

Meeting of the Council of Governors

14:00 – 16.30 on Thursday 15 August 2024

Room 3, Level 11, Louisa Martindale Building,
Royal Sussex County Hospital, Eastern Road, Brighton, BN2 5BE

AGENDA – MEETING IN PUBLIC

Item 1	Time: 14:00	Welcome and Apologies for Absence To note	Verbal	Presenter: Chair Philippa Slinger
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Item 2	14:00	Quoracy of Council of Governors Meetings	Verbal	Presenter: Chair Philippa Slinger
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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.

Item 3	14:00	Declarations of Interests To note and agree any required actions	Verbal	Presenter: All
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Item 4	14:00	Minutes of Council of Governors Meeting in PUBLIC held on 16 May 2024 To approve	Enclosure	Presenter: Chair Philippa Slinger
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Item 5	14:00	Minutes of Council of Governors Meeting in PUBLIC held on 30 July 2024 To approve	Enclosure	Presenter: Chair Philippa Slinger
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Item 6	14.05	Matters Arising from the Minutes None	N/A	Presenter: Chair Philippa Slinger
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ACCOUNTABILITY

Item 7	14:05	Chief Executive Report to Council To receive and agree any necessary actions	Enclosure	Presenter: George Findlay
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Item 8	14:25	Single Improvement Plan and Progress Dashboard To note	Enclosure	Presenter: Darren Grayson
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Item 9	14.35	Report from the Governor Nomination and Remuneration Committee Meeting held on 23 May 2024 To note	Enclosure	Presenter: Glen Palethorpe on behalf of the retired Trust Chair.
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Item 10	14:40	External Audit Performance Report To note	Enclosure	Clare Stafford
Item 11	14:50	Report from the Patient Engagement & Experience Committee Meeting held on 13 June 2024 To note	Enclosure	Presenter: Frances McCabe as Committee Chair
Item 12	14.55	Update from the Membership Engagement and Experience Committee Chair held on 11 July 2024 To note	Enclosure	Presenter: John Todd as Committee Chair

LISTENING AND REPRESENTING

Item 13	15.00	Lead Governor's Report To receive and agree any necessary actions	Enclosure	Presenter: Lindy Tomsett
Item 14	15:10	Public Governors' Update To receive and agree any necessary actions	Verbal	Presenter: Those public Governors in attendance
Item 15	15.20	Staff Governors' Update To receive and agree any necessary actions	Verbal	Presenter: Andy Cook
Item 16	15.30	Appointed Governors' Update <ul style="list-style-type: none"> • Brighton & Hove City Council • University of Brighton • West Sussex County Council • Voluntary Sector - Age UK • Inclusion (Update at next meeting) To receive and agree any necessary actions	Verbal	Presenter: Those appointed Governors in attendance

OTHER ITEMS

Item 17	15.50	Research, Innovation & Digital Committee - Chair Feedback To receive and agree any necessary actions	Presentation	Presenter: Jackie Cassell
Item 18	16.10	Company Secretary Report To note	Enclosure	Presenter: Glen Palethorpe
Item 19	16.20	Questions from the public To receive and respond to questions submitted by the public at least 48 hours in advance of the meeting.	Verbal	Presenter: Chair Philippa Slinger
Item 20	16.30	Any Other Business To receive and action		Presenter: Chair Philippa Slinger
Item 21	16.30	Date and time of next meeting: The next meeting in public of the Council of Governors is scheduled to take place at 14:00 – 16:30 on Thursday 21 November 2024	Verbal	Presenter: Chair Philippa Slinger

Minutes



University Hospitals Sussex

NHS Foundation Trust

Minutes of the Council of Governors meeting held in Public at 2pm on Thursday 16 May 2024 in the Boardroom, Second Floor, Washington Suite, Worthing Hospital, Lyndhurst Road, Worthing, BN11 2DH and virtually via Microsoft Teams Live Broadcast.

Alan McCarthy MBE DL	Chairman
Dr George Findlay	Chief Executive Officer
Karen Geoghegan (for Item 1)	Chief Finance Officer
Maggie Davies	Chief Nurse
David Grantham	Chief People Officer
Darren Grayson	Chief Governance Officer
Roxanne Smith	Chief Strategy Officer
Bindesh Shah	Non-Executive Director
Jackie Cassell	Non-Executive Director
John Todd	Public Governor – Adur
Maria Rees	Public Governor – Arun
Frances McCabe	Public Governor – Brighton & Hove
Lindy Tomsett (Lead Governor)	Public Governor - Chichester
Maggie Gormley	Public Governor - Chichester
Doug Hunt	Public Governor – Mid Sussex
Andy Cook	Staff Governor – Royal Sussex County Hospital
Jo Norgate	Staff Governor – St Richard’s Hospital
Sue Shepherd	Staff Governor – Worthing Hospital
Varadarajan Kalidasan	Appointed Governor – Trust’s Inclusion Groups
Helen Rice	Appointed Governor – Voluntary Sector
Cllr Alison Cooper	Appointed Governor – West Sussex County Council

In Attendance:

Glen Palethorpe	Company Secretary
Jan Simmons	Governor and Membership Manager
Theo Cronin	Head of External Affairs
Phillipa Slinger	Chair designate

COG/05/24/1 Welcome and Apologies for Absence ACTION

- 1.1 The Chair, Alan McCarthy, welcomed all those present to the meeting. Noting that it was his last meeting of the Council of Governors before his retirement in June, Alan took the opportunity of thanking everyone for all they did for the Trust and wished them well for the future.
- 1.2 Alan then welcomed and introduced Philippa Slinger who was attending the meeting as Chairman Designate.
- 1.3 Alan also advised the meeting that it would be Karen Geoghegan’s last meeting as, after 10 years, she was leaving the Trust at the end of May 2024 to take up the role as Regional Director of Finance with NHSE. Alan added that Karen had been a great asset to the Trust and wished her well in her new role.
- 1.4 Karen responded by thanking the Governors, adding that having joined the Trust from a non-Foundation Trust, she had learnt a lot and thanked the Governors for all they did for the organisation.
- 1.5 Alan then noted the following apologies that had been received.

Governors: Miranda Jose, Staff Governor, Peripatetic, Claire Bewick-Holmes, Staff Governor, Princess Royal Hospital, Pauline Constable, Public Governor, Worthing, Colin Holden, Public Governor, Mid Sussex, Paul Wayne, Public Governor, Horsham, Kate Galvin, Appointed Governors, Brighton University and Bruno De Oliveira, Appointed Governor, Brighton and Hove City Council.

- 1.6 **Executives:** Andy Heeps, Deputy CEO and Chief Operating Officer, Katie Urch, Chief Medical Officer, Sandi Drewett, Chief Culture and Organisational Development Officer.
- 1.7 **Non-Executive Directors:** Paul Layzell, Lucy Bloem, David Curley, Wayne Orr, Philip Hogan, Malcolm Reed.

COG/05/24/2 Quoracy of Council of Governors Meetings

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

COG/05/24/3 Declarations of Interests

- 3.1 There were no interests declared.

COG/05/24/4 Minutes of Council of Governors Meeting in PUBLIC held on 29 February 2024

- 4.1 The minutes of the meeting held in Public on 29 February 2024 were **APPROVED** as a correct record.

COG/05/24/5 Matters Arising from the Minutes of Meeting

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

ACCOUNTABILITY

COG/05/24/6 Chief Executive Report to Council

- 6.1 George Findlay presented the Report that provided the Council with a summary from the Chief Executive and the work of UHSussex over the last quarter.
- 6.2 George began by taking the opportunity to say thank you to staff who had been working incredibly hard and highlighted that February, March and April had continued to be challenging months for staff and services due to the continued high demand for urgent care and extended waiting lists, which had all contributed to the persisting difficulties and Business Continuity incidents.
- 6.3 The Trust deeply regretted how this had affected patients and wished to apologise to anyone who had experienced this in recent months. The organisation was working extremely hard to address the problem, with high profile improvement programmes to ensure it was doing all it could to improve flow through the hospitals, and by working very closely with system partners, who were also experiencing significant systemic pressures.
- 6.4 George advised the Council that the Trust had submitted its formal response to the Care Quality Commission (CQC) on 10 April 2024 following publication of the latest hospital reports in January, that highlighted many of the improvements the Trust had been able to make despite the operational and financial challenges.

[Jackie Cassell joined the meeting]

- 6.5 The Trust had reduced turnover among nursing, midwifery and medical colleagues, reviewed staffing numbers and developed a new standardised staffing template. Together, these measures should improve staffing levels and reduce pressure on clinical teams. Divisional Directors of Nursing were also leading a review of equipment availability to plug any gaps and help ensure colleagues had the right items they needed to provide excellent care.
- 6.6 Acknowledging that there was more the Trust needed to do, and that the months ahead would be challenging again, plans were in place to address issues. Over the past three months the Trust had attended Council Scrutiny Committees in West Sussex, Brighton & Hove, and East Sussex to talk about its improvement plans, as well as the higher than usual regulatory and media scrutiny being experienced. The committees had appreciated the Trust's openness.
- 6.7 George then advised that the Trust had been working closely with their commissioning partners at NHS Sussex to develop its Annual Plan for 2024/25; this was now being reviewed by NHS England as part of the NHS Sussex submission for the whole Integrated Care Board. Final approval was expected in late May/June 2024.
- 6.8 George drew the Council's attention to the achievements, awards and recognition section of the report highlighting some of the key events including the 1,500 nominations made by colleagues, patients and the public for individuals and teams to recognise the extraordinary achievements of staff and the difference they made to patient care and the Practice Development Education team for Children's Services who had been awarded the NHS Southeast Nursing and Midwifery Green Week award for Clinical Leadership, Systems and Workforce.
- 6.9 George went on to highlight some of the investments and service improvements being made by the Trust across its hospital sites. Patients were now able to access diagnostic scans in Bognor at the new Community Diagnostic Centre (CDC). The mobile CDC, run by the Trust but located on the Bognor Regis campus at the University of Chichester, provided easy access to diagnostic pathways, including CT and MRI scanning, and offered accurate and timely diagnoses away from the main hospitals. This new facility worked alongside the CDC in Falmer, based at the AMEX stadium, to form a network led by the Trust's main CDC at Southlands Hospital in Shoreham-by-Sea.
- 6.10 Patients were being seen more quickly and safely thanks to innovative changes at the Emergency Department at Princess Royal Hospital, Haywards Heath. From piloting a new GP-led Urgent Treatment Centre, introducing a rapid assessment and treatment service and launching a new Ambulatory Clinical Decision Unit (ACDU) the team were improving flow through the department and allowing medical teams to focus more on the sickest patients.
- 6.11 Other service improvements included a new Health Information Point (HIP) providing a free and confidential health information service for patients, visitors, staff and volunteers at the Royal Sussex County Hospital, a new garden outside the Friends Café in the North Wing of Worthing Hospital that provided a peaceful haven to help boost the wellbeing of patients, visitors and staff and a sustainable electronic system developed by the Breast screen services that helped increase uptake for breast screening across Sussex and being used by more than 150 GP surgeries.

- 6.12 Concluding his report George explained that the Trust's workforce was its most precious resource and there was a comprehensive, broad-ranging and growing programme to provide support, as well as to thank, acknowledge and recognise everything they did for patients, each other and the Trust.
- 6.13 The Council then discussed questions from Governors relating to the pressures and increase in A&E attendance. George explained that the redevelopments and change of pathways had led to the Trust developing a more mature Urgent Treatment Centre (UTC) module to manage patients more appropriately and release pressures on UTCs but increasing the same day access to primary care was also important for patients to get the best care in the best place.
- 6.14 With one of the largest waiting lists in the country, with the longest waiters, George explained the actions taken by the Trust that had resulted in the successful reduction of the number of patients waiting for elective care. George advised the Council that during the last 6-7 months the Trust had been treating more patients and had increased activity considerably with waiting lists regularly revalidated to prioritise urgent or high-risk patients.
- 6.15 The Council **RECEIVED** the Chief Executive's report.

COG/05/24/7 NHS England undertakings update

- 7.1 Darren Grayson provided an update and explained that the purpose of the paper was to confirm the progress on the development of the Trust's improvement plan which provided oversight on how each element was assured through Trust governance. The Trust had developed a Quality and Safety Improvement Programme (QSIP) that brought together its work to address the Undertakings and to drive sustainable improvement against five Executive lead workstreams which received external assurance and oversight provided by the ICB and NHSE.
- 7.2 The Trust had recently received feedback from NHSE and the ICB on its approach to the Undertakings and was refining this appropriately. External assurance and oversight were provided through the Quality Review Process led by the ICB and attended by NHSE.
- 7.3 Darren outlined the Trust Board Committees where each element of the Undertakings was assured noting that the QSIP Committee would draw on the assurances from the other Committees so that it could assure progress against the Undertakings as a whole.
- 7.4 The Council **NOTED** the NHSE Undertakings Progress report.

COG/05/24/8 Report from the Patient Engagement & Experience Committee Meeting held on 14 March 2024

- 8.1 Frances McCabe presented the report as Chair of the Patient Engagement and Experience Committee advising that the Committee met on 14 March 2024. The meeting was quorate with four Governors in attendance. It was also attended by the Director of Patient Experience, Engagement and Involvement, the Assistant Director of Patient Experience, Strategy and Improvement, Associate Director of Patient Safety as well as the Managing Director of Planned Care and Cancer and the Assistant Director of Performance and Improvement.
- 8.2 The Committee had noted that as the results of the National PLACE audits had not been finalised this item had been deferred to the next meeting.

- 8.3 The Committee had received an overview by the Managing Director for Planned Care and Cancer Services across the Trust of the progress being made in relation to the Patient Access Transformation programme; this was one of the Trust's Corporate Projects to review and improve how the Trust managed referrals and communicating with patients whilst waiting for appointments.
- 8.4 Frances informed the Council that the Committee had received a presentation by the Associate Director of Patient Safety who had explained the background and changes to the way that serious incidents (SIs) were processed and investigated.
- 8.5 In addition, the Committee had received the Register of Governors Activities which provided information on the Governors' involvement and experience in various Trust improvement projects.
- 8.6 Frances advised the Council that no representatives from the Integrated Care Board (ICB) or Healthwatch were present at the meeting but as Chair of the meeting she had been able to provide a brief update on a mystery shopping project and the work Healthwatch was undertaking with a Cancer focus group and in relation to Dementia. Glen Palethorpe was able to confirm that the Trust had engaged with the ICB who had confirmed they would be attending future meetings.
- 8.7 The Committee noted the Trust's Quarter 4 Patient Experience Report and information relating to the Trust's principal sites at Brighton, Chichester, Haywards Heath, Worthing and Southlands and those areas where the Trust had performed well for patients, as well as concerns and complaints received, and the satisfaction feedback levels for the Friends and Family test.
- 8.8 The Council **NOTED** the report of the Patient Engagement & Experience Committee Chair.

COG/05/24/9 Report from the Membership Engagement Committee

- 9.1 John Todd provided a brief report to the Council advising that the meeting of the Membership Engagement Committee planned for April 2024 had not taken place by mutual consent. The team had been engaged on other commitments during the preceding period and so there was no significant activity undertaken which would support a productive formal report as the numbers of members had not moved significantly.
- 9.2 Membership numbers to the 31 March 2024 had remained above the required minimum numbers and were currently being collated for the Annual Report which would provide that confirmation to the public.
- 9.3 Whilst there had been no meeting in April, work had recommenced on membership recruitment with recent attendance at the "Love Your Liver" roadshow held by the Love Your Liver Charity and supported by the Trust's nurses on Brighton seafront where 48 new members were signed up. The team and other staff did a great job of showcasing and talking about the benefits of Trust Membership.
- 9.4 The Council **NOTED** the report of the Membership Engagement Committee Chair.

COG/05/24/10 Lead Governor's Report

- 10.1 Lindy Tomsett presented the Lead Governor's report to the Council and began by expressing a warm welcome to the Trust's new Chair, Philippa Slinger, who was joining at a challenging time.
- 10.2 Lindy reflected on the role the Governors played in assisting to promote a more balanced view of how the Trust operated in light of the current media attention and to act as a conduit between the Trust and the public to also voice the Trust's achievements.
- 10.3 The Governors were pleased to receive regular updates on the Trust's activities and to hear that the waiting lists for cancer patients had reduced and fallen faster than any other Trust in the country, despite industrial action and winter pressures.
- 10.4 Lindy continued by recognising the improvements that were being achieved by the Trust through the developing Quality and Safety Improvement Programme (QSIP) in response to the last CQC inspection. These ranged from increases in staffing, continued investment in replacement equipment to those made within the quality governance systems and investment in the Trust's culture.
- 10.5 The Governors were pleased to learn of the Stress Awareness Month initiative and the pioneering work with the Green Plan to reduce the carbon footprint of all the hospitals through engagement with the 'Heat Network' for Worthing Hospital.
- 10.6 Lindy welcomed the exciting opportunities set out in the Trust's 2024/25 Capital Programme especially the continuing development at the Royal Sussex County Hospital A&E Department and the opportunity to provide better patient assessment space. The Governors recognised the challenges in progressing this scheme, not only logistically but also financially, and were pleased to be receiving a specific briefing on this scheme later in May.
- 10.7 Governors had continued to take part in Peer Reviews, Place Audits, quarterly meetings with Non-Executive Directors and the Hospital Forums as well as their informal coffee mornings where Governors could discuss any topics or raise any concerns they felt pertinent from a public perspective that had arisen from their interactions with the Trust. Governors also had the opportunity to attend a Welcome Standards training session which they found to be well organised and thought-provoking.
- 10.8 Some Governors had been involved with the judging process which culminated in the final nominations for the prestigious Patient First Star Awards which acknowledged a team or an individual's contribution to excellent patient care. Lindy added that it had been a privilege to read through the nominations and learn of the huge amount of people within the Trust that went above and beyond their duty to others; this process remained an inspirational experience and a showcase for the Trust staff who were truly amazing.
- 10.9 Lindy concluded her report by taking the opportunity to sincerely thank Alan McCarthy for all his support to the Governors. Alan had listened to their comments and helped them feel involved with the Trust by regular briefings and had been instrumental in establishing Governor and NED's workshops and the support for peer reviews with each Hospital site. This had resulted in a good working relationship with the NED's and an enhanced understanding and respect for each other's roles and how it could work to the advantage of the Trust.

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

COG/05/24/11 Public Governors' Update

11.1 There were no updates to receive from the Public Governors.

[Lindy Tomsett left the meeting at this point with no impact on quoracy and Maggie Davies joined the meeting]

COG/05/24/12 Staff Governors' Update

- 12.1 Sue Shepherd presented the report on behalf of the Staff Governors and began by recognising the extraordinary pressures and challenges that continued to be experienced in the Trust, whilst also acknowledging the work being undertaken by the leadership teams across the organisation and listening when staff offered ideas for improvement.
- 12.2 Staff Governors had welcomed the quarterly meetings with the Chairman and separately with the Chief Executive where the pace of changes in some clinical areas and other concerns had been discussed. The Chief Nurse had also been in attendance and the staff governors would appreciate this as a more regular arrangement.
- 12.3 Sue reminded the Council of the discussion raised at the last meeting on how the Trust could better support the resilience of staff and how models of supervision could be used to help provide that support especially to colleagues in the earlier stages of their healthcare careers and through challenging times. With this in mind, the Staff Governors were pleased to see the Trust supporting the first wave of professional nurse advocates as they could have a very distinct and helpful role to play in supporting resilience. Support should also be extended to non-clinical staff who faced different but still significant challenges.
- 12.4 The Staff Governors acknowledged that staff education and development was being encouraged and facilitated more than ever in the organisation but would welcome the chance to explore how the education and development strategy could fit more tightly with workforce planning and staffing templates to ensure staff could be sustainably released from their work areas.
- 12.5 Although plans for the new Emergency Department at the County site were positive and encouraging the scaling back of some of the plans had caused a degree of disappointment for staff, although there would be a much-improved environment for staff and care facility for patients.
- 12.6 Staff Governors commended the open face-to-face staff forums that were well embedded at Worthing, Southlands and St Richard's hospitals being established in other parts of the Trust and would be pleased to see these becoming part of the standard rhythm of all the hospitals giving staff an opportunity to directly talk with the hospital leadership teams and to hear about what was happening in their local area.
- 12.7 On behalf of the Staff Governors, Sue welcomed the planned 'rest fest days' led by the Health and Wellbeing Engagement teams for each site which were a tangible way of recognising and appreciating the work that staff did. It had also been encouraging to see the Staff Networks and Forums being promoted.
- 12.8 Sue then took the opportunity on behalf of the Staff Governors to welcome Philippa to the Trust as the new Chair and to looking forward to meeting and working with her over the coming weeks and months.

- 12.9 Concluding the report, Sue thanked Alan for the work he had done at the Trust, the leadership he had given, and the support afforded to Staff Governors, adding that Alan had encouraged them to act as advocates for colleagues, to speak openly and honestly about the challenges staff faced and encouraged a positive and engaging conversation.
- 12.10 George thanked the Staff Governors for their report adding that their role provided a very helpful and important lens of reflecting back how staff were feeling.
- 12.10 Referring to the scaling back of the plans to redevelop the Emergency Department on the County site George took the opportunity to respond explaining that a number of factors and inflationary pressures had impacted the original plans but he was confident that the new acute floor would provide sufficient facilities for patients.
- 12.11 The Council **NOTED** the Staff Governors' update.

[Lindy Tomsett rejoined the meeting]

COG/05/24/13 Appointed Governors' Update

13.1 Trust Inclusion Groups

- 13.2 Varadarajan Kalidasan (Kali) gave a brief update on his involvement in Equality, Diversity and Inclusion (EDI) for the Trust and reported that his attendance at the BME and LGBTQ+ Network meetings had been very interesting with more positivity during the past year and a clear intent for improvement in various areas.
- 13.3 Kali then referred to the new Managers' and Supervisors training programme which he and colleagues had contributed to by providing feedback. It was hoped that this training could be mandated and undertaken within a specified period following appointment to the Trust.

[Helen Rice left the meeting at this point with no impact on quoracy]

- 13.4 Kali informed the Council that the LGBTQ+ network was very active and currently preparing for the Pride season in Brighton and Worthing and were busy promoting these to staff across the Trust.
- 13.5 Finally, Kali advised the Council that he was also a Board member of the NHS Race and Health Observatory who worked to identify and tackle ethnic inequalities in health and care by facilitating research, making health policy recommendations and enabling long-term transformational change.

[Helen Rice rejoined the meeting]

[Lindy Tomsett left the meeting at this point with no impact on quoracy]

13.6 West Sussex County Council

- 13.7 Councillor Alison Cooper provided an overview of the activities of West Sussex County Council (WSCC) advising that it had published its new early years and childcare strategy report for 2024-2027 that had been derived from widespread consultation with parents, carers, early years and childcare providers as well as the wider community to ensure the best use of public funds and contributed to the Council's priorities for children and young people.

- 13.8 The County Council had issued press releases and publicity to promote the financial and positive benefits of fostering as it was very short of foster families due to a huge demand.
- 13.9 Alison informed the Council that WSCC Firefighters had introduced a new lifesaving Biker Down workshop aimed at teaching young motorists and drivers the dangers, reducing incidents and helping to make the county's roads safer.
- 13.10 On the 1 April 2024 WSCC had awarded its care support contract to Carers Support West Sussex, a local charity with its specialist knowledge and expertise in supporting unpaid carers. This was a county-wide service that would provide a dedicated carers helpline, carers support group and a dedicated specialist service to young and adult carers aged 18 – 25.
- 13.11 Alison went on to advise that WSCC had just received Government funding for stop smoking services and support, with additional funding also having been confirmed for the next subsequent 4 years until 2029 and which would be ringfenced for Sussex County Council led stop smoking services and support.
- 13.12 Finally, Alison informed the Council that WSCC had recently set up a new Task and Finish group to review the local flood and risk management strategy due to the increased rainfall. The conclusions would be reported to the Environment Cabinet member for climate change.
- 13.13 The Council **NOTED** the report from the Appointed Governor for West Sussex County Council.
- 13.14 **Voluntary Sector - Age UK**
- 13.15 Helen Rice provided an update advising that currently the biggest challenge to Age UK was the cessation of memory testing in West Sussex by the Dementia service and although due to restart there are approximately 900 on the waiting list.
- 13.16 Helen advised that this year the charity had received the most legacies it had ever had that would enable the opening on 1 October 2024 a new Health and Wellbeing hub for older people in Brighton. It was anticipated that the space would be shared with other partners to provide services such as assessments and blood pressure checks etc and help to alleviate some of the hospital front door pressures. It was hoped to also be able to establish these hubs in Chichester and Horsham.
- 13.17 Helen went on to inform the Council that the charity was still awaiting the sign off of contracts and commissions attached to primary care owing to funding issues. The charity was also losing staff because their contracts were ending and not able to be renewed due to the uncertainty across the whole of the charity system.
- 13.18 Also working with ICS colleagues on the at home falls programme to help prevent people attending hospital A&E departments and the one initiative that would have the most impact. Helen went on to say that Self neglect was an issue that the charity would be focusing on this year.
- 13.19 Following a question from Alan as to whether the charity had the right connections into the Trust, the Council discussed how the two organisations could work more productively together.
[Lindy Tomsett rejoined the meeting at this point]

13.20 The Council **NOTED** the report from the Appointed Governor for the voluntary sector.

13.21 **Brighton University**

13.22 This item was deferred as there was no representative at the meeting.

13.23 **Brighton and Hove City Council**

13.24 This item was deferred as there was no representative at the meeting.

OTHER ITEMS

COG/05/24/14 People Committee - Chair Feedback

14.1 Due to the unavoidable absence of the People Committee Chair from the meeting it was agreed to defer this item to the next meeting.

COG/05/24/15 Company Secretary Report

15.1 Glen Palethorpe presented the Company Secretary's report advising that the Council of Governors had approved the appointment of Philippa Slinger as Trust Chair from 1 July 2024. Trust had concluded the reappointment checks, none of which identified any issues specifically with Philippa's ability to meet the fit and proper persons requirements. Philippa had commenced with a programme of orientation which was designed to support the Transition of Chair when Alan McCarthy retired on the 30 June 2024.

15.2 Glen provided an update on the Governor elections reminding the Council that a number of Governors' terms of office ended in 20/24/25. The nomination process had opened on the 18 April 2024 with a deadline for the submission of a nomination by 17 May 2024. During this period the Trust had offered several briefing sessions allowing those interested to understand more about the role of a Governor. Should seats be contested then the notice of the poll would be published on 10 June 2024, with voting packs despatched on 11 June 2024 and closure of the elections on the 4 July 2024.

15.3 The Council **NOTED** the commencement of the orientation of the Trust Chair designate ahead of their formal commencement on the 1 July 2024.

15.4 The Council **NOTED** that the Trust governor elections process had commenced and the Trust had continued to support those members interested through drop in briefing sessions to enable those interested to understand the governor role.

COG/05/24/16 Any Other Business

16.1 There was no other business to discuss.

COG/05/24/17 Questions from the public

17.1 The Council received two questions from a member of the public. The first question related to the Chief Executive's Board report and if the referenced £75m targeted efficiency savings programme was realistic recognising that this would be reached through lowering spend on agency staff, reducing the need for escalation staff by improving patient flow, reducing sickness absence and undertaking establishment/staffing reviews.

17.2 Acknowledging that achieving the £75m targeted efficiency savings was an ambitious programme for the Trust, George explained the opportunities for the

Trust to spend more wisely with regard to reducing waste, converting high-cost agency staff and working with colleagues to decrease the number of patients in beds. The Trust was working closely with Divisions, teams and partner colleagues to deliver the savings.

- 17.3 The second question related to what action was the Trust taking on implementing Martha’s Rule.
- 17.4 Maggie Davies responded by explaining the background to the national context and how families who were unhappy about the care their loved ones received would have a route to escalation.
- 17.5 The Council was informed that Princess Royal Hospital (PRH) had been a national beacon pilot for ‘Call for Concern’ as it was called previously and many years ago had led the way around raising awareness for loved ones and patients if they were unhappy about their care and how to get an extra piece of advice. Maggie added that a Matron at PRH was on the National Forum for improving outcomes for patients who were very poorly.
- 17.6 Maggie went on to advise that the Trust had submitted a bid to NHSE to be a pilot site to refresh the current material available. Therefore, the pilot would focus on how to improve awareness of an offer of an extra view if patients or families required extra support and rolled out around awareness and literature at the County site.
- 17.7 Although not at this stage being rolled out across all the hospital sites the Trust will review the learning and how that is shared across all the sites.
- 17.8 Maggie confirmed that a Steering Group had been set up to oversee the project chaired by the Deputy Nurse for Quality and the Trust was currently waiting to hear if the formal bid had been successful.
- 17.9 The Council **NOTED** the questions that had been received from the public and subsequent response.
- 17.10 Glen informed the Council that Mr & Mrs Dyer, who were unable to attend the meeting, had asked for their thanks to be conveyed to Alan for the amazing care they had received recently in the A&E Department at Worthing Hospital and how they valued their local NHS.

COG/05/24/18 Date of Next Meeting

- 18.1 The next meeting of the Council of Governors was scheduled to take place at **14.00 – 16.30 on Thursday 15 August 2024**

Jan Simmons
Governor & Membership Manager
May 2024

Signed as a correct record of the meeting

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Chair

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Date

Minutes



University Hospitals Sussex

NHS Foundation Trust

Minutes of the Council of Governors meeting held at 19.00 on Tuesday 30 July 2024, at Louisa Martindale Building, Royal Sussex County Hospital, Eastern Road, Brighton, BN2 5BE and via Teams Live Broadcast

Present:

Philippa Slinger	Chair
George Findlay	Chief Executive Officer
Andy Heeps	Deputy Chief Executive / Chief Operating Officer
Katie Urch	Chief Medical Officer
Maggie Davies	Chief Nurse
Clare Stafford	Chief Financial Officer (interim)
David Grantham	Chief People Officer
Darren Grayson	Chief Governance Officer
Roxanne Smith	Chief Strategy Officer
Sandi Drewett	Chief Culture & Organisation Development Officer
Jackie Cassell	Non-Executive Director
Philip Hogan	Non-Executive Director
John Todd	Public Governor, Adur
Maria Rees	Public Governor, Arun
Lindy Tomsett	Public Governor, Chichester (Lead Governor)
Colin Holden	Public Governor, Mid-Sussex
Doug Hunt	Public Governor, Mid-Sussex
Miranda Jose	Staff Governor, Peripatetic
Claire Bewick-Holmes	Staff Governor, Princess Royal Hospital
Kate Galvin	Appointed Governor, Brighton University

In Attendance:

Glen Palethorep	Company Secretary
Ben Smith	Deputy Company Secretary
Paul Jacklin	Grant Thornton
Jan Simmons	Governor & Membership Manager

COG/07/24/1 WELCOME AND APOLOGIES FOR ABSENCE ACTION

- 1.1 The Chair welcomed those attending the meeting in person and those who were attending virtually via the MS Teams Live Broadcast
- 1.2 Apologies for absence were noted from:
 - Non-Executive Directors:** Paul Layzell, Lucy Bloem, David Curley, Gordon Ferns, Bindesh Shah, Wayne Orr
 - Public Governors:** Pauline Constable, Frances McCabe, , Maggie Gormley
 - Staff Governors:** Claire Bewick-Holmes, Andy Cook, Sue Shepherd
 - Appointed Governors:** Helen Rice, Alison Cooper, Varadarajan Kalidasan, Bruno De Oliveira

COG/07/24/2 CONFIRMATION OF QUORACY

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

COG/07/24/3 DECLARATIONS OF INTERESTS

- 3.1 There were no interests to declare.

COG/07/24//4 MINUTES OF THE MEETING HELD ON 25 July 2023 (noting these were approved by the Council on 17 August 2023)

- 4.1 The Council **noted** that the minutes of the Annual General Meeting held on 25 July 2023 had been approved by the Council on 17 August 2023.

COG/07/24/5 MATTERS ARISING FROM THE MINUTES OF THE PREVIOUS MEETING

- 5.1 There were no matters arising from the minutes of the previous meeting held on 25 July 2023.

COG/07/24/6 EXTERNAL ANNUAL AUDITORS REPORT 202/24 FOR UHSUSSEX NHS FOUNDATION TRUST

- 6.1 The Council **RECEIVED** the Auditor's Annual Report in relation to the audit of University Hospitals Sussex NHS Foundation Trust, presented by Paul Jacklin from Grant Thornton, External Auditors for the Trust.
- 6.2 Paul gave an overview of their scope of work and highlighted the key areas of the report adding that they concluded that the financial statement for the Trust gave a true and fair view of the financial position as at 31 March 2024 and therefore provided a positive opinion on the accounts and annual report.
- 6.3 The Council noted that good cooperation from the Trust and the Finance Team had contributed to a very good high quality draft Statement of accounts and their early submission on 26 June 2024.
- 6.4 Paul advised of two immaterial changes made to the balance sheet in respect of property, plant and equipment along with a number of minor presentation changes to disclosure notes but overall, there was nothing to highlight and they were a good set of financial statements.
- 6.5 In respect of the external Auditor's review of the Trust's arrangements for their use of resources Paul informed the Council that there were two areas of significant weakness in arrangements these were in relation to the Trust's financial sustainability and the Trust's governance arrangements.
- 6.6 In relation to financial sustainability, two improvement recommendations were raised, highlighting the medium-term financial planning process at the Trust, and the development of financial plans in relation to the Quality and Safety Improvement plan.
- 6.7 In relation to the Trust's governance arrangements, two improvement recommendations were raised aimed at enhancing the integration of clinical processes and pathways to further strengthen risk management, and for the Trust Board to receive an assurance report following the R-v-Letby case.
- 6.8 The Chair thanked Paul and Grant Thornton for the presentation and welcomed the receipt of the positive report for the Trust.

COG/07/24/7 ACCEPTANCE OF THE ANNUAL REPORT AND ACCOUNTS AS PRESENTED AT THE AGM

- 7.1 The Council of Governors **AGREED** the receipt of the Annual Report and Accounts for 2023/4 for University Hospitals Sussex NHS Foundation Trust for which a presentation had been made at the Annual General Meeting.

COG/07/24/8 QUESTIONS FROM GOVERNORS ON THE ACCOUNTS

- 8.1 There being no questions from the Governors, the Chair opened the meeting to questions from the public.
- 8.2 There were no questions from the Public.

COG/07/24/9 OTHER BUSINESS

- 9.1 There was no other business to discuss.

COG/07/24/10 DATE OF NEXT MEETING

It was noted that the next meeting of the Council of Governors is scheduled to take place at 14.00 on Thursday 15 August 2024.

Jan Simmons
Governor & Membership Manager
6 August 2024

Signed as a correct record of the meeting

..... Chair

..... Date

Agenda Item:	7	Meeting:	Council of Governors	Meeting Date:	15 August 2024
Report Title:	Chief Executive's Report				
Sponsoring Executive Director:	Dr George Findlay, Chief Executive				
Author(s):					
Report previously considered by and date:					
Purpose of the report:					
Information	Yes	Assurance	N/A		
Review and Discussion	N/A	Approval / Agreement	N/A		
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality	N/A	Staff confidentiality	N/A		
Patient confidentiality	N/A	Other exceptional circumstances	N/A		
Link to ICB (Integrated Care Boards) / Trust Annual Plan					
Link to ICB Annual Plan	N/A	Link to Trust Annual Plan	N/A		
Implications for Trust Strategic Themes and any link to Board Assurance Framework risks					
Patient	Yes				
Sustainability	Yes				
People	Yes				
Quality	Yes				
Systems and Partnerships	Yes				
Research and Innovation	Yes				
Link to CQC Domains:					
Safe	Yes	Effective	Yes		
Caring	Yes	Responsive	Yes		
Well-led	Yes	Use of Resources	Yes		
Regulatory / Statutory reporting requirement					
Communication and Consultation:					
N/A					
Executive Summary:					
<p>This report gives the Council of Governors a summary of highlights from the Chief Executive and the work of UHSussex over the last quarter.</p>					
Key Recommendation(s):					
<p>The Council of Governors is asked to NOTE this report.</p>					

CHIEF EXECUTIVE COUNCIL OF GOVERNORS REPORT

To: Council of Governors

Date: August 2024

From: Chief Executive – Dr George Findlay

1. THANK YOU | IMPROVEMENT PLAN

- 1.1. Colleagues across the Trust continue to demonstrate exemplary commitment to our patients, working day in day out to provide safe high-quality care for people living locally. On behalf of the board, I wish to commend everyone working for the Trust and thank them all for their dedication, compassion, and service.
- 1.2. Across the board, from urgent to planned care, cancer to children's services, we are seeing more patients than ever before, while doing all we can to innovate and improve access and experience for patients.
- 1.3. For the past three months and since January in fact, we have been delivering a fifth more elective activity every month than we were achieving in 2019/20 before the unprecedented disruption of the global pandemic and enforced pause in so many NHS services.
- 1.4. By delivering more activity, in combination with a wide-ranging programme of innovations and waiting time initiatives, we have been one of only a small number of Trusts that has consistently reduced their total waiting list, month on month, since last October.
- 1.5. In July, our total waiting list was 10,000 people fewer than it was a year ago, but as one of the largest Trusts in the country, we continue to have a very large waiting list and all efforts need to be relentlessly sustained to maintain momentum and the trajectory of improvement staff have achieved.
- 1.6. Planned care and improving access for patients is one of nine key theme in our new Improvement Plan, that the board will be discussing this month. The plan is designed to reinvigorate our Patient First vision to deliver *excellent care, every time* for our patients and ensure we capitalise on the benefits of scale as a new and larger merged Trust.
- 1.7. Maximising our potential starts with getting our fundamental quality, safety, and governance standards right and so our Improvement Plan brings together new and ongoing improvement programmes to ensure we are doing this.
- 1.8. Some areas of focus are about bringing together our former organisations and setting our new Trust up for success; some are long-standing issues which still need to be resolved, such as emergency care and access to surgery; and others

are key improvements identified by our regulators, partners and staff feedback, such as leadership, culture, diversity and inclusion.

- 1.9. Maternity is one of the key themes, and an area where our steadfast commitment to improvement and investment in the service has delivered excellent results for women, babies, and families, as well as our staff. For example, the most recent safety data shows outcomes for mothers and babies at UHSussex is now better than most other Trusts in the country, with patient feedback also similarly improving.
- 1.10. Another key theme from the plan is Urgent and Emergency Care, where many of the pressures experienced by the broader NHS and social care sector manifest themselves in longer waits for patients and overcrowding in our Emergency Departments. As a result, we are working more closely than ever before with our partners in community, mental health and social care on system-wide initiatives and interventions that ease these pressures.
- 1.11. Our Improvement Plan includes the direct changes we are making in our hospitals that improve patient experience and provide the right support people need in the right way. For example, we are investing in new and larger GP-led Urgent Treatment Centre care models at St Richard's and Worthing hospitals, as well as better Same Day Emergency Care (SDEC) units – all designed to reduce unnecessary hospital admissions while enabling ED specialists to focus where their expertise is needed most.
- 1.12. At Royal Sussex County Hospital, our improvements to emergency care include a £50m Acute Floor Refurbishment programme. First announced a year ago, the three-year programme is maturing well with plans for new Medical Assessment Unit, new Surgical Assessment Unit and SDEC all well advanced.
- 1.13. We know the experience of some patients in our EDs can fall below the high standards they should expect from us, especially when our hospitals are full and EDs too congested when we cannot admit people onto wards. We deeply regret how this has affected some people and their families and wish to apologise to anyone affected in this way in recent months.
- 1.14. Our financial position has also proved very challenging so far in 2024/25. We have submitted a revised deficit plan of £26.5m for this financial year, but at the end of June we had an actual deficit of £24.3m, which was £6.6m more than we had planned for. This included £1.5m additional costs related to industrial action in June. Our current position is clearly unsustainable, and we are taking actions to recover the position, such as agreeing new financial controls in July. Our underlying deficit will also be addressed as part of our strategy development work, launched in July through our “Big Conversation” engagement programme.
- 1.15. At just three years old, University Hospitals Sussex remains a young Trust, and it is important to remember that merging two large organisations during a pandemic

was both complex and complicated. Each of our legacy trusts brought strengths and weaknesses to the partnership and, distilling the best from each, and forging successful change, takes time. It cannot be rushed - but our trajectory is sound, and the pace of maturity is accelerating.

- 1.16. We are realistic about the challenges that lay ahead, but we are optimistic as well. We have a team of 20,000 compassionate and talented people, the support of our communities, and of our partners and stakeholders too. Together, we can realise our immense potential as one of the largest trusts in the country and continually improve care and health services for the people of Sussex.

2. ACHIEVEMENTS, RECOGNITION AND INVESTMENT – CONGRATULATIONS!

- 2.1. Despite the relentless demands upon our staff and hospitals, there are also many positive developments and achievements that it is important we take time to celebrate and share. So, I am delighted to be able to highlight a broad selection of achievements below that have occurred since our last Public Board three months ago. On behalf of the board, I wish to commend and thank all colleagues involved.
- 2.2. We celebrated our incredible nursing workforce in May on International Nurses Day by highlighting the top words patients had used to describe them in the previous week, such as professional, kind, smiling, friendly, compassionate, caring, cheerful, calm, helpful, knowledgeable, and attentive.

The event also proved a good opportunity to highlight the career support available to nursing staff at UHSussex. This includes setting up rotation programmes with linked education pathways, developing more accredited modules, and supporting nurses starting out on their careers. Legacy mentors are one group of colleagues playing an especially important role this, with experienced nurses providing pastoral support, professional advice, education and guidance, to newly qualified colleagues. Alongside these mentors, we have also enabled 34 nursing colleagues to gain a Masters qualification as professional nurse advocates.

A version of this programme is already in place in midwifery, where it has improved wellbeing, retention and patient outcomes too. Healthcare Assistants (HCA) are also key members of our nursing teams, so we are supporting their continuing development too. Our nursing clinical education team have created a year-long programme that builds on every HCA's induction. Such initiatives are helping us get the good people we need to provide safe, high-quality care on our wards and as a result we have halved our HCA vacancy numbers over the last year and have significantly improved our retention of nursing and midwifery colleagues over the last four months.

- 2.3. In May, colleagues from Durrington Ward and the Chaplaincy team in Worthing pulled out the stops to help a patient marry his long-term partner. For six months, the groom had been battling with his health and following an infection, a stroke and pneumonia, the couple didn't know if their wedding would be able to go ahead. However, staff heard about their concerns and rallied together to enable the happy couple to be wedded in the hospital. What made the union even more special for staff was that the bridegroom was a retired healthcare assistant who used to work at Southlands Hospital. Congratulations to everyone involved.
- 2.4. At Princess Royal Hospital, our dedicated heart failure nurses are improving patient care with a specialised clinic within the Same Day Emergency Unit. This clinic is a lifeline for those who don't meet the criteria for community heart failure services, offering rapid and tailored treatment. Available once a week by referral, our specialist nurses evaluate and treat all types of heart failure, whether it's prescribing medication post-heart scan or administering injectable treatments. Early intervention is key, and these nurse-led clinics not only help improve symptoms but also reduce the need for A&E visits.
- 2.5. The Ambulatory Clinical Decision Unit (ACDU) at Princess Royal Hospital has treated more than 15,000 patients since it opened in March 2023. This impressive number marks a significant achievement and we celebrated with a special cake to mark our heartfelt thanks for the team's exceptional commitment and tireless efforts in elevating patient care standards.
- 2.6. Dr Stephen Robinson, Clinical Oncologist Registrar, has spearheaded a new way of working, addressing the rising number of tumours found incidentally during chest imaging for other health concerns, including blunt chest trauma, suspected blood clots and respiratory conditions. On behalf of the British Thoracic Oncology Group (BTOG), Dr Robinson, alongside a team of clinicians, recently developed a standard approach to investigating these tumours. Through this pathway, patients with non-harmful findings can be discharged with confidence, reducing the anxiety and need for unnecessary follow up scans, whilst a streamlined pathway for patients needing treatment will help to minimise delays in receiving care.
- 2.7. In a ground-breaking study, UHSussex colleagues have challenged the traditional approach to hip replacement surgery, revealing that patients over 90 can safely undergo total hip replacements (THR) following hip fractures. A partial hip replacement has traditionally been used to treat hip fractures in patients who are older, with less mobility, whilst THRs have been reserved for younger, fitter patients. However, it is not always the case that a patient aged over 90 has significantly less mobility. Colleagues carried out a study comparing the safety of emergency THRs to elective THRs in patients between 90 to 99 years old, exploring data submitted to the National Hip Fracture Database (NHFD) from three UHSussex hospitals over the past 10 years.

- 2.8. The Louisa Martindale Building (LMB) in Brighton has won two awards at the prestigious European Healthcare Design Awards 2024. The building was awarded the 'Healthcare Design' (over 25,000 sqm) award in recognition of its design, focus on sustainability, and delivering an excellent clinical environment for patient care. It also won the 'Interior Design and Arts' category. The Trust commissioned the building project, which was designed by BDP (Building Design Partnership) with huge involvement from staff. Art curation and integration was achieved by Willis Newson. As part of the judging process, a group of 21 international delegates visited LMB to get a close-up view on the building, and patient care.
- 2.9. UHSussex is one of five healthcare trusts in England that have come together to form the Circular Economy Healthcare Alliance, demonstrating our commitment to a greener and more sustainable NHS. Together with University College London Hospitals (UCLH), Cambridge University Hospitals, Imperial College Healthcare and Chelsea and Westminster Hospital NHS Foundation Trust, we are outlining our intentions to help reduce waste and carbon emissions. The alliance is spearheaded by Professor Mahmood Bhutta, a Consultant Ear Nose and Throat (ENT) Surgeon and Clinical Lead for Environmental Sustainability at UHSussex. He is also Professor of Sustainable Healthcare at Brighton and Sussex Medical School.
- 2.10. A new centre dedicated to improving cancer treatment and patient outcomes has opened in Sussex. The Sussex Cancer Research Centre (SCRC), draws on the world-class cancer research from experts at Brighton and Sussex Medical School (BSMS), University of Brighton, University of Sussex and NHS trusts across Sussex. The groundbreaking centre aims to provide an environment where researchers, clinicians and patients can share resources, insight, experience, and expertise to improve cancer treatments and patient outcomes. The four co-founders include Clinical Oncologist Dr Duncan Gilbert from our Trust.
- 2.11. A new commemorative garden for veterans has opened at Southlands Hospital, Shoreham. The garden offers patients and staff a peaceful environment that can be used for quiet thought and remembrance. An opening ceremony took place on Saturday 22 June, marking the start of Armed Forces Week. It brought together Trust colleagues from across the Armed Forces Network, including those currently in service and veterans. Integral to the event and planning of the garden, were trust employees and veterans, consultant trauma and orthopaedic surgeon Lieutenant Colonel Ben Caesar, Hospital Director Stephen Mardlin and Director of My University Hospitals Sussex charity Steve Crump OBE.
- 2.12. The fluoroscopy suite at the Royal Alexandra Children's Hospital has been fully refurbished to provide a state-of-the-art service for paediatric patients across the region, with support from My University Hospitals Sussex. Fluoroscopy is a procedure that makes a real-time video of the movements inside a part of the body by using x-rays. The Royal Alexandra Children's Hospital fluoroscopy suite provides services for both acute and elective pathways, and primarily gastric and speech and language patients. As the hospital is the regional paediatric centre, it provides the only 24/7 dedicated paediatric fluoroscopy service in the South-East.

3. SUPPORTING OUR PEOPLE

- 3.1. As described in previous reports there is a comprehensive, broad-ranging and growing programme to provide support for colleagues across the organisation as well as thank, acknowledge, and recognise everything they do for our patients and each other. Full details are available on our website at www.uhsussex.nh.uk/Wellbeing and below are some recent examples:
- 3.2. The Trust's in-house staff psychological support service received more than 470 new referrals between January and July 2024 and continues to support staff with 1-2-1 counselling, trauma therapy and group debriefs. In addition, 40 in-person stress and resilience workshops have been held for staff across the four main hospital sites.
- 3.3. To support Mental Health Awareness Week in May, the theme was 'Movement: Moving more for our Mental Health'. Throughout the week there were various activities across the Trust, including a Zoom 'Mini-Rave', organised by the senior nurse education fellows, to encourage colleagues to get moving.
- 3.4. Our Financial Wellbeing Support Officer, Tracy Cox-Horton, has now been in post for one year, supporting staff with budgeting, NHS pensions advice, inheritance tax guidance, debt management and financial services signposting. To date she has seen 2,600 staff, and delivered 27 presentations on how to cope with the cost of living. Staff can also access our Crisis Support Fund, which continues into its 2nd year. January to June 2024 the Trust has supported 526 staff, totalling £107,255. Both projects are funded by MY UHSussex charity.
- 3.5. Staff were invited to participate in REST FEST from April-May 2024. More than 550 colleagues attended to create tote bags, enjoyed refreshments, and massage. Treats were also delivered to the smaller satellite sites and selected wards. In July, 160 staff climbed aboard the Zen project bus at RSCH to experience guided Zen Sessions focusing on lowering stress and anxiety levels.
- 3.6. Pride events and parades have been happening over the summer; staff have been involved in walking parades in Worthing and Chichester, getting involved in dance videos, crafting superhero masks for Brighton Pride and turning our staff into cartoon LGBTQi+ superhero advocates.
- 3.7. June celebrated 'volunteers' week'. Thank you events have been held across all our hospitals to recognise our amazing hospital volunteers who give their time to help patients and staff.

4. INTERESTED TO FIND OUT MORE?

- 4.1. The news section of our website provides more detail and great images related to some of the events and achievements I have referenced above. Please visit

www.uhsussex.nhs.uk/news. We are also active on social media. Please join the conversation, comment, like and share by searching for @UHSussex on your favourite platform or use the hashtag #UHSussex. We also invite people living locally to join UHSussex as a member, volunteer in our hospitals or develop their career with us. With seven hospitals across Sussex and numerous satellite services, we are proud to be at the heart of the communities we serve. We wish to welcome others to our UHSussex family too. Visit www.uhsussex.nhs.uk/join-us - thank you.

6. RECOMMENDATIONS

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

Agenda Item:	8	Meeting:	Council of Governors Meeting in Public	Meeting Date:	15 August 2024
Report Title:	Single Improvement Plan				
Sponsoring Executive Director:	Dr George Findlay, Chief Executive				
Author(s):	Darren Grayson, Chief Governance Officer				
Report previously considered by and date:	SIP Committee 24 th July 2024				
Purpose of the report:					
Information	N/A	Assurance	Yes		
Review and Discussion	N/A	Approval / Agreement	Yes		
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality	Yes / N/A	Staff confidentiality	Yes / N/A		
Patient confidentiality	Yes / N/A	Other exceptional circumstances	Yes / N/A		
Link to ICB / Trust Annual Plan					
Link to ICB Annual Plan	N/A	Link to Trust Annual Plan	Yes		
Implications for Trust Strategic Themes and any link to Board Assurance Framework risks					
Patient	Yes				
Sustainability	Yes				
People	Yes				
Quality	Yes				
Systems and Partnerships	Yes				
Research and Innovation	Yes				
Link to CQC Domains:					
Safe	Yes	Effective	Yes		
Caring	Yes	Responsive	Yes		
Well-led	Yes	Use of Resources	Yes		
Regulatory / Statutory reporting requirement					
NHSE undertakings					
Communication and Consultation:					
Summary plan has been published on the Trust's website					
Executive Summary:					
<p>The purpose of the Trust's Single Improvement Plan (SIP) is to enable the Trust to deliver sustainable improvement in the services it provides so that it can better meet the needs of patients. The SIP will also enable the Trust to become a better employer and promote the best interests of staff. The delivery of the SIP will also enable the Trust to satisfy the Undertakings that it entered into with NHS England (NHSE) in Quarter three of 2023/24.</p> <p>The development of the SIP has involved staff throughout the Trust and has been undertaken with the active support of the Integrated Care Board (ICB).</p> <p>There are nine domains in the SIP:</p> <ul style="list-style-type: none"> Planned Care: delivering zero over 65 week waiting patients by September 2024. Cancer 62 days waits 70%, Faster Diagnostic Standard: 77% • Diagnostics: 8% of patients waiting no more than 6 weeks Urgent and Emergency Care: • 4 hours: 78%, 12 hours: 2%, Length of Stay 7+ days: reduced by 10%, ambulance hand over 60+ mins: 0% 					

- Specialist services: Mechanical Thrombectomy service to be available 12 hours/7 days a week, PET CT national standard (95% scans reported in 7days)
- Care Quality Commission: All actions completed
- Maternity: completion of all outstanding actions and exit from the Maternity Safety Support Programme
- Quality Improvement: Robust mechanisms established to evidence compliance with quality standards across the Trust
- Surgery: completion of all actions in the Royal College of Surgeons Invited Service Review
- Culture: Cultural metrics developed, delivery of comprehensive staff engagement programme (the big conversation) and development of transformation roadmap, Board and executive team development commenced, implementation of NEDs service visits programme, improved and maintained staff engagement scores, high level of confidence in staff of speaking up (FTSU), staff receiving regular appraisals
- Equality Diversity and Inclusion: delivery of the plan for 2024/25

Each of these domains is led by an Executive supported by the Programme Management Office.

A summary of the SIP can be seen here. <https://www.uhsussex.nhs.uk/resources/trust-improvement-plan/>

The delivery of the SIP is overseen by a Steering Group that is chaired by the Chief Governance Officer, and the Board has also established a SIP Committee to assure its delivery. The ICB and NHSE receive assurance on delivery through the existing assurance mechanisms.

The SIP sets out our ambitions for improvement and is backed by detailed delivery plans. Work to identify the resource requirements in the SIP is underway and will be discussed with the ICB and NHSE.

The SIP is an ambitious long-term programme of improvement that will be delivered over the next few years and that will better services and better experiences for patients, families and staff.

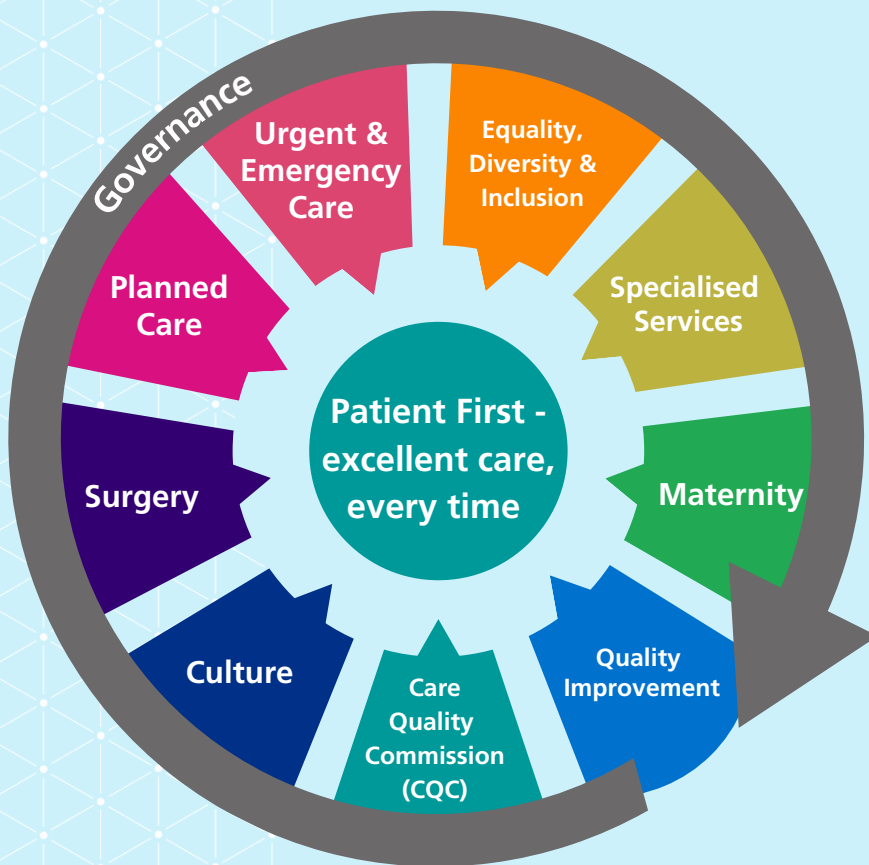
Key Recommendation(s):

The Council is asked to note the Single Improvement Plan (SIP)

July 2024



University Hospitals Sussex
NHS Foundation Trust



Excellent Care, Every Time: Improvement Plan

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Welcome

By Dr George Findlay



This document explains the details of our Improvement Plan, and I would just like to briefly explain the background to the plan, and what we are trying to achieve.

University Hospitals Sussex is now one of the largest NHS hospital trusts in the country, with seven hospitals, numerous satellite services and more than 20,000 staff in Sussex.

We are also a young organisation, formed from the merger of two neighbouring trusts during the pandemic, with huge potential – much still to be fulfilled.

Due to Covid, founding our new Trust took place at pace with an understanding that many of the usual processes that support successful organisational integration would take longer to complete.

Since the merger on 1 April 2021, a huge amount of work has taken place to harmonise the inherited differences of our former trusts, and distil the best from both. But this process has been slower than desired, and happened during a period of real challenge for the whole NHS.

We see patients facing delays to their care, with the recovery from the pandemic still very much not complete. At the same time our efforts to recover services are taking place amid significant challenges in the social care sector, rising mental health concerns, staff burnout, and more than a year of widespread industrial action.

Since merger we have received extensive feedback from key stakeholders, such as our patients, NHS England, our commissioners, the Care Quality Commission, Healthwatch, Royal Colleges and the Maternity Safety and Support Programme.

We have combined this with staff feedback and the detailed data we continually collect, and used all this information and insight to develop our new Improvement Plan.

The plan is designed to reinvigorate our Patient First vision to deliver excellent care, every time for our patients and ensure we are maximising the benefits of being a much larger organisation.

Realising our huge potential starts with getting our fundamental quality, safety, and governance standards right. Our Improvement Plan brings together new and ongoing improvement programmes to make sure we are doing that.

Some areas of focus are about taking the best from our former organisations; some are long-standing issues which still need to be resolved, such as emergency care and access to surgery; and others are key improvements identified by our regulators, partners and staff feedback, such as leadership, culture, diversity and inclusion.

Our Improvement Plan sets out nine key areas of focus – areas where, if we get them right, will give us the strong foundations we need to move forward, towards our Trust vision: excellent care, every time.

Delivering on these nine areas will help us meet the needs of our patients in the short-term, and set us up for longer term development – this autumn we will start our Big Conversation engagement programme, to inform our new Trust strategy for 2025-30 which will set our path to becoming one of the very best acute and specialist trusts in the country.

The full document will be published on our website in August 2024.



Our journey

University Hospitals Sussex was formed on 1 April 2021 from the merger of Western Sussex Hospitals and Brighton and Sussex University Hospitals (BSUH). The two trusts had shared the same Executive Team and Trust Board since 2017 but remained separate organisations under a joint-management contract.

This arrangement was put in place after Western Sussex Hospitals became the first multi-site acute trust to receive an “Outstanding” rating in 2016 from the Care Quality Commission. NHS Improvement asked the Trust Board from Western Sussex Hospitals to take on the leadership of BSUH, which was challenged by several long-standing issues, including capacity constraints.

However, the most immediate challenge was to make the improvements required to remove BSUH from regulatory ‘Special Measures’ for both quality of care and financial management. This was achieved within 18 months, during which time the national NHS Staff Survey results also revealed BSUH to be the fastest improving Trust in the country.

Much of this success was attributed to the Patient First improvement programme, first launched at Western Sussex Hospitals in 2015 and initiated at BSUH from 2017 onwards. Patient First draws on the philosophy of “Lean” management and empowers teams with the knowledge, skills, and tools to lead local improvements for the benefit of their patients. Unfortunately, the onset of the global pandemic and emergency management of the NHS curtailed the development of Patient First and the cultural change underway at both trusts.

Stronger together

What the Covid crisis did demonstrate was that patients would benefit more if the trusts became one, so a decision to merge the trusts was agreed by the Board with support from NHS England and our partners. However, due to the pandemic and national incident management of the NHS, it was acknowledged that significant preparatory work usually undertaken in advance of a merger would have to take place after the legal establishment of the new Trust.

This included agreeing a refreshed strategy, new Clinical and Corporate Operating Models, and the supporting leadership structures which would need recruiting to, as well as defining and introducing new governance, committee and assurance processes for the new organisation and aligning hundreds of policies, processes, programmes, and procedures.

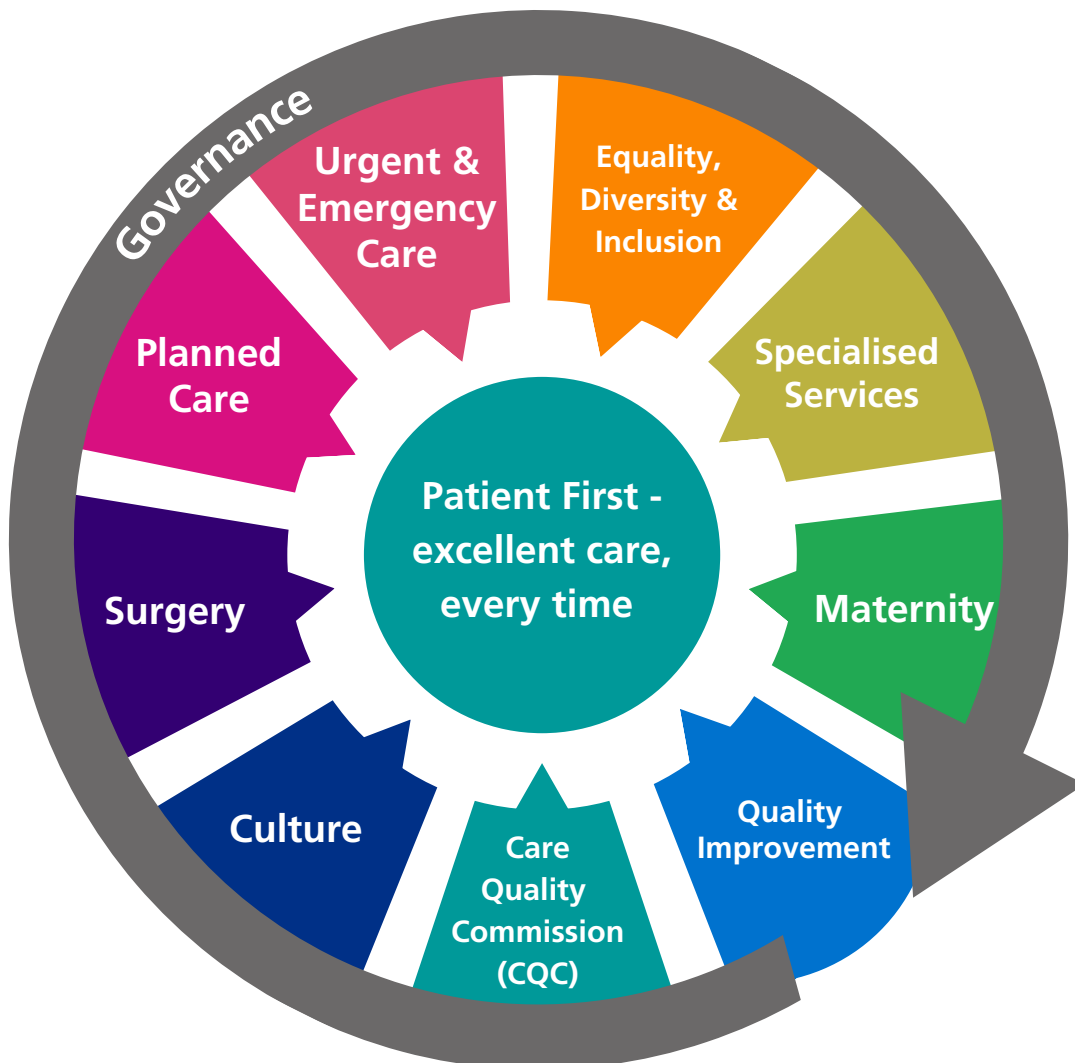
Key themes within the Improvement Plan describe how many of these merger-related gaps are now being filled at pace, as well as how pre-merger issues, related to surgery or equality, diversity, and inclusion for instance, are being improved, along with new post-pandemic challenges facing all hospitals, such as reducing patient waiting times for emergency, planned care and cancer.

Improvement themes

In total, there are nine key themes that bring together a series of tactical and strategic interventions to address the root causes of the challenges we face.

Implementation of the plan will put us back on track to ensure our services are meeting the performance standards required of us by our patients and partners, in support of our Patient First vision to provide excellent care, every time, for all our patients.

Each theme is led by a member of the Executive Team, supported by a senior responsible officer with appropriate expertise and experience. A comprehensive governance and committee process underpins each theme, with regular reporting to the Trust Board, NHS Sussex and NHS England.



Culture

University Hospitals Sussex inherited different cultures from our former trusts and as part of the merger process a new series of values were co-produced with patients and staff.

Compassion & Communication | Inclusion & Respect | Teamwork & Professionalism

Feedback from the CQC's Well-Led report, our staff survey results, and other sources suggests more work is required to ensure our values are better embedded across the Trust.

What we have done so far

In August 2023, we invested in a new Freedom to Speak Up Guardian Service to provide an independent and confidential 24-hours-a-day, seven days a week confidential service.

Our latest NHS Staff Survey results from Autumn 2023 revealed:

- 0.8% improvement in staff feeling safe to speak up about 'anything that concerns them'.
- 2% improvement in staff feeling confident the organisation would address these concerns.
- In March 2024, our staff engagement score measured by our monthly Pulse Survey improved from 7.1 to 7.3.

In November 2023, a new chief culture officer was appointed (on a fixed term basis funded by NHS Sussex) to lead on a cultural exploration and organisational development programme. This is work which, ideally, would have taken place in much more detail before the merger.

The work has included:

- A series of culture workshops with 500 attendees from all levels of the Trust.
- Introduction of a 10-week development programme to build a community of staff able to initiate and support organisational development activity.
- Analysis of where culture is positive or more work is needed.
- Creation of a working hypothesis about culture at University Hospitals Sussex.
- Values and behaviours inquiry to inform a deep dive analysis of staff and patient data that will lead to the development of an annual cultural heatmap for the Trust.



Where we want to be

To foster a workplace with a culture that realises the potential of the merger, enables staff to live our values, and adapt to the changing external environment.

Our key aim is to have an NHS Staff Survey staff engagement score placing us within the top 25% of best performing acute trusts in the country.

The cultural exploration exercise aims to deliver the systems and processes that will underpin successful cultural change and organisational integration.



How we will get there

Staff survey results from 2023 identify some positive improvements, and opportunities for further action that we are prioritising.

We have a variety of ways to measure improvements to our culture, including:

- Freedom To Speak Up referral numbers
- appraisal rates
- staff training
- sickness rates
- staff Pulse Survey (monthly).

The Board and Executive Team will oversee a new culture and organisational development plan for the Trust, informed by the exploration work of the chief culture officer, including extensive staff engagement.

The plan will include:

- Post merger integration work and development of a new strategic narrative.
- Developing cultural risk diagnostic methodology, governance, and reporting.
- Management and leadership development strategy and supporting plans.
- Developing a suite of interventions to support and encourage good behaviours.
- Developing organisational development capability to support transformation.
- Ensuring that recognition and rewards for staff are equally prioritised.

Our values...

Compassion & communication
Inclusion & respect
Teamwork & professionalism

Surgery

There are longstanding issues relating to the delivery of surgery across the Trust, many of which have been exacerbated since the pandemic by increased demand for services and longer waiting times for patients.

In 2023/24, the most common themes for patient complaints related to surgery were delays in accessing treatment, and poor communication about treatment plans and diagnosis.

What we have done so far

In May 2023, we invited the Royal College of Surgeons (RCS) to the Trust to review the improvement work that had been started the previous year.

While their report, published in January 2024, confirmed there were no significant safety concerns to address, it did make more than 40 recommendations relating to the following themes:

- staffing levels / use of locum doctors
- high and unequal workloads
- lack of surgical and ward capacity
- morale and culture.

All RCS's improvement recommendations have been reviewed and assigned a priority score with urgent actions identified for high priority recommendations. Progress includes:

- Business case for surgical workforce expansion created / submitted.
- Median hour of discharge programme reduced average time of discharge.
- A programme of cultural work, led by the chief culture officer.

Broader progress also includes introduction of team job planning exercises, resumption of face-to-face patient review meetings, recruitment of new consultants, and more regular meetings between surgeons and the Trust's leadership team.

Where we want to be

To deliver, and be able to evidence, surgery standards that demonstrate we are providing safe, high quality surgical services for our patients.

Key measures include:

- reducing the backlog of patient reviews (Structured Judgement Reviews, or SJRs)
- delivering all of the Royal College of Surgeons recommendations
- addressing surgical workforce vacancies.



Surgery

How we will get there

The business case for surgical, clinical nurse specialist, and dietician expansion will be implemented by October 2024.

A 'Rightsizing Theatre Capacity' programme is ongoing to improve capacity for growing emergency surgery demand at Royal Sussex County Hospital, by exploring options to potentially relocate some general surgery lists to our other hospitals.

A new training programme for surgical trainees starts in October 2024. At the same time, the reporting and recording of key patient review meetings will be standardised across the Trust.

A new audit is being introduced to evidence the prioritisation of sick patients.

A new education lead role will be advertised and appointed to in September 2024 and we are actively appointing new consultants.



Planned Care

Too many of our patients are waiting too long for treatment, which leads to poorer experience and potentially worse outcomes. We are also currently not meeting national performance standards, such as Referral to Treatment Times (RTT) for planned care and cancer treatment.

Before the pandemic began, our waiting lists were already large and now, as one of the largest trusts in the country, the size of our list is significant. The demand for outpatients, diagnostics and treatment means the waiting lists in some specialities continue to grow.

Our most challenged specialties are ear, nose, and throat (ENT), trauma and orthopaedics (T&O), and colorectal. For cancer, we need to clear a backlog before sustainable improvement in performance can be achieved, with the most challenged specialties being lower gastro-intestinal, skin, breast and gynae.

Delay to care is also the most common patient concern about surgery, while Healthwatch's most pressing concern is patient communication, including cancellations, patient letters and meeting accessible information standards.

We have used this information and insight to focus our improvement priorities for planned care.

What we have done so far

We have reduced our overall patient waiting list (PTL) month on month since October 2023, but due to our large size we still have one of the largest lists in the country.

In March 2024, we had reduced PTL by 13,919 (9%) compared to September 2023. 65-week waits had reduced by 35.4% since September, whilst 52-week waits had reduced by 6.5%.

Staff have been delivering record levels of activity. In 2024 our teams are now delivering 120% of the activity levels in comparison to our pre-pandemic activity levels.

We are working in innovative new ways with other providers through the Sussex Acute Care Collaborative.

For example, with our partners we have introduced and manage a new elective coordination centre which helps patients access care more quickly, if they choose to do so, from another provider.

To improve patient experience while patients wait, we have introduced a new communications system called Netcall.

Planned Care



Where we want to be

Our ambition is to have no one waiting longer than necessary for planned or cancer care.

Key targets include:

- Zero 65-week waiters for elective care by September 2024.
- 70% compliance with cancer 62-day standard by March 2025.
- 77% compliance with 28-day faster diagnosis standard by March 2025.

How we will get there

We will continue to improve Referral to Treatment Times by:

- Increasing activity through productivity gains, Waiting List Initiatives (WLI) and insourcing/outsourcing extra capacity.
- Using the new elective coordination centre to help patients access treatment more quickly from other providers.
- Implementing best practice through initiatives such as 'Further Faster', as well as running 'High Volume Low Complexity' hubs at Sussex Orthopaedic Treatment Centre and Southlands Hospital.
- Improving waits for MRI, echocardiograms and endoscopy to support delivery of planned care pathways.

In July 2024, we are refreshing our Trust-wide cancer governance structure to support improved delivery and we are working with Surrey & Sussex Cancer Alliance (SSCA) to review and improve how patients access cancer care for high volume specialties.

This will be followed by a benchmarking review in August to identify potential 'Centres of Excellence' for cancer care in the Trust.

Additionally, a review by our Patient Experience team of patient letters and communications processes will be carried out in September 2024.

Urgent & Emergency Care

We manage six emergency departments (ED) in Sussex, including A&E departments at each of our district general hospitals in Sussex, as well as a specialist eye care A&E, a town centre minor injuries unit, and the major trauma centre ED in Brighton.

The national 4-hour standard challenges us to see, treat, admit, or discharge ED patients within four hours of arrival. Despite consistent improvement against this standard since April 2021, our urgent and emergency care performance is not meeting the required levels.

Furthermore, a continued increase in both attendances, and the severity of illnesses people are presenting with, is creating new challenges.

Our patient satisfaction levels for our EDs are above the national average, but patients too often have a poor experience, with long waiting times a key factor.

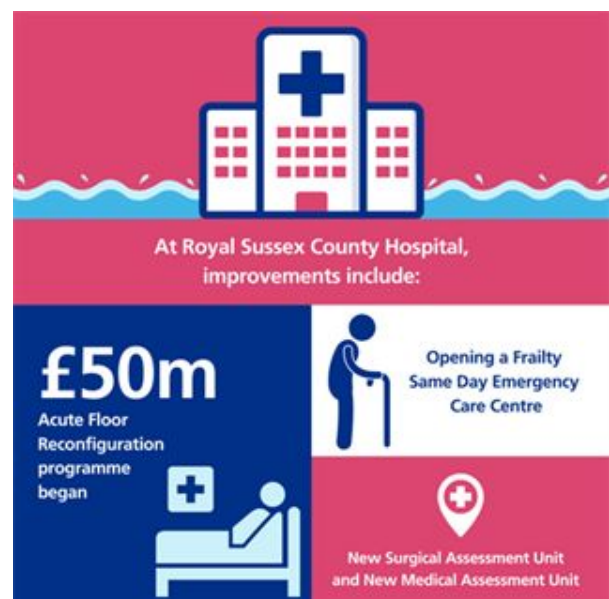
Our 4-hour performance is currently stable but we are seeing continued increases in attendances at St Richard's, Worthing, and Princess Royal hospitals.

The numbers of patients being treated in corridors due to capacity and flow issues in the main hospital and ED departments remains unacceptably high, especially at Royal Sussex County Hospital.

What we have done so far

Each hospital team has a local urgent and emergency care plan. At Royal Sussex County Hospital, where pressures are greatest, we have:

- opened a frailty same day emergency care centre
- introduced a new oversight approach
- started work on a new medical assessment unit
- approved the business case for a new surgical assessment unit
- started a £50m acute floor reconfiguration programme.



Urgent & Emergency Care

Where we want to be

Our aim is to provide safe and effective urgent care to all the communities we serve.

Key targets include delivering:

- 78% of patients seen, treated, admitted or discharged in under 4 hours
- fewer than 2% of patients waiting more than 12 hours
- 10% reduction in the number of patients with a long length of stay in hospital
- zero ambulance handover delays of more than 60 mins.



How we will get there

Each hospital's urgent and emergency care plan includes investment, improvement and innovations that will help provide better access to emergency and urgent care for patients.

At the St Richard's Hospital Urgent Treatment Centre (UTC), a team of advanced practice clinicians have been recruited and trained to complement the medical workforce.

All sites continue to review staffing mix, demand and capacity, and have a continuous improvement approach. This includes, rolling out a new ward daily management system which improves care and discharge planning. As well as implementing the successful 'continuous flow model' of purposeful moving patients who need admission to wards to all sites, roll out of successful fragility and Same Day Emergency Care (SDEC) and UTC models of care to all sites.

The building of a new UTC and SDEC will begin later in 2024.

At Royal Sussex County Hospital improvements include:

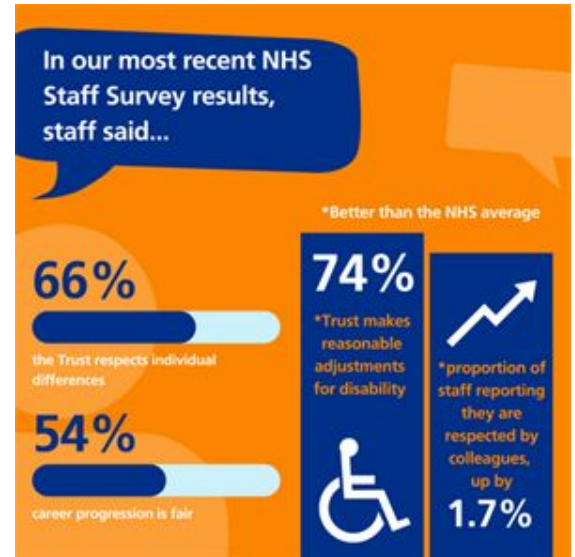
- Review of stroke demand – August 2024.
- New surgical assessment unit for trolley spaces and chairs – September 2024.
- Implement medical flow model in Louisa Martindale Building – September 2024.
- Reconfiguration of clinical sites – September 2024.

Equality, Diversity & Inclusion

Inclusion is one of our Trust values and equality, diversity and inclusion is a core element of the [NHS People Promise](#) and [NHS Constitution](#).

Our most recent national NHS Staff Survey results showed a reduction in the proportion of colleagues who reported experiencing discrimination from staff, but an increase in the proportion of staff who had personally experienced discrimination from patients.

There were small improvements in the proportion of staff who said our Trust respects individual differences (66%) and that career progression is fair (54%).



The proportion of staff who say the Trust makes reasonable adjustments for disability is better than the NHS average at 74%, as is the proportion of staff reporting they are respected by colleagues, up by 1.7% and putting us above the 72% national average.

The 2023 NHS Workforce Race Equality (WRES) metrics show improved scores from 2022 that are above the national average, but for the NHS Workforce Disability Equality Standards (WDES), the results are more mixed. In three of the nine metrics we are better than the national average.

What we have done so far

We have introduced an internal audit to monitor improvement and launched a three-year Equality, Diversity & Inclusion (EDI) strategy with five key aims:

1. De-bias recruitment and selection processes
2. Reduce harassment
3. Equitable career progression
4. Workforce health inequalities
5. Community engagement and participation

Where we want to be

An inclusive employer where all staff feel valued and treated equally. Our aim is to deliver on the NHS People Promise.

Key improvement measures include:

- NHS Staff Survey results
- Workforce Race Equality Standards report
- Workforce Disability Equality Standards report.

How we will get there

We are using insights from the first EDI internal audit and other key sources to update and implement our EDI action plan.

From September, local teams will be able to access business intelligence software themselves, to empower them to identify and enact local improvements.

Specialised Services

As the tertiary care provider and specialist centre in Sussex, we are commissioned to provide 18 specialist services, including mechanical thrombectomy (removing blood clots) for stroke patients, and advanced PET-CT scans.

Our current contract for specialist services is valued at £265m, but the governance of specialised services within the Trust requires improvement.

What we have done so far

We have agreed new service development improvement plans (SDIP) and key developments have included:

- organising a specialised services system to agree next steps
- implementing monthly contract meetings with commissioners
- developing an improvement plan to deliver more PET-CT
- developing our expansion plan for our stroke thrombectomy service to enable us to move to extended hours seven days a week and then to 24/7. This will be in line with the development of the hyper acute stroke unit at St Richard's.

Where we want to be

To deliver the new contract agreements and the associated NHS improvement plans (SDIP) associated with it.

How we will get there

A new Trust Specialised Services Oversight Group is being established from July 2024 to oversee delivery of the contract and associated service development improvement plans.

The SDIPs for radiotherapy, PET-CT, vascular and mechanical thrombectomy will be formalised in August 2024, with a business case for the development of the thrombectomy service to follow.

Maternity

Outcomes for mothers and babies, and our patient experience feedback, are better than at most other trusts in the country, with statistically significant reductions in neonatal deaths and stillbirths observed in the last year.

In September 2021, our maternity services were inspected by the CQC, with Princess Royal, Worthing and St Richard's hospitals rated 'Requires Improvement', and Royal Sussex County Hospital 'Inadequate'.

We joined the national Maternity Safety Support Programme (MSSP) in February 2022.

Over the past three years, our maternity and obstetric teams have introduced a wide-ranging programme of improvements.

What we have done so far

Our better outcomes and improving performance against a variety of metrics are linked to a series of wide-ranging service improvements. These include:

- Reducing midwifery vacancy rate from 22% to 11%.
- Investing in 40 new midwife posts across the service.
- Full recruitment of obstetric consultants.
- Achieving the Clinical Negligence Scheme for Trusts (CNST) maternity incentive scheme - year five in March 2024.
- Implementing Saving Babies' Lives Care Bundle (version 3).
- New home birth care model introduced.
- Birmingham Symptom Specific Obstetric Triage System (BSOTS) introduced.
- Centralised telephone triage service launched in March 2024.



- Significant improvement with statutory and mandatory training compliance (88%).
- Increased permanent preceptorship capacity for newly qualified midwives.
- Improved foetal monitoring specialist midwifery and consultant capacity.
- Reduction in incidents associated with foetal monitoring.
- Specialist midwifery service review underway led by consultant midwives.
- Allocated consultant time for risk and safety, digital innovation, and research.
- Perinatal Culture Conference in June 2024.
- Launched new 'Improve Well' app to improve staff engagement.

Maternity

Where we want to be

To ensure pregnant women and people, babies, and their families receive excellent, high-quality care, every time.

Key measures include:

- MBBRACE programme (Mothers and Babies: Reducing Risk through Audit and Confidential Enquiries) - sustaining our improvement against the national average.
- Friends and Family Test - continuing to outperform the national average.
- Midwifery vacancy rate - continuing to reduce (currently 11%, down from 22%).
- Clinical Negligence Scheme for Trusts (CNST) maternity incentive scheme.
- Saving Babies' Lives Care Bundle.

How we will get there

We will continue to closely monitor, sustain, and implement improvements.

Pre-engagement for the development of a new maternity strategy is taking place.

By the end of 2024, permanent recruitment to our heads of midwifery roles will take place, along with consultation and recruitment to the clinical operating model for maternity.



Quality Improvement

Quality is measured in a wide variety of ways, and we collect and analyse huge amounts of data to monitor and improve the quality of the many services we provide. We produce a detailed monthly quality scorecard, and information from this, combined with other sources such as complaints, incident reporting, Healthwatch, data modelling and CQC inspections, shows that we have opportunities to improve the quality of services we provide.

What we have done so far

We have identified key priority areas for quality improvement. These include:

- inpatient care, including pressure damage and falls
- medication management
- responding to and learning from complaints and incidents
- clinical audit and guidelines
- end of life care
- risk management
- increasing the reporting of safety incidents which provide a learning opportunity to prevent harm - developing a patient safety learning culture.

We have introduced a wide range of interventions and initiatives to address the priorities:

- First wave of Fundamental Standards of Care Audits reported.
- New risk management framework embedded.
- New Compliance and Assurance Framework (CAF) completed for Trust divisions.
- Quality Governance Manual launched at conference.
- Clinical assurance visit programme underway to monitor and embed Fundamental Standards of Care at each hospital
- Revised mortality and learning from deaths including reviewing backlog SJRs - this work included training new reviewers (due to be completed by Jan 25).

Where we want to be

To be able to demonstrate delivery of quality standards across the Trust and show measurable improvements in patient safety, experience, and outcomes over time. This will be measured by 41 metrics from the Trust's Quality Scorecard published and reviewed by senior leadership every month at meetings:

- Quality Governance Steering Group (chaired by the chief medical officer).
- Trust Management Committee (chaired by the chief executive).
- Patient and Quality Committee (chaired by a non-executive director).
- Trust Board (chaired by the Chair) (held in public every one in three meetings).

How we will get there

Our new clinical assurance framework is informing improvement plans, enabling each Trust division to focus on the quality issues that are the biggest priority for them. At the same time, a series of data quality improvements will come online.

By September 2024, 90% of the clinical guidelines in use will be harmonised across the Trust, and a programme of work will begin to 'right-size' our complaints department by investing the additional resources required to meet the more complex and larger caseload associated with our new Trust.

In November 2024, a new learning and development programme will begin.

Since 2021, we have received several inspections by the Care Quality Commission (CQC), resulting in downgraded ratings for some of our services and hospitals. Following a CQC inspection in August 2022 and publication of their report in May 2023, the Trust's leadership processes received an 'Inadequate' rating under the CQC's 'Well-Led' domain.

The most recent inspection by the CQC was in August 2023, with the report published in January 2024. Overall, the ratings for all the Trust's hospitals moved to 'Requires Improvement', while the rating for Surgery at Royal Sussex County Hospital (RSCH) and Princess Royal Hospital (PRH) improved from 'Inadequate' to 'Requires Improvement.'

Each inspection report includes actions we are required to take, and which address the issues identified through the inspection process. Completion of these actions is overseen by our CQC Steering Group, which reports to the Patient and Quality Committee.

What we have done so far

A significant majority of CQC actions have been completed, while a few, often connected to more complex longer term change processes, remain to be completed.

Action plans have been submitted for 34 remaining Trust-wide 'must-do' and 'should-do' actions, and for 13 more local and division-specific 'must-do' and 'should-do' actions.

Each of the Trust's divisions has also completed a full appraisal against the new CQC framework, and the Trust's leadership has completed a 'Well-led' self-assessment review.



Where we want to be

To demonstrate improvement by completing CQC-required actions and to maintain our Trust's 'Outstanding' ratings for the care we provide and its effectiveness.

How we will get there

90% of 'must do' and 'should do' actions from the CQC will be completed by the end of 2024.

Next steps

A non-executive director-led committee will oversee the delivery of the Improvement Plan, supported by a steering group chaired by our chief executive, which reports to the committee. Each of the nine key areas of focus is led by an executive member of our Trust Board, supported by a senior responsible officer with appropriate expertise and experience. We will also benefit from monthly assurance meetings with NHS Sussex and NHS England.

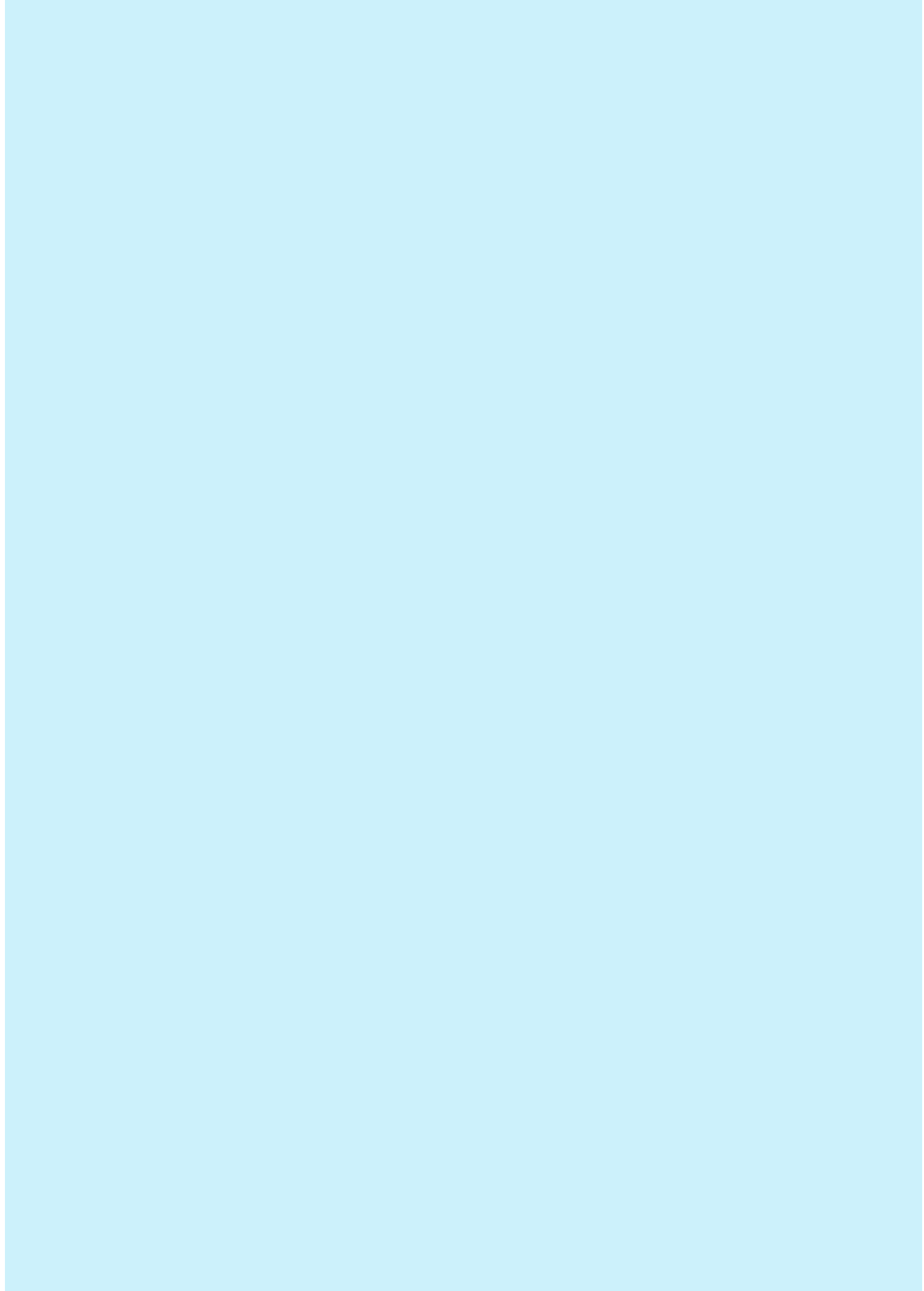
Within the plan, each key area of focus has a 'plan on a page' which includes ambitions, milestones, risks, and performance indicators. In turn, each of these is informed by a comprehensive action plan. A performance dashboard related to each key theme and action plan is under development and will be reported each month to the committee to demonstrate progress and delivery.

Key improvements and innovations will also be shared and celebrated through the Trust's communications and engagement channels with patients, public, partners, stakeholders, and the media. The aim will be to build confidence in our services, improve public opinion through evidence of wide spread improvements and recognition of the many achievements of our staff, departments, and specialty teams.

The Improvement Plan will be available, in full, on our website from August 2024.









University Hospitals Sussex

NHS Foundation Trust

Agenda Item:	9	Meeting:	Council of Governors	Meeting Date:	15 August 2024
Report Title:	Report from Governors Nomination and Remuneration Committee				
Author(s):	Alan McCarthy – Trust Chair				
Report previously considered by and date:					
Purpose of the report:					
Information	N/A	Assurance	Yes		
Review and Discussion	N/A	Approval / Agreement	Yes		
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality	N/A	Staff confidentiality	Yes		
Patient confidentiality	N/A	Other exceptional circumstances	N/A		
Link to ICB / Trust Annual Plan					
Link to ICB Annual Plan	N/A	Link to Trust Annual Plan	Yes		
Implications for Trust Strategic Themes and any link to BAF risks					
Patient	N/A				
Sustainability	N/A				
People	Yes	This report links to the performance of the Trust's NEDs			
Quality	N/A				
Systems and Partnerships	N/A				
Research and Innovation	N/A				
Link to CQC Domains:					
Safe	N/A	Effective	N/A		
Caring	N/A	Responsive	N/A		
Well-led	Yes	Use of Resources	N/A		
Regulatory / Statutory reporting requirement					
<p>The Trust is required to undertake regular appraisals of its NEDs and provide the outcome to the Trust Governors along with any recommendation on reappointment or removal. The Governors are required to consider the NED remuneration policy and any recommended changes. Noting the removal of any NED is a matter reserved for the Council as a whole.</p> <p>The Trust is required to provide an annual return to NHS England on each Board Member's ability to meet the Fit and Proper Persons Framework Requirement.</p>					
Communication and Consultation:					
Report:					
<p>Chair and NED 2023/24 appraisals</p> <p>The Council of Governors Nomination and Remuneration Committee met in May 2024 and received a detailed report from the Chair on the outcome of the appraisals of each the Trust Non-Executive Directors (NEDs) in May 2024 along with a report from the Senior Independent Director on the outcome of the appraisal of the Chair again which was undertaken in May 2024.</p> <p>The Committee agreed a performance rating for the Chair and each NED, with the exception of the two NEDs who had only just been recruited in January and February 2024 and therefore there was insufficient time to determine their performance by the year end. For the Chair and NEDs their agreed performance rating was "satisfactory", noting that within the revised NHS E appraisal framework there are two ratings, satisfactory and cause for concern.</p>					

CoG Nomination and Remuneration Committee report to the Council

Date June 2021

Chair and NED Fit and Proper Persons checks

The Committee considered the information and checks undertaken by the Trust in respect of the Chair and the NEDs being compliant with the fit and proper requirements framework.

Chair and NED 2024/25 objectives

The Committee also agreed for those NEDs continuing into 2024/24 a series of objectives which continued with the 2023/24 governor set objective, this being *“To ensure the Boards visibility across the Trust, the Neds active role in GEMBA should reflect and acknowledge their individual participation through feed back to the Governors”*

It was also recognised that changes maybe required to objectives through the year with a new Chair starting on 1 July and the NHSE Leadership Competency Framework to be published in the Autumn applying to NEDs.

The Committee noted that there were three short term objectives set for the retiring Chair to conclude the 2024/25 annual planning, conclude the 2023/24 annual report and to engage and support the orientation the new Chair.

The Committee noted the work undertaken by the Senior Independent Director through the analysis of the stakeholder feedback on the current chair to determine the key areas internal and external stakeholders are looking for from the Trust which will enable objectives for the new Chair to be formulated later in 2024/25.

Brighton and Sussex Medical School Non Executive

The Committee received an update from the Chair on the Brighton and Sussex Medical School (BSMS) NED. The Committee was informed that the current BSMS NED, Malcolm Reed, retires on the 31 July and the Chair recommend that Deputy Dean of Brighton and Sussex Medical School, Professor Gordon Ferns should be appointed as the BSMS NED for 1 August 2024 to 31 July 2025. This recommendation was suggested by the current Dean and is supported by the two university Vice Chancellors. It was made to allow time for the recently appointed BSMS Dean to commence and for the Trust to conclude its work on determining the skills they are seeking from this position. Subject to the BSMS Dean meeting the Board skills requirement and having the ability to commit sufficient time then the Committee agreed to recommend to the Council that the BSMS Dean be appointed at the BSMS NED from 1 August 2025 to 31 July 2028. Both these appointments would be remunerated in accordance with the Trust's NED remuneration policy which itself is aligned to the NHS England guidance.

Lucy Bloem

The Committee approved, virtually, the recommendation to offer Lucy Bloem a second term of office for three years from 1 September 2024 to 31 August 2027. The Committee members reflected on the positive appraisal outcomes over the current term of office, the positive interactions they had had with Lucy, the most recent through her role within the appointment of the new Chair, and the presentation to the Council on the roles Lucy undertakes as Patient and Quality Committee Chair and NED Maternity Champion. There were no planed changes to Lucy's additional responsibilities as Senior Independent Director, Patient and Quality Chair and Maternity NED Champion and therefore there was no proposed change to her remuneration.

NED Remuneration

The Committee agreed to maintain its NED remuneration policy which was approved at the end of 2020/21 noting this policy aligns to the NHS Guidance on NED remuneration. The Policy sets for new NEDs a base remuneration of £13,000 with the addition of responsibility allowances at £3,000 for being key committee chairs, the deputy chair or the SID. The Committee noted that the NHS England guidance on NED remuneration has not been adjusted since 2020/21 although a review of this remuneration level has been expected for some time.

Key Recommendation(s):

- 1) The Council of Governors should **note** that the NED and Chair appraisals did not identify any matters in respect of the NEDs and Chair failing to remain fit and proper persons and **note** the Council of Governors Nomination and Remuneration Committee approved the Chair making the required annual declaration to NHS England conforming this by the deadline of 30 June 2024.
- 2) The Council of Governors should **note** that 2023/24 governor set objective has been incorporated into each NED's objectives for the 2024/25 and this objective is *"To ensure the Boards visibility across the Trust, the Neds active role in GEMBA should reflect and acknowledge their individual participation through feed back to the Governors"*
- 3) The Council of Governors should **approve** based on the recommendation from the Council of Governors Nomination and Remuneration Committee the appointment of Professor Gordon Ferns, Deputy Dean of Brighton and Sussex Medical School as the replacement for the retiring Malcolm Reed as the Brighton and Sussex Medical School NED for the period 1 August 2024 to 31 July 2025 when the position will then be taken by the newly appointed Dean of Brighton and Sussex Medical School for the three year period 1 August 2025 to 31 July 2028 subject to the requirements set out in the report. The appointment of Professor Gordon Ferns would be remunerated in accordance with Trust's NED remuneration policy. The Council of Governors are asked to **approve** that these appointments are subject to the persons meeting the fit and proper persons responsibilities and being able to match the skills and time requirement of the Board for this NED position.
- 4) The Council of Governors should **approve** based on the recommendation from the Council of Governors Nomination and Remuneration Committee the offer to Lucy Bloem for a second term of office from 1 September 2024 to 31 August 2027. This appointment would see no change in Lucy's current remuneration.
- 5) The Council of Governors Committee is asked to **approve** based on the recommendation of Council of Governors Nomination and Remuneration Committee that pending any update to the NHS England Guidance the NED remuneration remain at a base remuneration of £13,000 with responsibility allowances of £3,000 being added where appropriate.

Agenda Item:	10.	Meeting:	Council of Governors	Meeting Date:	15 August 2024
Report Title:	Annual Review and Report on the Performance of the External Auditor for 2023-24				
Sponsoring Executive Director:	Clare Stafford, Chief Financial Officer				
Author(s):	Alison Ingoe, Commercial Director and Interim Director of Finance Martin Botterill, Deputy Director of Finance - Operational Finance Hansen Quao, Assistant Director of Finance - Financial Services				
Report previously considered by and date:					
Purpose of the report:					
Information	N/A	Assurance	Yes		
Review and Discussion	N/A	Approval / Agreement	Yes		
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality	N/A	Staff confidentiality	N/A		
Patient confidentiality	N/A	Other exceptional circumstances	N/A		
Link to ICB / Trust Annual Plan					
Link to ICB Annual Plan	N/A	Link to Trust Annual Plan	N/A		
Implications for Trust Strategic Themes and any link to Board Assurance Framework risks					
Sustainability	Yes	BAF Risk 2.1 Delivery of Financial Plan			
People	N/A				
Patient & Quality	N/A				
Systems and Partnerships	N/A				
Research and Innovation	N/A				
Link to CQC Domains:					
Safe	N/A	Effective	N/A		
Caring	N/A	Responsive	N/A		
Well-led	Yes	Use of Resources	Yes		
Regulatory / Statutory reporting requirement					
The Health and Social Care Act 2006 states that every foundation trust must have an auditor. The Act states that it is for the Council of Governors to appoint and remove the auditor.					
Communication and Consultation:					
Executive Summary:					
The purpose of this report is to provide an assessment of performance of the external auditor following the completion of the audit for the 2023/24 financial year. This report considers the work of the auditor including both quality and fees charged.					
Key Recommendation(s):					
The Council of Governors is asked to:					
<ul style="list-style-type: none"> NOTE the performance of Grant Thornton with regards to the 2023/24 audit. 					

Purpose

1. The Audit Committee is required to review the performance of the external auditor, Grant Thornton LLP (GT), after the completion of the year-end audit. This report assesses the work of the auditor regarding the quality of the work and the fees charged. The Council of Governors are responsible for the appointment of the Trust external auditor.

Performance

2. Darren Wells continued as the key audit partner for GT, supported by Paul Jacklin as the senior manager since appointment. There was a change to the audit team during the year, which required early engagement between the finance team and the senior personnel in the audit team to establish an updated working relationship.
3. The audit team was adequately resourced for the interim and final audits and was very responsive to queries, complemented by the finance team ability to respond to audit requests quickly. The challenge from the audit team was fair and professional.
4. There was early engagement with the audit team to assess the valuation methodology implemented by the Trust following the opening of the Louisa Martindale Building.
5. There was also early engagement with the audit team with regards to the change in accounting treatment, mandated by the Department of Health and Social Care (DHSC), for the Royal Alexandra Children's Hospital Public Finance Initiative (PFI).
6. Similar to previous years, in advance of the final audit commencing, GT agreed with the Trust a timetable for the audit, together with a schedule of working papers that would be required. This phased approach worked well. The Trust also provided GT with an enhanced cleansed set of transactional data to help reduce sample sizes.
7. A significant amount of the audit work was undertaken remotely by GT. The audit team attended sites for stock takes and were prepared to attend the Trust if required.
8. During the audit GT provided the Trust with a daily updated query log, to enable the progress of the audit to be monitored, and attended twice weekly Teams meetings with the Trust's operational finance team to discuss the audit and any issues that had arisen.
9. The audit was delivered by GT in accordance with the agreed plan and the audit findings report was delivered to the Trust on time.
10. The value for money work element of the audit was carried out concurrently with the year end audit. GT, with the assistance of the Trust, were able to schedule the work and deliver the conclusion on time.
11. As a result of these arrangements, the Trust was able to work with GT to conclude the audit fieldwork on 14 June 2024, sign the accounts and submit the audited accounts to NHS England (NHSE) on 27 June 2024. This submission was a day earlier than the NHSE submission deadline of 28 June 2024.
12. In keeping with their standard audit approach, GT carried out a risk focussed audit on 3 key areas they identified as significant risks in the audit plan. Significant risks are defined by International Standards of Auditing (ISA) as an identified risk of material misstatement for which the assessment of inherent risk is close to the upper end of the spectrum due to the degree to which risk factors affect

the combination of the likelihood of a misstatement occurring and the magnitude of the potential misstatement if that misstatement occurs.

13. These risks were as follows:
- fraud in revenue recognition,
 - management override of controls, and
 - valuation of land and buildings.
14. GT reached the following conclusions:
- they did not identify any material issues in relation to revenue recognition,
 - there was no evidence of material risk, no issues identified regarding management override of controls and
 - no material misstatements in the valuation of Land and Buildings.
11. During 2023/24 GT did not carry out any non-audit services. There are currently no engagements for non-audit services in place or under discussion.
12. GT are regularly required to consider and report to the Audit Committee on their independence. They confirmed in June 2024 that:
- There are no significant facts or matters that impact on their independence as auditors that they are required or wish to draw to the Trust's attention;
 - they have complied with the Financial Reporting Council's (FRC) Ethical Standards for Auditors;
 - they have implemented policies and procedures to meet the requirements of the FRC's Ethical Standards;
 - that in their professional judgment the firm and each covered person are independent and able to express an objective opinion on the financial statements; and
 - they have complied with the requirements of the National Audit Office's Auditor Guidance Note 01 which sets out supplementary guidance and requirements for auditors of public bodies.
13. The Audit Committee has considered GT's assessment of independence and concurs with the conclusion.

Fees

14. The audit of the 2023/24 financial year is the 3rd year of the (3+1+1) contract awarded to GT in 2021/22. In November 2023 the Council of Governors appointed GT as external auditor of the Trust for the 2024/25 financial year by exercising the first 12-month extension of the contract awarded.
15. The table below shows the agreed fees net of VAT for the first three years of the engagement commencing with the 2021/22 audit as year 1.

Annual fees

Supplier name	Year 1	Year 2	Year 3	Total cost
	£'000	£'000	£'000	£'000
GT	150	153	156	459



16. The fee incurred by the Trust for year 3 was £156k as set out in the contract.
17. In addition to the fee table above, GT charged the Trust an additional £4k for additional Whole of Government Accounts (WGA) work during the 2022/23 financial year audit. This was due to the Trust being classified by the DHSC for a sampled component audit for the 2022/23 year, which resulted in GT having to undertake additional sampling work.
18. The agreed fee for the audit of the 2024/25 financial year is £190k.

Recommendation

19. The Audit Committee is asked to:
 - **NOTE** the performance of Grant Thornton with regards to the 2023/24 audit.

Agenda Item:	11	Meeting:	Council of Governors	Meeting Date:	15 August 2024
Report Title:	Report from Patient Engagement and Experience Committee Meeting Chair				
Responsible Governor:	Frances McCabe, Public Governor, Brighton & Hove				
Author(s):	Jan Simmons, Governor & Membership Manager				
Report previously considered by and date:	N/A				
Purpose of the report:					
Information	Yes	Assurance	Yes		
Review and Discussion	N/A	Approval / Agreement	N/A		
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality	N/A	Staff confidentiality	N/A		
Patient confidentiality	N/A	Other exceptional circumstances	N/A		
Link to ICB / Trust Annual Plan					
Link to ICB Annual Plan	N/A	Link to Trust Annual Plan	N/A		
Implications for Trust Strategic Themes and any link to Board Assurance Framework risks					
Patient	Yes				
Sustainability	N/A				
People	N/A				
Quality	Yes				
Systems and Partnerships	N/A				
Research and Innovation	Yes				
Link to CQC Domains:					
Safe	Yes	Effective	Yes		
Caring	Yes	Responsive	Yes		
Well-led	Yes	Use of Resources	N/A		
Regulatory / Statutory reporting requirement					
Communication and Consultation:					
Executive Summary:					
<p>The Patient Engagement and Experience Committee met on 13 June 2024. The meeting was quorate with four Governors in attendance. It was also attended by the Director of Patient Experience, Engagement and Involvement, the Deputy Director of Facilities and Estates, Hospital Director of Nursing for Princess Royal Hospital, Deputy Chief Nurse for Quality, the Head of Nursing for Mental Health, Clinical Director, Research and Innovation and the Operational Director for Research and Innovation.</p> <p>Apologies were received from the NHS Integrated Care Board and Healthwatch representatives.</p> <p><u>PLACE Audits – National Audit Results</u> The Committee received a presentation and report highlighting the final results of the 2023 External PLACE assessment published on 22 May 2024.</p> <p><u>Peer Review Update</u> The Committee received an overview of the key headlines from the PRH Director of Nursing together with the positive feedback and the top themes for improvement.</p>					

Mental Health Update

The Deputy Chief Nurse, Quality and the Head of Nursing for Mental Health provided the Committee with an update on the Trust's mental health governance arrangements, the CQC monitoring visit and the impact of the Right Care, Right Person programme.

Focus of PEEC – Survey Results

The Committee agreed to defer the focus of PEEC survey results to the next meeting.

Governor Feedback / Contact with Public

There was no feedback provided at this meeting from the Governor's contact with the public.

Research Activities aligned to Patient Experience

The Committee received a presentation from the Clinical Director and the Operational Director of Research and Innovation who explained the Trust's vision and how the Strategy was one of the Trust's True North goals and firmly embedded in the continuous improvement approach of Patient First.

Stakeholder Feedback – ICB Update

There was no representative present from the ICB at this meeting.

Healthwatch Update

There was no representative present from Healthwatch at this meeting.

Patient Experience Quarter 4 Report

The Committee noted the Trust's Quarter 4 Patient Experience Report and information relating to the Trust's principal sites at Brighton, Chichester, Haywards Heath, Worthing and Southlands and those areas where the Trust had performed well for patients, as well as concerns and complaints received, and the satisfaction feedback levels for the Friends and Family test.

Key Recommendation(s):

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

COMMITTEE HIGHLIGHTS REPORT TO COUNCIL

Meeting:	Patient Engagement & Experience Committee	Meeting Date:	13 June 2024	Chair:	Frances McCabe	Quorate:	Yes
Declarations of Interest Made							
There were no declarations of interest made.							
Assurances received at the Committee meeting							
<p>PLACE Audits – National Audit Results The Committee RECEIVED the results of the annual assessment of the non-clinical aspects of the patient environment for sites offering in-patient care. The assessments were carried out by patient assessors, care providers, governors, the IPC and facilities staff.</p> <p>The Committee NOTED the hospital sites and areas that were above and below the national average and details of where improvements were required to be made. The three food categories, Food and Hydration, Organisation Food and Ward Food and Privacy, Dignity and Wellbeing all scored higher than those of the Trust’s peers. The Committee were provided with more detail on the areas that required improvement and the action plan that would be monitored by the monthly PLACE Steering Group and F&E Divisional Board.</p> <p>Peer Review Update The Committee RECEIVED a brief presentation from the PRH Director of Nursing on the Peer Engagement visits, one of the workstreams of the Fundamental Standards of Care Working Group that reported to the Patient Safety Group. The Committee was informed that 30 areas had been visited including medical surgical, specialist, cancer and outpatient areas. Positive feedback had been received for high quality of care by clinical staff and high respect for dignity as well as a good interaction with clinical staff. Improvements findings for the future included updating information boards and de-cluttering the environments.</p> <p>Mental Health Update The Committee RECEIVED an update on the Trust’s governance arrangements for mental health patients, the impact of those patients in the hospitals and key points from the CQC Mental Health Monitoring visits in November 2023.</p> <p>The Committee NOTED that a robust operating system utilising help from multi agencies to strengthen the ‘right care, right person’ initiative had improved the service and outcomes for patients. In addition the Committee heard of the importance of balancing patient safety and the patient’s experience in mental health facilities.</p> <p>The Committee was ADVISED of the process for managing patients brought to the hospital under Section 136 of the Mental Health Act 1983 that enabled police officers in England and Wales to transfer a person who appeared to have a mental disorder and to be in ‘immediate need of care or control’ to a place of safety which was often based within a mental health unit or A&E department.</p> <p>Governor Feedback / Contact with Public The Committee NOTED that there was no feedback provided at this meeting from the Governor’s contact with the public.</p>							

Research Activities aligned to Patient Experience

The Committee **RECEIVED** a presentation from the Clinical Director and the Operational Director of Research and Innovation who explained the background and the Trust’s vision and Strategy that was one of the Trust’s True North goals and was firmly embedded in the continuous improvement approach of Patient First. The new Research Strategy aimed to increase the number of high-impact studies, diversity of participants and positive experiences from research. The overarching vision was to make the hospital a place where everyone, from the Community and Staff, had a meaningful opportunity to participate in research.

The Committee was informed of the progress of the studies, as well as the process and routes for recruitment and participation in research studies and programmes through community and staff engagement, and how diversity was ensured. The Committee was advised that patient and public research awareness was a key element to encouraging research participation and understanding the importance of clinical research to improving care.

Stakeholder Feedback

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

Healthwatch Update

The Committee **NOTED** that there was no representative from Healthwatch present at the meeting to give feedback.

Patient Experience 2023/24 Quarter 4 Report

The Committee **RECEIVED** the Trust’s 2023/24 Quarter 4 Patient Experience Report and **NOTED** that during the reported quarter the significant majority of patients (89%) were satisfied that they had a good or very good experience. This was comparable to previous quarters but the overall trajectory through 2023 had been slightly downward. Positivity in Emergency Departments has been declining through 2023 but was above December 2022 levels and the national average. Inpatient experience was below national average and had been declining through 2023.

The Committee **NOTED** that there had been 350 complaints received during Q4, an increase of 18.5% on Q3 and also above Q2.

The Committee **NOTED** that 3,184 concerns were received by the PALS service, which was an increase on previous quarters. 489 plaudits had been received.

Actions taken by the Committee within its Terms of Reference

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

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

PLACE
To receive an update on improvement noting that this is to be scheduled for the December Committee meeting.

Peer Review
To triangulate findings with PLACE reviews and provide an update at the December Committee Meeting



Mental Health

To provide a brief update at the next meeting in September.

Focus of PEEC – Survey Results

Place on the September agenda.

Research Activities aligned to Patient Experience

An update to be provided at the Committee meeting in December.

Stakeholder Feedback

An update on Patient Access Transformation to be provided by the ICB at the next Committee meeting in September. This should also be the subject for a Governor Briefing session.

Q1 Patient Experience Report

To note progress

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

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

Agenda Item:	12	Meeting:	Council of Governors	Meeting Date:	15 August 2024
Report Title:	Report from Membership and Engagement Committee Meeting Chair				
Sponsoring Executive Director:	John Todd, Public Governor for Adur and meeting chair				
Author(s):	John Todd, Public Governor for Adur and meeting chair				
Report previously considered by and date:	N/A				
Purpose of the report:					
Information	Yes	Assurance	Yes		
Review and Discussion	N/A	Approval / Agreement	N/A		
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality	N/A	Staff confidentiality	N/A		
Patient confidentiality	N/A	Other exceptional circumstances	N/A		
Link to ICB / Trust Annual Plan					
Link to ICB Annual Plan	N/A	Link to Trust Annual Plan	N/A		
Implications for Trust Strategic Themes and any link to Board Assurance Framework risks					
Patient	Yes	A vibrant membership will support the Trust with its engagement activities in support of enhancing patient experience of the Trust's services.			
Sustainability	N/A				
People	Yes	A vibrant membership will support the Trust's Staff with their drive to learn from our patients and their family.			
Quality	Yes	A vibrant membership will support the Trust with its engagement activities in support of enhancing the quality of the Trust's services			
Systems and Partnerships	Yes	A vibrant membership will support the Trust as it seeks to engage within the system.			
Research and Innovation	N/A	A vibrant membership will support the Trust as it seeks to engage within the local population in respect of research activities.			
Link to CQC Domains:					
Safe	Yes	Effective	Yes		
Caring	Yes	Responsive	Yes		
Well-led	Yes	Use of Resources	N/A		
Regulatory / Statutory reporting requirement					
Communication and Consultation:					
Executive Summary:					
<p>The Membership and Engagement Committee met on 11 July 2024. The Committee was quorate with five Governors attending, three of which were publicly elected and a member of the Trust's Communications Team, the Head of External Affairs.</p> <p>The Committee received a report on the Trust's membership and recruitment activities undertaken during the fourth quarter of 2023/24 along with a review of the effectiveness of the meeting.</p> <p>The Head of External Affairs provided an overview of the current communication and engagement activities that had been taking place in the organisation and with external colleagues.</p>					
Key Recommendation(s):					
The Council is asked to NOTE the actions of the Committee and NOTE that the Committee referred no matters to the Council for their action.					

COMMITTEE HIGHLIGHTS REPORT TO COUNCIL

Meeting:	Membership and Engagement Committee	Meeting Date:	11 July 2024	Chair:	John Todd	Quorate: Yes
Declarations of Interest Made						
There were no declarations of interest						
Assurances received at the Committee meeting						
<p>The Committee RECEIVED a report on the Trust's membership and NOTED that the current levels of membership were above the minimum levels of membership per constituency as set out within the Trust's constitution.</p> <p>The Committee NOTED the progress and impact of recruitment and engagement activities since the last meeting, with a notable increase in new members as opposed to the previous months where leavers outnumbered new joiners. Events in May and June had included joint participation with the Voluntary Services across all hospital sites and joining with Sexual Health partners again to promote membership at the very successful Chichester Pride where 27 new members were recruited. The team also welcomed 48 new members whilst attending the Love Your Liver Roadshow event on Brighton seafront, hosted by the British Liver Charity and supported by UHSussex nurses.</p> <p>The Committee RECEIVED an update on the engagement activities that had been undertaken during the quarter, including events that had been attended by the Team and collaboration with other teams, all of which had contributed to the positive trend in membership growth and engagement. In addition, a series of new flyers had been produced to encourage conversations and reflect the growing interest and partnership with Volunteers, Colleges and Universities.</p> <p>It was also NOTED that, alongside Sexual Health colleagues, the team would be joining various Fresher's week recruitment events in September at Chichester University, Chichester College and Brighton University to continue to capture a younger cohort as members.</p> <p>The Committee NOTED that the Spring Members' Newsletter had been emailed to some 4507 members and shared news stories and highlights of the Trust's activities over the past three months. Another of the Trust's Expert Talks was held on 28 May 2024 when members and the public were invited to join the online event to hear Dr James Cockburn, Consultant Cardiologist talk about cardiology and the miniaturisation in medicine. The talk proved to be a great success with 101 requests for a place to attend. A recording of the talk was subsequently placed on the Trust's website for the public to view.</p> <p>The Committee DISCUSSED the results of the meeting's review of effectiveness, noting a preference for alternating between in-person and Teams meetings to enhance interaction and engagement among committee members.</p> <p>The Head of External Affairs provided an overview of the current communication and engagement activities that had been taking place in the organisation and with external colleagues. Key areas included the Communication Team's efforts to address the recent increased media scrutiny of the Trust and development of the progressive disclosure wayfinding model and the planned rollout to other locations to ensure a unified navigation system across the organisation.</p> <p>The Committee COMMENDED the Membership Administrator for the significant contributions she had made to the increase in membership and engagement.</p>						

Actions taken by the Committee within its Terms of Reference
The Committee made no specific decisions at this meeting.
Items to come back to Committee / Group (Items Committee / Group keeping an eye on)
The Committee continues through the Member Engagement Report (received at each meeting) to monitor the low risk that membership would fall below a constitutional minimum in any one of the Trust governors' constituencies.
Items referred to the Board or another Committee for decision or action
The Committee referred no matters to the Council of Governors, Board or other Committee for action.

Agenda Item:	13	Meeting:	Council of Governors	Meeting Date:	15 August 2024
Report Title:	Lead Governor's Report				
Sponsoring Executive Director:	Lindy Tomsett, Lead Governor				
Author(s):	Lindy Tomsett, Lead Governor				
Report previously considered by and date:					
Purpose of the report:					
Information	Yes	Assurance	N/A		
Review and Discussion	N/A	Approval / Agreement	N/A		
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality	N/A	Staff confidentiality	N/A		
Patient confidentiality	N/A	Other exceptional circumstances	N/A		
Link to ICB / Trust Annual Plan					
Link to ICB Annual Plan	N/A	Link to Trust Annual Plan	N/A		
Implications for Trust Strategic Themes and any link to Board Assurance Framework risks					
Sustainability	N/A				
People	N/A				
Patient & Quality	N/A				
Systems and Partnerships	N/A				
Research and Innovation	N/A				
Link to CQC Domains:					
Safe	N/A	Effective	N/A		
Caring	N/A	Responsive	N/A		
Well-led	Yes	Use of Resources	N/A		
Regulatory / Statutory reporting requirement					
Communication and Consultation:					
Executive Summary:					
This report provides the Council with an update of activities up to August 2024					
Key Recommendation(s):					
The Council is asked to NOTE this report.					

Lead Governor Report 15 August 2024

On behalf of all the Governors we would like to extend a warm welcome to the four new Governors who are attending their first COG in Public.

The new Governors are Patricia Percival for East Sussex and Out Of Area, Jo Richardson for Horsham, Alex Leaney for Brighton & Hove and one new Staff Governor Tomasz Makola for St Richards Hospital.

Also, we have some members of the Council which were re-elected, these are Frances McCabe for Brighton & Hove, Doug Hunt for Mid Sussex, Andy Cook as Staff Governor for RSCH and myself for Chichester. I believe I can say for all those re-elected we will be able share their experience with the newly elected Governors with a number becoming buddies.

An Induction day was arranged for all the new Governors to offer them information and discuss their expectations of the role, answer any of their questions and generally give an overview of the meetings that Governors can attend either in person or via MS Teams. The new Governors were able to meet their Governor 'Buddies' and exchange contact details and help them to feel more comfortable in their new role. This was a very successful afternoon and well enjoyed by all. We also have had an informal 'coffee morning' in person to enable the new Governors to meet their fellow colleagues for an informal chat and get to know each other.

These sessions are so important to assist the new Governors with their understanding of their commitment to working together, to share in promoting the Trust and supporting its strategic plans whilst acknowledging the workforces unwavering dedication to providing a safe and quality service.

The Governors along with the staff, received a communication informing us of the social media and local newspaper reports regarding the operational capability of the Worthing Maternity Services. The CEO responded quickly to the media and also to the staff with a realistic and open statement about the situation, as all mothers and babies need to be cared for in a safe professional environment. The Governors found it extremely reassuring to receive a further communication from the Chief Nurse providing information of a reconfiguration of the service delivery plan for Worthing Maternity Unit.

Working with the staff a solution to the situation was found, this close working which itself demonstrated how staff coming together formulate solutions to



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problems. Through these communications the Governors will be able to provide an accurate account of the continuing Maternity Services at WGH to the general public.

Monthly meetings have recommenced with myself and the Chair and I have given a summary feed back to the Governors, to enable a flow of communication to enhances opportunities for the Governors to ask for further clarification in their meetings.

We continue to receive 'Briefings' on improvement initiatives, in particular the 'Median Hour of discharge' which was very informative and demonstrated how hard the Trust is working with the SCFT and other Agencies to assist with earlier discharges and to help solve problems with complex discharges.

The Governors have received other Briefings on very relevant topics which aids their appreciation of how the things work within the Trust and how it seeks to live by its values and recognises the true strength that comes from such dedicated staff within the Trust. The collaboration with other Agencies to achieve the planned improvements whilst focusing on its quality strategy is testament to Trust's commitment to deliver services despite all the challenges that the Trust is facing, from financial constraints to improving quality performance, which we recognise with the Trust will produce some very difficult decisions in the future

Several Governors attended the yearly NHS Providers Conference which was held virtually this year. This Conference provides an enriching opportunity to receive up to date information on so many subjects relating to the current state of play within the NHS as it enters a new era under the change of Government and therefore a possible change of priorities within NHS England.

Many Governors attended the Trust's AGM noting that it was very well organised and many members of the Public attended. Before the start of the meeting, those attended had the opportunity to view some show casing stalls, which offered information on many relevant topics that everyone found interesting, and educational.

Lastly I would just like to add another topic which dosen't readily get the Public notice that it deserves, University Hospitals Sussex is very proactive in NHS Organ Donation Service. Allowing the use of its theatres and staff to assist in the organ donation process. As a Governor on one of the Organ Donation Committees in this Trust (as there are several) I would like to read a letter sent to staff at St Richards

I am writing to thank you for your help and support in caring for this patient who was able to donate on 12th July 2024 and I am pleased to tell you about the outcome of this donation.

A gentleman in his fifties has received a kidney transplant after a wait of over two years. Another gentleman, in his fifties has also received a kidney transplant. This gentleman had been on the recipient waiting list for just over four years.

A gentleman in his fifties has received a lifesaving liver transplant after a short wait. This patient was also able to donate heart tissue.

Donation and transplantation is only possible as a result of the help, support and dedication of the multidisciplinary healthcare professionals involved. On behalf of the donor family, the transplant recipients, and their families, I wanted to thank you again for your hard work and commitment to organ donation.

Yours sincerely Hayley Forster, Donor Family Care Service

I wanted to conclude my report by reiterating a warm welcome to those joining the Council and to those returning a thank you for your continuing service. Finally I wanted to close by saying thank you from the whole Council of Governors for those who retired at this round of elections.



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Agenda Item:	18	Meeting:	Council of Governors	Meeting Date:	15 August 2024
Report Title:	Company Secretary Report				
Author(s):	Company Secretary				
Report previously considered by and date:					
Purpose of the report:					
Information	N/A	Assurance	N/A		
Review and Discussion	Yes	Approval / Agreement	N/A		
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality	N/A	Staff confidentiality	N/A		
Patient confidentiality	N/A	Other exceptional circumstances	N/A		
Link to ICB / Trust Annual Plan					
Link to ICB Annual Plan	N/A	Link to Trust Annual Plan	Yes		
Implications for Trust Strategic Themes and any link to Board Assurance Framework risks					
Patient	N/A				
Sustainability	N/A				
People	N/A				
Quality	N/A				
Systems and Partnerships	N/A				
Research and Innovation	N/A				
Link to CQC Domains:					
Safe	N/A	Effective	N/A		
Caring	N/A	Responsive	N/A		
Well-led	Yes	Use of Resources	N/A		
Regulatory / Statutory reporting requirement					
Foundation Trust's are required to establish and maintain an effective Board and systems of governance.					
Communication and Consultation:					
Report:					
AGM					
The Trust held its AGM on the 30 July, this meeting received a presentation from the Chief Executive and was combined with the formal Council of Governors meeting which received the Trust's 2023/24 Annual Report and Accounts along with the External Audit Findings Report. All these documents can be found on the Trust's website by following the link					
Governor election outcomes					
We have welcomed both a number of returning and new Governors as a result of the round of governor elections that closed on the 4 July. The results are detailed below					
Constituency	Election result				
Public Governor - Chichester	Lindy Tomsett was elected for a further three-year term from 1 October 2024				
Public Governor - Chichester	No one stood for this second position so this remains vacant				
Public Governor - Brighton and Hove	Frances McCabe was elected for a for a further three-year term from 1 August 2024				



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Public Brighton and Hove	Alexander Leaney was elected for a two-year term from 1 August 2024 (<i>this shorter term for the second elected candidate was designed to stagger the elections to this constituency</i>)
Public Governor - Horsham	Jo Richardson was elected for a three-year term from 1 August 2024
Public Governor – Mid Sussex	Doug Hunt was elected for a for a further three-year term from 1 August 2024
Public Governor – East Sussex / Out of Area	Patrica Percival was elected for a three-year term from 1 August 2024
Staff Governor – Royal Sussex County Hospital	Andy Cook was elected for a for a further three-year term from 1 August 2024
Staff Governor – St Richards Hospital	Tomasz Makola was elected for a three-year term from 1 August 2024

The new governors have commenced their induction on the 8 August, and each has been provided with a Buddy Governor to help them assimilate into their role.

We have provided a letter of thanks to those governors who retired during this process or in the months before leaving a vacancy, these being Maggie Gormely for Chichester, Paul Wayne for Horsham, Hazel Heron for East Sussex / Out of Area and Jo Norgate staff governor for St Richard's.

Recommendations

The Council of Governors is recommended to

NOTE the outcome of the recent Governor Elections and that an induction programme for the new governors has commenced.

NOTE that the Trust has expressed its thanks for the contribution of those Governors who retired during the election process.