy and Major Projects Committee has approved plans to develop a high-quality Clinical Research Facility which will bring further value to the Trust in delivering its research ambition.
- 13.3 Jackie noted that the Electronic Patient Records (EPR) is planned to go live in mid-2027 and the Committee is keeping close and overseeing the work that is underway to identify through significant staff engagement what is needed to support the successful implementation of the EPR.

- 13.4 Philippa observed that “research” had become a more familiar and widely used concept across the organisation.
- 13.5 Katie reported there had been significant growth in research activity across the Trust, including increased NIHR funding and the expansion of the commercial research department which is one of four nationally. Katie highlighted developments in cardiology and infectious diseases research and noted substantial charitable investment in staff undertaking research was benefiting the Trust’s research position. Katie also referenced plans for a new central research hospital and reported the volume of open studies across hospital sites, supported by strong patient and public engagement was a real asset to the Trust and our patients.
- 13.6 Cheryl Giles, staff governor, updated the group on the investment in staff digital skills work, including baseline assessments, and reminded members that unused email accounts were deactivated after three months so work is ongoing to support staff to keep these active.
- 13.7 Mike Driver, Non-Executive, emphasised that innovation was needed to drive productivity and stressed the importance of an organisational culture, to ensure a strong foundation in AI and digital engagement.
- 13.8 Frances McCabe enquired about research ethics processes and the timing of approvals. Katie outlined the Ethics Committee schedule and confirmed that study set-up only began after ethical approval. Fran also asked for the definition of “research;” Katie explained that it included new drugs, new service development, social science, and population-based work. Jackie noted that the HRA “Is it Research?” tool was available online to guide teams.
- 13.9 The Council **NOTED** the Research Innovations & Digital Committee update

COG/02/26/14 Company Secretary Report

- 14.1 Glen Palethorpe, Company Secretary presented his report, which was constructed in three parts. He informed the Council that elections were underway for five Governor positions as had been referenced by the lead governor. Information about the elections had been included in the report, and Trust members would receive details on how to stand for election should they wish to do so. He also confirmed that four briefing sessions were scheduled for potential candidates, covering both staff and public governor roles, to provide an overview of the responsibilities involved.
- 14.2 Glen informed the meeting that the report also contained links to where Council of Governors and Public Board meetings could be viewed, along with links to access the associated meeting papers past and present.
- 14.3 Glen provided the Council with an update on the Non-Executive Director (NED) recruitment process. A timeline had been initiated, with interviews scheduled to take place after Easter. The Company Secretary confirmed that a further update

would be brought back to the Council of Governors regarding recruitment to the two vacant NED positions.

14.4 The Council **NOTED** the update.

COG/02/26/15 ANY OTHER BUSINESS

15.1 The Council **NOTED** there were no matters raised

COG/02/26/16 DATE OF NEXT MEETING

16.1 It was noted that the next meeting of the Council of Governors is scheduled to take place at **2pm-5pm** on **Thursday 28 May 2026**

Nadia Shannon
Governor & Membership Assistant Manager
March 2026

Signed as a correct record of the meeting

..... Chair

..... Date

**MATTERS ARISING FOR
COUNCIL OF GOVERNORS 19 FEBRUARY 2026**

Meeting	Minute Ref	Action	Person Responsible	Deadline	Status
19 February 2026	10.11	Andy was asked to inquire into the Trust's touchpoints with younger people and to include this information in his next Chief Executive Officers report to the Council at its meeting on 28 May 2026.	AH	May 2026	Actioned – this is included in the CEO report later on the agenda

Agenda Item:	7.	Meeting:	Council of Governors	Meeting Date:	28 May 2026	
Report Title:	Chief Executive's Report					
Sponsoring Executive Director:	Dr. Andy Heeps, Chief Executive					
Author(s):	Dr. Andy Heeps, Chief Executive					
Purpose of the report: <i>(indicate as appropriate)</i>	For Decision	For Assurance	For discussion	For Information only		
	N/A	N/A	Yes	N/A		
Reason for not being taken in public <i>(indicate as appropriate)</i>	Commercial confidentiality	Staff confidentiality	Patient confidentiality	Other exceptional circumstances (please detail)		
	N/A	N/A	N/A	N/A		
Regulatory Reporting Requirement	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.					
Summary of the report describing	This report provides the Council of Governors with an overview of key national, regional and local developments affecting UHSussex. It highlights the Trust's new operating model and cultural development programme, CQC inspections, independent maternity review, and investments in diagnostics and education.					
Recommendation <i>(linked to What Next section)</i>	The Council of Governors is asked to Note the updates set out in the Chief Executive's Report.					
Assurance / Scrutiny route already undertaken <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 14 May 2026.					
Link to Trust Strategy <i>(note which theme)</i>	Patients	People	Future	Communities	One UHSussex	Culture
	Yes	Yes	Yes	Yes	Yes	Yes
Link to annual delivery plan	This provides some context for our annual delivery plan					
Link to BAF <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					
Link to CQC domain	Safe	Caring	Effective	Responsive	Well-led	Use of Resources
	N/A	N/A	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	

CHIEF EXECUTIVE COUNCIL OF GOVERNORS REPORT

Dr Andy Heeps, Chief Executive

May 2026

1. CHANGING LANDSCAPE

New Trust operating model

On April 1, we laid one of the cornerstones of our Excellent Care Everywhere strategy by beginning the transition to our new Trust operating model. This is central to the strategy's commitment to building a unified organisation with a shared culture and common way of working and will see us provide services through four cross-site divisions instead of the current eight. It is accompanied by a new senior leadership structure, appointments to which were announced at the end of April.

The new model has been designed to address colleagues' frustrations at unclear lines of accountability and inconsistencies in service leadership, management and support on different sites that were a theme of both our Big Conversation and Developmental Well-led Review.

Most colleagues will not see any immediate changes in how they work as we focus in the immediate term on establishing leadership, governance, accountability and reporting through the four new divisions, while maintaining the safety and stability of all services. However, this is still a fundamental change in the way we operate: it is how we will strengthen our grip on performance and service delivery, and how we will achieve our strategy's vision and ambitions over the five years ahead. The next phase of the model's implementation will see us establish its 28 cross-site directorates and appoint their leadership teams.

NHS Surrey and Sussex ICB

The new NHS Surrey and Sussex Integrated Care Board (ICB) was created on April 1 by the merger of NHS Surrey Heartlands and NHS Sussex and incorporation of some areas of Surrey that were previously part of NHS Frimley ICB.

The new ICB will be a leaner organisation focused on its role as a strategic commissioner and priorities of making sure local health and care spending has a direct impact on improving people's health and reducing the inequalities we know exist in how some people access and receive care. We look forward to working closely with the ICB to achieve our common goals.

Hearing from young people

At our last Council meeting, there was a request for information on the Trust's engagement with younger people. Developing more ways of hearing the voices of these patients is one of our paediatric service's strategic priorities. Currently, we do this around mental health issues through the Sussex Partnership Foundation Trust's (SPFT) Experts by Experience Panel; more widely via the CQC Children's and Young People's Survey; and most specifically in feedback on sub-specialties such as paediatric diabetes from youth workers across all sites.

Going forward, additional priorities for our new Women's, Children's and Clinical Support division will include considering how we can establish an acute equivalent of the SPFT mental health panel, and ensuring the patient voice is heard in our children's and young people's mental health care training.

2. REPORTS AND INSPECTIONS

Independent maternity review

The Department of Health and Social Care has announced the scope and leadership of its independent review of harm and bereavements suffered by families under the care of our hospitals' maternity services. The review will be chaired by senior midwife Donna Ockenden and will review all cases of stillbirth, neonatal or maternal death, neonatal harm caused by severe brain injuries and severe maternal harm occurring here between 2018 and the review's expected conclusion in 2028.

While it is not possible for anyone to guarantee that every birth will have the very best outcome, we know that in at least some of the cases under review the outcome could have been different, and we have apologised to the affected families for that. We will of course continue to support all bereaved families as best we can and help the review provide the further answers the families involved seek.

CQC Well-led inspection report

The Care Quality Commission (CQC) has published the report of the Well-led inspection it carried out in July last year, which upgrades our rating to Requires Improvement. While I welcome this step forward, the report is clear that we still need to strengthen further leadership, culture, risk management, and learning from incidents. It is particularly concerning that some colleagues reported not feeling able to raise concerns. We need to ensure people feel confident and encouraged to do so, given the direct link between speaking up and improvements in care quality and safety.

Since the inspection last summer, we have strengthened our executive and Board, launched our new strategy, and introduced a new operating model with clearer accountability for services and patient care. We have also begun a new drive to set clearer expectations for how we work with each other, with the launch of our new behavioural compass. Our staff do extraordinary work for patients every day, and our responsibility is to give them the support, culture and confidence they need to provide consistently excellent care.

CQC Worthing maternity service inspection

The CQC also spent two days at Worthing Hospital last month inspecting our maternity service there. The Commission last visited in February 2025, when they rated the service as Good in a report published earlier this year. Externally validated quality and safety data indicates that the service our teams provide across all our sites today remains objectively so: national data shows our neonatal death and stillbirth rates are low and falling, and MBRRACE monitoring ranks the UHSussex service among the safest in the country.

At the same time, however, I recognise this has not always been the case, so it is natural that our regulators want to assure themselves that the improvements in maternity care identified by the last CQC report are embedded and that further progress is being made.

National Provider Improvement Programme (NPIP)

In March, University Hospitals Sussex joined the NHS England National Provider Improvement Programme (NPIP), which determines whether challenged NHS providers have the conditions in place (board and organisational leadership, effective and insightful governance, staff engagement, and improvement approach) to deliver sustainable improvement, supported by a deliverable improvement plan.

NPIP comprises five phases: mobilisation, assessment, plan, support, and transition. Our mobilisation phase consisted of a desktop review of key documentation, which will now be followed by a 12-week assessment period in which NPIP team members will observe key governance meetings, meet stakeholders and run targeted engagement sessions with staff.

HR review

The Trust has now received the report of the human resources (HR) service review carried out by Dearden HR between November 2025 and March 2026. The review highlighted many examples of good practice and the positivity of the team but also found that the service is under-resourced for the Trust's requirements and in the context of our delivery model.

The review considered the service to be operating at a functional level of maturity but with potential to become more strategic. It made 13 recommendations around the HR operating model; resources; systems; recruitment; employee relations; workforce planning; leadership development; organisational development (OD); equality, diversity and inclusion; automation; and governance.

We will now develop a plan to implement those recommendations over the next two years, beginning with aligned HR and OD support for the four divisions of our new Trust operating model.

3. INVESTING IN OUR HOSPITALS

Southlands Community Diagnostic Centre expansion

I am pleased to report that we are doubling the MRI capacity of our Southlands Hospital Community Diagnostic Centre (CDC) with the installation of a second scanner. Our MRI service at the CDC runs seven days a week from 8am to 8pm for patients aged five and up, giving people more flexibility to fit appointments around work, school and home life, while avoiding the need to travel to a busier acute hospital. The second scanner and its advanced imaging software will help reduce scan times and improve image quality, including for cancer staging.

Cardiac catheterisation laboratory service modernisation

The Trust and our ICB have confirmed a modernisation of the cardiac catheterisation service in West Sussex to align local care with the latest national guidance. This recommends catheterisation laboratories should be in hospitals with two or more labs to improve safety and efficiency. Worthing Hospital already has two state-of-the-art labs which can safely accommodate more patients. The single lab at St Richard's Hospital has been closed since January 2025 due to a major issue with the air exchange system that enables its safe use. As a result, most patients from the Chichester area who need cath lab treatment already travel to larger centres in Worthing, Brighton or Portsmouth.

We have now agreed with the ICB that the 300 patients a year who would previously have undergone pacemaker procedures at St Richard's will now be treated at Worthing. There is no change to urgent or emergency heart attack care at St Richard's, or to other cardiology services there, including the cardiology ward and outpatient clinics.

Ophthalmology visit

A multidisciplinary team from our ophthalmology service visited the Exeter Eye Centre - a national GIRFT (Getting It Right First Time) programme exemplar site – as part of our new Trust strategy's commitment to developing centres of excellence at UHSussex. The team was inspired by the clarity of the Exeter model and its practical delivery: the centre has redesigned its diagnostic pathways to eliminate a waiting list of many thousands of patients. They are keen to adapt this approach locally and will be reviewing pathways to address our own backlog, while also improving training, staff engagement and patient care.

Douglas Chamberlain Education Centre opening

The official opening of the Douglas Chamberlain Education Centre at the Royal Sussex County Hospital has given us a new professional development hub for colleagues across the Trust and provides a fitting legacy for a pioneering cardiologist and educator with a lifelong commitment to improving patient care. The new facility includes lecture theatres and teaching spaces designed to support high quality education for staff in all roles. It will also play an important role in supporting the Integrated Education Plan we will launch this year to help us build a sustainable, highly skilled workforce through education and training for all.

4. STAFF RECOGNITION

Cultural development programme

Introducing a new operating model and leadership structure will not resolve all the issues we face, many of which relate to the culture of our organisation and how we act and lead. I am therefore pleased that we have this month introduced a trust-wide programme designed to promote and enable the values and behaviours our new strategy places at the heart of how we will provide excellent care everywhere.

Central to this initiative is our Behavioural Compass, a handy tool that will help us act on our core values – being compassionate, inclusive and respectful – in our everyday working lives. Ahead of its launch, we recruited 60 'experimenteers' to test the compass in real-life situations and share with everyone what they learn so it evolves in ways that will maximise its relevance and effects. The number of people interested in becoming an experimenteer has been a positive early indicator of the programme's potential and I look forward to sharing how colleagues are using it.

Filipino nurses' anniversary

We recently marked 25 years of service by our Filipino colleagues at Worthing and Southlands hospitals. Some 18 of the first cohort of 25 nurses who arrived in March 2001 are still working here and have paved the way for many more to follow them. Today, international colleagues make up around a third of our workforce, and the Philippines is the second largest represented country. I am sure you will join me in thanking them all for the incredible contribution they make to the lives of our hospitals.

Friends of our hospitals

Finally, we received some sad news since we last met with the passing of two dedicated and long-serving supporters of staff and patients at St Richard's and Southlands hospitals. Malcolm Brett was chairman of the League of Friends at Southlands for many years and a presenter on Seaside Hospital Radio across five decades. Jim Sewell played a leading role in the work of the Friends of Chichester Hospitals, most recently as honorary vice-president, particularly in supporting staff to achieve high standards of environment and catering. I would like to extend our sincere condolences to Jim and Malcolm's families and friends and put on record our gratitude for all their work on behalf of patients and staff.

Lead Governor Report 28 May 2026

I begin this Governors report with the continuing ambition included in the Government's 10-year plan for the NHS to no longer require Foundation Trust's to have a Council of Governors. As Lead Governor I attended a Govern Well webinar: *An update on the future of the COG nationwide*. It was clear there still remains a lot of speculation on what the new legislation could mean and whether it will bring a transitioning into a new and more flexible arrangements with each Trust wishing to adopt an individual approach with their Governors or an equivalent. We need to wait for the further information, on what any legislative change may bring, which was due April 2026. Once that is available, the Board's view on this legislation and the future of the Governors can be properly assessed with recommendations made. However, until then it remains business as usual, with the Trust continuing to support the Governors to continue with their activities as before.

With that in mind the elections to fill governor vacancies and those where the current governors' terms of office are coming to an end are progressing. Prospective candidates were offered the opportunity to take part in a number of briefing sessions whereby the Company Secretary explained the role of a Trust Governor and they could also ask questions. I joined these briefings and gave a brief summary of my role and also my reasons for wishing to become a governor and how I consider it as a privilege and most importantly how Governor's work as an asset to the Trust.

There were three constituencies that were uncontested and will see three new governors join the Trust from July, these being Brian Jones (Worthing) Philip Sawyer (Chichester) and Debbie O'Hara (Staff governor for PRH). We are still awaiting the results of the elections for Brighton and Hove and also Mid Sussex where there are several candidates standing for each of these constituencies. The results will be announced at the beginning of June, but we know that the two current governors have decided not to stand for re-election so I would like to take this opportunity to extend the whole Council's thanks for the support provided by Alex Leary and Colin Holden.

The Governors have received a briefing on the Trust's 2026/27 Plan which gave an overview of the Trust's current position and how they plan to move forward in the coming years to achieve greater efficiency in support of the Trust's overall ambition to provide financial sustainable services that enable the Trust to meet its operational ambitions. At the session we heard about the continuing progress of capital projects, such as the new Cancer site at Brighton and the work being done to addressing patients waiting by reducing waiting times and ensuring the Trust has an appropriate workforce that will meet the increasing patient demands for our services. The Trust's move into the National Improvement Programme (NPIP) that assists challenged organisations will, as we have heard, help check that the Trust's plans are coherent and support sustainable improvements to achieve the Trust's Strategy of Better Care Everywhere.

Frances McCabe and myself, attended the Official Opening of the improved Acute Medical Unit at the Royal Sussex County Hospital at Brighton. It was very well attended and after a comprehensive presentation, a tour of the department followed which left everyone impressed with the benefits that this major new development will bring to patients and staff, building staff morale and enhancing patient satisfaction for the services that are now being provided.

Four Governors attended the Welcome Standards Celebration Event with event reinforcing just how important first impressions matter and how these standards have been developed through building on patients' feedback. Through listening, action can happen and be effective through introducing 'standards' that underpin the Trust's values. This results in increased patient satisfaction, enhances staff morale, and improves quality of access. It is a winning scenario.

In April, the CQC made an unannounced visit to Worthing Hospital Maternity services to ensure that the improvements they had seen in February are being embedded in the day-to-day work of the service reflecting on the current plans to progress these improvements still further. It was very pleasing to read that the CQC's own national maternity patient survey has ranked UHSussex as 10 out of the 55 participating Trusts. Also, that the local MP, Becky Cooper who sits on the Health

and Social Care Committee praised the improvements and raised it in a speech to Parliament. This is so good for staff morale following the recent media reports regarding the Maternity services locally and nationally. We have heard from the Chief Executive in his reports about the work being done to engage with the national reviews recognising and respecting the families which feel their care was not up to standard they deserved and the commitment to improve.

Jessica Thoms, Managing Director of the Sussex Provider Collaborative gave a presentation to the Governors and NEDs explaining how this collaborative operates through its various partnership arrangements which brings together eight NHS Organisations to work at scale across multiple locations, with a shared purpose. There is a MOU between all the participating Organisations which underpins the commitment to a collaboration for the benefit of our population, workforce, and services. It was so useful for the Governors to understand the framework that crosses all organisations and will help to provide a sharing of services so that it can meet the needs of all the population and be beneficial to all our local communities.

Since my last report, the Governors have had two important aspects of their role to fulfil. Firstly, the Governors have after a considerable amount of discussion set a specific Chair and NEDs objective for the coming year and secondly the Governors have been very involved with the process of appointing two new NEDs. This process involved the shortlisting of candidates, having the opportunity to meet each candidate in a stakeholder panel held virtually on teams, where they were each asked to answer a question regarding their desire to be appointed as a NED at this trust which then allowed further questions and discussion to follow. Two Governors (one public and one staff) were part of the final panel who made a recommendation to the Governors which was agreed to appoint Jin Sahota and Andy Hobart, and we look forward to welcoming them to the Trust shortly.

It is very good news to hear that there is now a second scanner at Southlands Hospital within the Community Diagnostic Hub which is now doubling the capacity and therefore reducing waiting lists and times, also that breast screening is up 80% compared to 70% nationally. The huge public event to encourage bowel screening, breast and cervical screening which included local charities and partner organisations helps enormously with taking the message into the public arena and the Governors re-enforce this message whenever they have the opportunity.

Lastly, on behalf of the Governors, we would like to extend our condolences to the family of Malcolm Brett who was a massive supporter of the Southlands Hospital.

Agenda Item:	11.	Meeting:	Council of Governors	Meeting Date:	28 May 2026
Report Title:	Patient Experience and Wider Engagement Committee Chair's Report				
Author(s):	Frances McCabe – PEWEC Chair, Public Governor Brighton, and Hove				
Purpose of the report: <i>(indicate as appropriate)</i>	For Decision	For Assurance	For discussion	For Information	
		Yes		Yes	
Regulatory Reporting Requirement	<i>None</i>				
Summary of the report describing	<u>March 2026 meeting</u>				
	The Patient Engagement and Wider Experience Committee met on 12 March 2026. The meeting was quorate, with four publicly elected Governors and two staff Governors in attendance. Also, present was the Director of Patient Experience, Engagement, and Involvement.				
	The Committee received all its expected agenda items with the exception of an update from NHS Sussex and the CQC report from Maternity.				
	Below is a summary of the key items discussed at the meeting.				
	UHSussex Trust Strategy 2025-2030 Excellent Care Everywhere				
The Committee received an update on the Trust Strategy: Excellent Care Everywhere and noted that progress against the delivery plan had continued, with several major milestones already achieved. Members recognised that some work packages had been affected by financial constraints, but overall implementation had progressed, with key improvements delivered across clinical sites and programmes.					
Stakeholder Feedback					
The Committee NOTED that stakeholder intelligence had been limited as no ICB representative had been present at the meeting. It was agreed that further information on the Sussex–Surrey ICB merger was required, and the Committee requested a follow-up to secure this update for a future meeting.					
Healthwatch					
The Committee received an update from Healthwatch Brighton & Hove, which confirmed that funding for 2026/27 had been secured, enabling the service to continue until March 2027, albeit with reduced staffing. Members noted concerns regarding the national plans to change the role of Healthwatch and the potential impact on the Trust's access to soft intelligence in the future.					
Maternity					
The Committee noted that the Care Quality Commission had recently published the Trust's improved good rating for maternity services. As no maternity representative had been available, a more detailed update was deferred to the next scheduled meeting.					



	<p>Membership & Engagement Report The Committee received the Membership & Engagement Report and noted that active member recruitment had reduced due to the focus on elections, although constituency numbers remained above the required thresholds. The Committee also noted that work on Board & Governor photo boards had progressed and that the focus on younger member engagement had already been addressed in previous meetings.</p> <p>Membership Delivery Plan The Committee AGREED the Membership & Delivery Plan for 2026. It was confirmed that the Plan would be presented to the Council of Governors and scheduled for review again in six months.</p> <p>Deep Dive April Meeting 23 April 2026 The Committee repurposed its deep dive session in April to reflect on the key patient-centred priorities aligned with the Trust's new Strategy: Excellent Care Everywhere. The Members present were supportive of focussing PEWEC's future programme on as areas where Governors felt they can add greatest value, these being: digitalisation and patient experience, patient choice and waiting times, and the Emergency Department experience. Governor views on deep dive topics will continue to be sought and the latest outline is appended.</p>						
<p>Recommendation <i>(linked to What Next section)</i></p>	<p><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. The Council of Governors is invited to endorse the short-term areas of focus for the Committee.</i></p>						
<p>Assurance / Scrutiny route already undertaken <i>(please explain where matter previously considered, and assurance provided)</i></p>	Not applicable						
<p>Link to Trust Strategy (note which theme)</p>	Patients	People	Future	Communities	One UHSussex	Culture	
	Yes	Yes	N/A	Yes	N/A	Yes	
<p>Link to annual delivery plan</p>	The Patient Experience Report links to the Trust's annual plan delivery						
<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>	Not directly						
<p>Link to CQC domain</p>	Safe	Caring	Effective	Responsive	Well-led	Use of Resources	
	N/A	Yes	N/A	N/A	N/A	N/A	
<p>Other impacts</p>	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
Patient Engagement & Experience Committee	12 March 2026	Frances McCabe	✓	<input type="checkbox"/>
Declarations of Interest Made				
There were no declarations of interest				
Assurance received at the Committee meeting				
Excellent Care Everywhere Strategy				
<p>The Committee RECEIVED an update on the Excellent Care Everywhere strategy and was assured that progress continued despite competing activity and financial recovery pressures impacting the pace of some work packages. Members NOTED that significant milestones had been delivered, including the RSCH Acute Medical Unit opening, the helideck test flight, and progress in digital modernisation such as Electronic Patient Record and Electronic Document Management Systems (EDMS) work. The Committee also heard that several major clinical and operational developments were progressing and that Governor insight would continue to play an important role informing future delivery.</p>				
Stakeholder Feedback				
<p>The Committee discussed the lack of an attending representative from the Sussex ICB given the previous opportunities system events had offered for aligned member engagement activity. In light of the ICB merger with Surrey Heartlands ICB, it was suggested that further information would be beneficial for a future meeting. The Committee also received detailed feedback from the Communications Team regarding digital information screens across the Trust and was assured that improvements had been made to patient-facing messaging systems, with further developments underway.</p>				
Healthwatch				
<p>The Committee RECEIVED assurance through the Healthwatch update, which confirmed that funding had been secured for 2026/27, although reduced staffing would limit activity. Members NOTED national developments regarding the future of Healthwatch and the risks this posed to the Trust's access to independent patient insight. The value of Healthwatch's soft intelligence and the potential future gap in system feedback were acknowledged.</p>				
Maternity CQC Report				
<p>The Committee did not RECEIVE the CQC Maternity Report update because no maternity representative was available, and the update was therefore deferred to the next meeting. The Committee NOTED the Trust's improved 'Good' rating.</p>				
Membership and Engagement Update				
<p>The Committee RECEIVED the Membership & Engagement Report and was assured that constituency numbers remained above required levels despite reduced recruitment activity during the Governor election period. Updates were provided on the Enhancing the Governor Role project and publicising Governor photos. The Committee also approved the 2026 Membership & Engagement Delivery Plan, which is due to be presented to the next Council of Governor and reviewed in six months.</p>				

Patient Experience Quarter 3 Report

The Committee **RECEIVED** the Patient Experience Quarter 3 Report and was assured that, despite the highest number of quarterly complaints on record, response performance remained strong, with fewer reopened cases and fewer Ombudsman referrals. Members **NOTED** that complaint themes continued to relate to delays and communication, with particular pressures in ophthalmology, neurology, and cancer pathways. The Committee also discussed maternity complaint trends and acknowledged the stabilising performance data. Triangulating complaints, patient safety concerns, and system pressures provided important intelligence to guide future work.

Items for escalation to the Council of Governors

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

We are compassionate
We are inclusive
We are respectful



University Hospitals Sussex
NHS Foundation Trust

Patient Experience & Wider Engagement Committee (PEWEC) Strategic Focus



Mapping PEWEC focus to the Trust Strategy for Deep Dive
topics of interest & engagement opportunity

May 2026

Excellent Care Everywhere

Purpose of this Document

- To support PEWEC in focusing its limited time on patient and public experience aspects of the new Trust Strategy,
- To take account of existing intelligence about what people want from services or inequalities issues
- To identify where Governor insight and engagement can add most value
- To act as a flexible aide-mémoire (not a delivery plan or performance framework)

- Not covering the full Trust Strategy, while acknowledging briefings the Governors have received, but focussed on the role of the Patient Engagement & Wider Engagement Committee

Please note

- These proposals are work in progress and will be reviewed in 9 months.



Excellent Care Everywhere

UHSussex Strategy 2025-2030



University Hospitals Sussex
NHS Foundation Trust



Our people

Being supported to be our best

- Looking after our colleagues
- Improving and innovating
- Always learning
- Strengthening the staff voice

One UHSussex

United for success

- One culture
- One way of doing things
- One team
- One infrastructure

Patients

Fast, fair high quality care

- Faster access to planned treatment and cancer care
- Better urgent and emergency care
- Centres of excellence
- Everyone treated fairly

Communities

Help to live well and thrive

- Supporting health and wealth
- Moving from treatment to prevention
- Being green
- Working with others

Future

Being ready for the world ahead

- Going from analogue to digital
- Better buildings and equipment
- Leading regional research
- Providing value for money



PEWEC Engagement with the new Trust Strategy

Strategy Heading	Areas for Governor consideration	Routine Governors connection	Deep Dive 2026/27
Excellent care for our patients - Fast, fair, high-quality care for all	<ul style="list-style-type: none"> Hearing peoples' experiences in the Emergency Department (including those from pathways with initiatives to reduce avoidable admission). How the Trust has heard Patients' choices about treatment and waits for diagnosis and treatment; How patients and public are involved in shaping and feedback/monitoring and changing services 	<p>Governor participation in Peer Review & PLACE with new targeted questions. PEWEC review of Governor Feedback</p> <p>See briefing: from Booking team Propose review of Patient leaflets and info Patient Engagement reports to PEWEC</p>	<p>4 Jun / 23 Jul (DD) ED patient feedback; impact of admission avoidance activities; Change feedback; Focus on effective & appropriate Comm's</p>
Excellent care for our communities - Helping local people live well and thrive	<p>(Cross-cutting lens to above discussions)</p> <ul style="list-style-type: none"> Health Inequalities: Member Engagement opportunity Updates on developing Neighbourhoods 	<p>Feedback from Public Governors; Monitor Member development plan impact; PEWEC meeting updates with ICB invited. See ICB news and engagement circulars</p>	
Excellent care for the future - Being ready for the world ahead	<ul style="list-style-type: none"> Patient experience of digitalisation of records Patient experience of Digital Appointments Systems 	<p>See briefing updates from: Electronic Patient Record (EPR) project updates, Patient Knows Best app, and from the Booking team</p>	<p>3 Sep / 22 Oct (DD) Digital initiatives: current position, patient feedback & equality impact</p>
Excellent care together - Becoming one UHSussex - united for success	<ul style="list-style-type: none"> Where culture issues show up in patient experience (e.g. courtesy, communication, dignity) 	<p>Peer & PLACE Reviews Governors gather Feedback & observe Welcome Standards; Governors invited to Hospital Forums</p>	
Excellent care for our people - Supporting all our colleagues to be their best	<ul style="list-style-type: none"> Look for opportunities to improve the ambassadorial role of Governors, sharing positive patient stories and good practice 	<p>To Members Promote Zero Tolerance V&A; See briefings on: Education Framework, MyCharity re Staff support schemes</p>	

Excellent Care Everywhere

We are compassionate
We are inclusive
We are respectful



University Hospitals Sussex
NHS Foundation Trust

Strategy and Major Projects Assurance Committee



Excellent Care Everywhere

Introducing the Strategy and Major Projects Assurance Committee

Chair: Paul Layzell

Non-Executive Directors: Lucy Bloem,
Phil Hogan, Bindesh Shah

Executive Directors: Rox Smith (Chief Strategy Officer), Jonathan Reid (Chief Finance Officer)

- Established in 2025
- Meets every three months
- Attended by relevant Directors and Project leaders
- Sits above Exec-led boards:
 - Clinical Transformation Programme Board
 - Strategy & Major Projects Board

STRATEGY AND MAJOR PROJECTS ASSURANCE COMMITTEE

TERMS OF REFERENCE

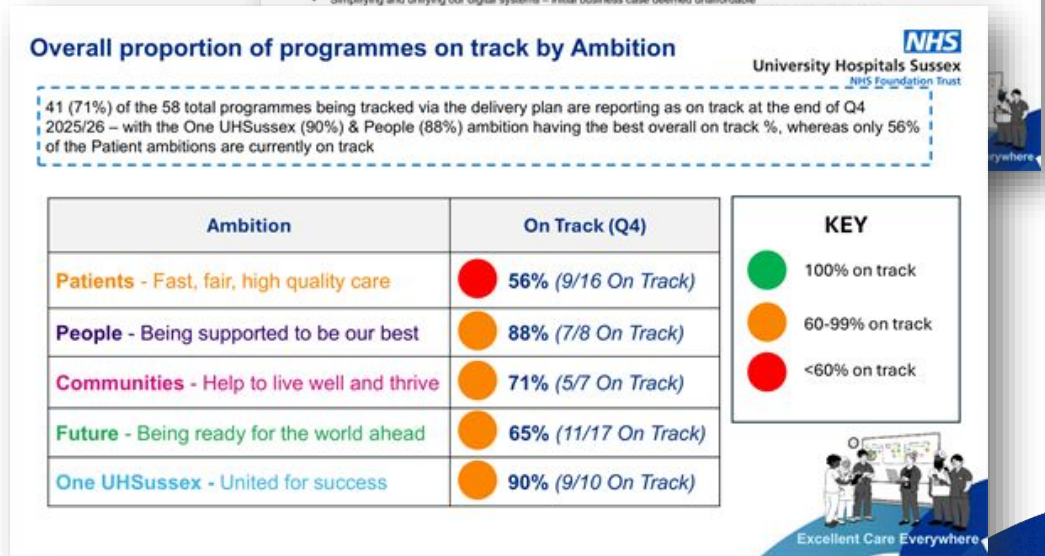
1.00 PURPOSE

- 1.01 The purpose of the Strategy and Major Projects Assurance Committee is to support the Trust in achieving its strategy.
- 1.02 The Strategy and Major Projects Assurance Committee will do this through;
- Oversight of the Strategy Delivery Plan;
 - Oversight of Major Projects aligned to the key milestones within the Trust's established strategy;
 - Oversight of delivery of the strategic commitments within Trust's strategy; and
 - Ensuring the Trust learns from, and applies any lessons for improvements to future projects.



Strategy Delivery Plan Assurance

- The **Strategy Delivery Plan** is a single trust-wide view of how we are delivering our strategy, with ~60 work-packages that support our five ambitions.
- This is a new and important tool to help Trust leaders to see the big picture and **keep focused on our medium/long term ambitions** whilst also managing ongoing operational pressures and improvements.
- Senior Responsible Owners (Directors) across the Trust **report each quarter** on what they have achieved, their milestones for the coming quarter and whether they are on or off track.
- This data is consolidated by the strategy team into a report showing **progress against our ambitions** and identifying areas of risk or concern.
- We have now had our delivery plan in place for two quarters and scrutinised the latest report on May 7th.
- The Trust is currently on track against in 71% of our work-packages and the report gives us **lots to celebrate**.
- There are also clear themes showing where delivery is difficult, including:
 - **Internal dependencies** – eg where resource has had to be moved to operational pressures, or progress has been impacted temporarily by the Target Operating Model changes
 - **External dependencies** – where delays are outside our control (eg funding agreement from NHSE, or procurement delays)
 - **Finance** – where our ability to progress as fast as we would like to is hindered by our current financial situation.



Excellent Care Everywhere

Assurance of the Strategy Delivery Plan enables us to see the difference we are starting to make



University Hospitals Sussex
NHS Foundation Trust

In the last quarter, our patients and staff have seen tangible impact across all our Ambitions:

Our Patients

- Reduced our **52+ week waits** by 30% and our **65+ week waits** by 58%
- **Helipad** is now operational, with **12 patients already transported to RSCH** via Helicopter since opening
- **UEC** – Current UEC programme has delivered Pre-Discharge Ready Date length of stay (LoS) **reduction of 2.1 days**, additional work with **Newton** gives as opportunity to put a very strong programme in place
- **Ethnicity recording training** delivered to **26 services leads**, helping us to better understand and combat health inequalities



Communities

- **Engaging patients in service changes** – Survey of **1,400 patients** undertaken as part of the Cath Lab reconfiguration programme, with responses considered as part of the options appraisal
- **Procurement processes** now have **mandatory social value evaluation criteria**
- **Good engagement with schools & colleges** across all local sites, leading to successful collaborative careers events and increased local interest in our programmes

Our People

- **Occupational Health** – New in house OH service commenced in WOR, SRH & SLDs, standardising processes and providing a more consistent experience for colleagues across the Trust
- **MSK hub** launched in April 2026, supporting physical wellbeing at work
- **Staff Panel** – **135 staff and volunteers recruited** onto the staff panel, strengthening the voice of our staff

One UHSussex

- **Culture** - Reward & Recognition, Violence Prevention and Reduction, and Sexual Safety have now **matured into BAU** with clear ownership and governance through existing operational routes.
- **Leadership development** – NHS Elect 'Fearless Leadership' launched in April 26, supporting leaders to build confidence and skill
- **New Target Operating Model** – consultation/change management, and appointments to key posts in our new structure

Future

- **Digital Communications** – growth in digital channels of over **250k patients**, with **1m additional communications** transitioned away from paper form
- **Clinical Research Deliver Centre (CRDC)** – has already seen excellent progress in commercial growth and opened up new funding streams (including **£700k NIHR** funding in Q4)
- **Theatre refurbishment** – Four new mobile theatres have arrived in SRH and PRH to enable works on our ageing theatre estate

Major Projects Assurance

- Our **Major Projects** are the Trust's highest value highest risk transformation and capital projects, including:
 - Cancer Centre
 - Electronic Patient Record Implementation
 - Acute Floor Reconfiguration at Brighton
 - Theatre ventilation repair programme
- These require **detailed scrutiny**. The Committee receives and interrogates assurance reports about progress, risks and issues for all these projects.
- In May the Committee reached a milestone: agreeing to close our first major project – the **helideck operationalisation**. Operationalisation of the helideck, after a long period of questions about this, is a major achievement for the Trust.

Stages 2&3 Sussex Cancer Centre- Major Project Overview

Financial Envelope		Delivery Date	2025/26												2026/27												2027/28												2028/29												2029/30																																																																																																																																															
Capital: £251.7 million (requested in FBC)		Mid 2029 opening to patients, Logistics Yard completed- October 2030	Q1				Q2				Q3				Q4				Q1				Q2				Q3				Q4				Q1				Q2				Q3				Q4																																																																																																																																																			
Revenue: Net zero investment			Design/FBC																																																Construction																																																Commission																																																PFE																																															

Project Objectives:
1. Provision of sufficient capacity & a high-quality modern environment to consolidate fragmented cancer services & improve outcomes for cancer

Major Projects Portfolio Overview

Across the Major Projects Portfolio key milestones have been achieved in the last period however challenges and issues have also been identified with plans are being worked through to mitigate, and minimise impact to the programmes. Across the portfolio the **financial spend almost met forecast**, the externally funded schemes were on track, but we finished the period behind on RSCH AFR and Stroke. The **helipad became CAA certified and opened at the beginning of March** achieving a significant milestone for the Trust, at time of writing we had received 12 patient transfers by helicopter and are recommending that this project be closed out as an MP and pass to BAU for ongoing monitoring. The **ventilation project saw all 4 planned mobile theatres delivered on site by the end of March** providing a highly visible signal to staff and patients of investment in improving quality of the surgical facilities. Work is now progressing to commission the theatres and tender the work needed to start refurbishments. Emergence of potential revenue cost pressures is being discussed and work ongoing to avoid this transpiring. The capital development for the **Southlands Theatre** project is proving challenging to finalise within the budget. The clinical accommodation has been modified to reduce costs and discussions are ongoing to determine what should be within scope of the project, this challenge is represented. The RSCH AFR project has **secured supplemental funding over 2 years of £11mill** which will help to cover the capital costs, there are still wider ventilation and IT hub issues that require confirmation of funding before moving forward. The **Stroke FBC** has yet to be approved **requiring further analysis of the project financial risk** to provide assurance to the Board which will be presented to F&P committee on 7th May. The **SRH RAAC** remediation project moves into the next period with a **recommended set of options to take to SOC and OBC stages**.

Project Programme	Portfolio Health					Overall	
	Prog	Time	ER	EC	Qty		Total
Stages 2&3	●	●	●	●	●	●	●
Helideck	●	●	●	●	●	●	●
EPR	●	●	●	●	●	●	●
Stroke Reconfiguration	●	●	●	●	●	●	↓
RSCH AFR	●	●	●	●	●	●	↑
CRF	●	●	●	●	●	●	●
Southlands Theatres	●	●	●	●	●	●	↓
SRH RAAC Remediation	●	●	●	●	●	●	●
Theatre Ventilation	●	●	●	●	●	●	↓
Property Rationalisation	●	●	●	●	●	●	●

Milestones Achieved in previous Period

Legend: Achieved (17), WIP (1), Not Started (24)

Stages of Development

Major Projects Spend vs Forecast (€m)

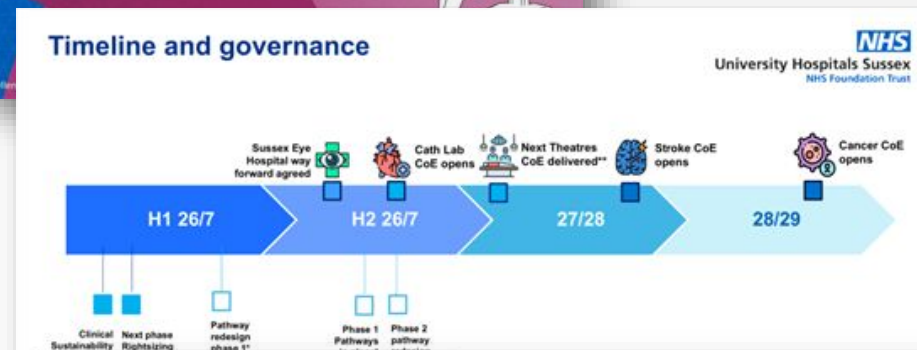
Key Milestones in previous and next period

Project	Previous Period			Next Period			Comments
	January	February	March	April	May	June	
Sussex Cancer Centres	●	●	●	●	●	●	WIP
Helideck	●	●	●	●	●	●	Not started
EPR	●	●	●	●	●	●	WIP
Stroke Centres	●	●	●	●	●	●	WIP
RSCH - Acute Floor	●	●	●	●	●	●	WIP
Clinical Research Centres	●	●	●	●	●	●	WIP
Southlands	●	●	●	●	●	●	WIP

Excellent Care Everywhere

Driving Strategic Development

- The Committee is driving work within the Trust to set out our **future pipeline for clinical transformation**. This is about ensuring we make a reality of the higher-level strategic commitments in the strategy – our journey toward Excellent Care Everywhere, through new Centres of Excellence, One UHSussex Pathways and Vibrant Hospitals.
- At our May 7th meeting we took stock of our current progress, and discussed:
 - How we are **prioritising** our plans for clinical transformation
 - How we will make sure that we **manage change well** for patients, staff and with partners
 - How we will make sure that changes **deliver the benefits** we need to see to make a reality of ‘excellent care everywhere’
- The Trust has a **pipeline of current transformation projects**, and important strategic projects which will help us to decide what should be the next priorities.
- At our next Committee we are planning a **deep dive** into the work the Strategy Team is doing to align our data and evidence (bringing together finance, performance, quality and opportunity) to ensure that we focus transformation on the areas where it is most needed, and will have more impact. Prioritising in this way is going to be critical to our journey towards Excellent Care Everywhere.



Our approach to change is clear: focus on data, national best practice and underpinned by good quality engagement

Key points from the evidence:

- GIRFT national reports recommend consolidation or clinical networking where activity levels are too low to sustain safe, high-quality and resilient services (NHS England, GIRFT).
- There is a strong NHS and international evidence base supporting the use of single, evidence-based care pathways across multiple hospital sites to reduce unwarranted variation, with programmes such as NHS RightCare and GIRFT emphasising pathway-level standardisation rather than organisational uniformity. (NHS England, GIRFT)
- National evaluation evidence shows that improvements associated with GIRFT were achieved largely through changes in clinical practice and service organisation, rather than uniform structural reconfiguration of services (Barratt et al., BMJ Open).
- While there are designations for excellence or best practice in some specialities, there is no single national definition of 'centre of excellence'.

Sources:

- NHS England, Getting it Right First Time National Reports
- Barratt et al., BMJ Open (2021)

What this means for our approach:

- The benefits will come from how services are re-designed and changes implemented to set conditions for excellence.
- Decisions must be made on the basis of evidence which demonstrates the opportunity to improve patient care.
- Engagement will be critical - 'one size fits all' models which do not take staff and patient insight and expertise into account will not deliver our objectives.
- This complexity means we need to prioritise our change efforts, to manage impact and interdependencies well and ensure benefits are realised.


Excellent Care Everywhere

Learning Lessons






- The Committee helps the organisation to reflect not only on progress but also on what we are learning and how we can improve our confidence in delivery.
- Discussions at the Committee have led to:
 - Ongoing professionalisation of the new **Clinical Transformation Portfolio** so that we learn from the Major Project Portfolio in terms of quality of governance and assurance
 - Improvements in the way **we demonstrate impact** in delivering against our strategy by adapting the data requested from SROs for the quarterly update.
 - Development of more **strategic approaches to communicating** our strategy and delivery – helping us to shift the narrative about UHSussex so that our public, patients and staff hear about the successes we are having and feel confident in our future.

Understanding our system

- The Committee also spends time making sure we and the Board understand the system context in which we are operating. We take regular reports on this, including developments such as:
 - Launch of Surrey & Sussex ICB
 - Development of neighbourhood health care
 - Local Government reorganisation in Sussex


University Hospitals Sussex
NHS Foundation Trust

Summary – local system update

Body	Detail
 ICB	<ul style="list-style-type: none"> • Following the merger, Surrey and Sussex ICB remains in a period of organisational transition, with workforce consultation planned to complete by the end of June.
 PROVIDER COLLABORATIVE	<ul style="list-style-type: none"> • The Sussex Provider Collaborative (now chaired by Andrew Hines - CEO SASH) continues to oversee the Neighbourhood Alliance (chaired by Siobhan Melia - CEO SCFT) and the Sussex Acute Alliance (currently chaired by Jayne Black - CEO ESHT) • The remit of the Sussex Provider Collaborative is widening to incorporate the Pathology and Imaging networks
 ACUTE ALLIANCE	<ul style="list-style-type: none"> • The development of projects and programmes within the Acute Alliance has continued to slowly progress, including for the Elective Single Point of Access (SPOA), Ear Nose and Throat (ENT) and Corporate Functions, but the Maternity programme continues to be on pause • The Urgent and Emergency Care (UEC) and Rehabilitation and Intermediate Care (RIC) programme remains with the ICB. They have not yet commissioned the Sussex Acute Alliance to undertake this programme
 NEIGHBOURHOOD ALLIANCE	<ul style="list-style-type: none"> • The Neighbourhood Alliance is focusing on supporting the left shift from hospital based to community based care via Integrated Community Teams (ICTs) • There is now greater clarity on funding for the left shift in 2026/27, which will be supported through community growth funding rather than acute provider budgets, with previous proposals for a 1% reduction in acute non-elective costs and a £3m ICT Innovation Fund understood no longer being pursued.
 LOCAL GOV REFORM	<ul style="list-style-type: none"> • The Sussex and Brighton Mayoral Combined County Authority is now operating in shadow form. Additionally, as part of local government reform, councils within Sussex will be restructured, but the government has not yet decided about the form these will take.

Excellent Care Everywhere

Any questions or reflections?



Agenda Item:	14	Meeting:	Council of Governors meeting	Meeting Date:	28 May 2026
Report Title:	Company Secretary Report				
Author(s):	Glen Palethorpe – Company Secretary				
Purpose of the report: <i>(indicate as appropriate)</i>	For Decision	For Assurance	For discussion	For Information only	
		Yes		Yes	
Reason for not being taken in public <i>(indicate as appropriate)</i>	Commercial confidentiality	Staff confidentiality	Patient confidentiality	Other exceptional circumstances (please detail)	
Regulatory Reporting Requirement					
<p>The following is a summary update of matters not covered elsewhere within the agenda or other reports</p> <p>Governor Elections</p> <p>Nominations have been received in respect of the governor elections, for the public constituencies of Chichester and Worthing and the Staff Constituency of Princess Royal there was only one nomination so those candidates will be elected unopposed, these being Philip Sawyer (Chichester). Brian Jones (Worthing) and Debbie O'Hara (PRH Staff member).</p> <p>For the public constituencies Brighton and Hove and Mid Sussex these received more than one nomination and elections for these positions commenced on the 6 May and will close on 1 June 2026.</p> <p>We will once all five positions are filled commence with their induction and with the support of the Lead Governor provide a “buddy” for each new governor.</p> <p><i>The filling of these positions will ensure that the Council of Governors has sufficient elected governors to function.</i></p> <p>Governor Retirements</p> <p>Two governors are retiring at this round of elections these being Colin Holden and Alex Leaney. Also, we have been notified that Helen Rice is retiring from her appointed governor position as is Alison Cooper, we await to hear if Mitchie Alexander is continuing after the recent local authority elections.</p> <p>The Chair is formally expressing thanks on behalf of the Council to each for their support over their tenure.</p> <p>NED recruitment</p> <p>We have completed the NED recruitment process and a recommendation from the interview panel was made to the Governors who agreed to appoint Mr Jin Sahota and Mr Andy Hobart subject to the completion of the required pre appointment checks.</p> <p>The pre appointment checks have commenced with the aim to have these concluded to enable the new NEDs to commence in June.</p>					

Recommendation <i>(linked to What Next section)</i>	<p>The Council is asked to NOTE</p> <ul style="list-style-type: none"> - The progress with the Governor elections - The positive conclusion of the NED recruitment process with the decision taken by the Governors to appoint to both vacant positions <p>The Council is also asked to express their thanks to the retiring Governors, Colin, Alex, Helen, and Alison.</p>					
Assurance / Scrutiny route already undertaken <i>(please explain where matter previously considered, and assurance provided)</i>	Not applicable					
Link to Trust Strategy <i>(note which theme)</i>	Patients	People	Future	Communities	One UHSussex	Culture
	Yes	Yes	Yes	Yes	Yes	Yes
Link to annual delivery plan	Not directly					
Link to BAF <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					
Link to CQC domain	Safe	Caring	Effective	Responsive	Well-led	Use of Resources
	N/A	N/A	N/A	N/A	Yes	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	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 recruit to fill our vacant NED positions and to hold elections for those where the governor's term is ending to maintain sufficient elected governors to enable the Council of Governors to operate effectively.	

