

Meeting of the Council of Governors

14:00 – 16.00 on Thursday 21 November 2024

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

AGENDA – MEETING IN PUBLIC

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

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
Item 4	14:00	Minutes of Council of Governors Meeting in PUBLIC held on 15 August 2024 To approve	Enclosure	Presenter: Chair Philippa Slinger
Item 5	14.05	Matters Arising from the Minutes None	N/A	Presenter: Chair Philippa Slinger

ACCOUNTABILITY

Item 6	14:05	Chief Executive Report to Council To receive and agree any necessary actions	Enclosure	Presenter: George Findlay
Item 7	14:20	Single Improvement Plan and Progress Dashboard To note	Enclosure	Presenter: Darren Grayson

LISTENING AND REPRESENTING

Item 8	14.30	Lead Governor's Report To receive and agree any necessary actions	Enclosure	Presenter: Lindy Tomsett
Item 9	14.35	Public Governors' Update To receive and agree any necessary actions	Verbal	Presenter: Those public Governors in attendance

Item 10	14.40	Staff Governors' Update To receive and agree any necessary actions	Verbal	Presenter: Andy Cook
Item 11	14:50	Report from the Patient Engagement & Experience Committee Meeting held on 12 September 2024	Enclosure	Presenter: Frances McCabe as Committee Chair
		<ul style="list-style-type: none"> • Discharge Lounge update To note	Verbal	Presenter: Stephen Mardlin
Item 12	15.10	Update from the Membership Engagement Committee Chair To note	Verbal	Presenter: John Todd as Committee Chair
Item 13	15.15	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 To receive and agree any necessary actions	Verbal	Presenter: Those appointed Governors in attendance
<u>OTHER ITEMS</u>				
Item 14	15.30	Charitable Funds Committee - Chair Feedback To receive and agree any necessary actions	Presentation	Presenter: Wayne Orr
Item 15	15.50	Company Secretary Report To note	Enclosure	Presenter: Glen Palethorpe
Item 16		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
	15.55			
Item 17		Any Other Business To receive and action		Presenter: Chair Philippa Slinger
Item 18	16.00	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 20 February 2025	Verbal	Presenter: Chair Philippa Slinger
Item 19	16.00	To resolve to move to private session. <i>The Council now need to move to a private session due to the confidential nature of the business to be transacted.</i>		

Minutes



University Hospitals Sussex

NHS Foundation Trust

Minutes of the Council of Governors meeting held in Public at 2pm on Thursday 15 August 2024 in Room 3, Level 11, Louisa Martindale Building, Royal Sussex County Hospital, Eastern Road, Brighton, BN2 5BE and virtually via Microsoft Teams Live Broadcast.

Philippa Slinger	Chairman
Dr George Findlay	Chief Executive Officer
Clare Stafford	Chief Finance Officer (interim)
Maggie Davies	Chief Nurse
Darren Grayson	Chief Governance Officer
Sandi Drewett	Chief Culture & Organisation Development Officer
Jackie Cassell	Non-Executive Director
Bindesh Shah	Non-Executive Director
Philip Hogan	Non-Executive Director
Gordon Ferns	Non-Executive Director
John Todd	Public Governor – Adur
Maria Rees	Public Governor – Arun
Frances McCabe	Public Governor – Brighton & Hove
Alex Leaney	Public Governor – Brighton & Hove
Lindy Tomsett (Lead Governor)	Public Governor - Chichester
Maggie Gormley	Public Governor - Chichester
Jo Richardson	Public Governor - Horsham
Doug Hunt	Public Governor – Mid Sussex
Colin Holden	Public Governor – Mid Sussex
Patricia Percival	Public Governor – East Sussex & Out of Area
Andy Cook	Staff Governor – Royal Sussex County Hospital
Tomasz Makola	Staff Governor – St Richard’s Hospital
Sue Shepherd	Staff Governor – Worthing Hospital
Claire Bewick-Holmes	Staff Governor – Princess Royal Hospital
Miranda Jose	Staff Governor - Peripatetic
Varadarajan Kalidasan	Appointed Governor – Trust’s Inclusion Groups
CLlr Alison Cooper	Appointed Governor – West Sussex County Council

In Attendance:

Glen Palethorpe	Company Secretary
Ben Smith	Deputy Company Secretary
Jan Simmons	Governor and Membership Manager

COG/08/24/1 Welcome and Apologies for Absence ACTION

- 1.1 The Chair, Philippa Slinger, welcomed all those present and those watching online to the meeting and especially to Professor Gordon Ferns, Deputy Dean of Brighton & Sussex Medical School who had joined the Trust as a Non-Executive Director replacing Professor Malcolm Reed.
- 1.2 Philippa also extended a warm welcome to three newly elected public Governors, Jo Richardson, representing the Horsham constituency, Alex Leaney, representing Brighton and Hove and Patricia Percival for East Sussex and Out of Area as well as Tomasz Makola, Staff Governor for St Richard’s Hospital.
- 1.3 Philippa then noted the following apologies that had been received.

- 1.4 **Governors:** Pauline Constable, Public Governor, Worthing, Kate Galvin, Appointed Governor, Brighton University, Helen Rice, Appointed Governor, Voluntary Sector and Bruno De Oliveira, Appointed Governor, Brighton and Hove City Council.
- 1.5 **Executives:** Andy Heeps, Deputy CEO and Chief Operating Officer, Katie Urch, Chief Medical Officer, David Grantham, Chief People Officer, Roxanne Smith, Chief Strategy Officer.
- 1.6 **Non-Executive Directors:** Paul Layzell, Lucy Bloem, David Curley, Wayne Orr.

COG/08/24/2 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/08/24/3 Declarations of Interests

- 3.1 There were no interests declared.

COG/08/24/4 Minutes of Council of Governors Meeting in PUBLIC held on 16 May 2024

- 4.1 The minutes of the meeting held in Public on 16 May 2024 were **APPROVED** as a correct record.

COG/08/24/5 Minutes of Council of Governors Meeting in PUBLIC held on 30 July 2024

- 5.1 The minutes of the meeting held in Public on 30 July 2024 were **APPROVED** as a correct record.

COG/08/24/6 Matters Arising from the Minutes of Meetings

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

ACCOUNTABILITY

COG/08/24/7 Chief Executive Report to Council

- 7.1 George Findlay began his report by commending everyone working for the Trust and thanked them all for their dedication, compassion and service. George then drew out the highlights of his report and the work of UHSussex over the last quarter.
- 7.2 For the past three months and since January the Trust had been delivering a fifth more elective activity every month than in 2019/20. By delivering more activity, in combination with a wide-ranging programme of innovations and waiting time initiatives, it had been one of a few Trusts that had consistently reduced their total waiting list, month on month, since last October, although it was recognised that the waiting list was still too large and there was a lot more to be done.
- 7.3 George went on to describe some of the themes in the Trust's Improvement Plan relating to more timely access for patients and to getting the fundamental quality, safety and governance standards right, adding that improvement was being evidenced by information provided to the Trust Board. Maternity was also one of the key themes of the Improvement Plan and George was pleased to report that the Trust's steadfast commitment to improvement and investment

in the service had delivered excellent results for women, babies and families as well as staff, with the most recent safety data showing outcomes for mothers and babies was now better than most other Trusts in the country.

- 7.4 Referring to the financial position, George explained that so far in 2024/25 it had proved a challenging year for the Trust and NHS as a whole. The Trust had submitted a revised deficit plan of £26.5m for this financial year, but at the end of June there was an actual deficit of £24.3m, which was £6.6m more than planned for and included £1.5m additional costs related to industrial action in June. With the current position unsustainable, actions were being taken to recover the position, such as agreeing new financial controls in July and as part of the organisation's strategy development work.
- 7.5 Despite the relentless demands on the hospital and staff, George drew attention to the broad selection of developments and achievements in his report that had occurred during the last three months and on behalf of the Board commended and thanked all colleagues who had been involved.
- 7.6 George concluded his report by describing the comprehensive, broad-ranging and growing programme to provide support for colleagues across the organisation as well as to thank, acknowledge and recognise everything they did for patients and each other. Included in the programme was ongoing recruitment to minimise vacancies, the in-house psychological support service, mental health awareness and the Financial Wellbeing Support Officer. Staff could also access the Crisis Support Fund which was funded by the MY UHSussex charity.
- 7.7 Following a request from Frances McCabe, George explained how the Ambulatory Clinical Decision Unit was part of the Emergency Department where patients, on arrival, would be streamed to the most appropriate pathway. It was planned to have Urgent Treatment Centres (UTCs) across all the hospital sites and they would be where most walk-in patients would enter and be streamed to either majors, resus or ambulatory pathways. George added that not all of the Trust UTCs functioned quite in that way yet but in future ambulances would arrive at ED and walk-in patients to UTC.
- 7.8 George advised that the Trust was working with partners to establish a single point of access that would bring together 111, UTC and potentially a clinical hub from Secamb to enable patients to be directed to the most appropriate part of the service.
- 7.9 The Council discussed and noted some of the issues that arose in the Emergency Department around overcrowding and the vulnerability of staff especially at night which the Trust was working very hard to resolve.
- 7.10 Philippa thanked George for his informative report relating to the Trust's finances, patients waiting too long and some quality issues, whilst still being able to provide excellent care.
- 7.11 The Council **RECEIVED** the Chief Executive's report.

COG/08/24/8 Single Improvement Plan and Progress Dashboard

- 8.1 Darren Grayson provided an update on the progress of the Trust's Single Improvement Plan (SIP), the purpose of which was to enable the Trust to deliver sustainable improvement in the services it provided to better meet the needs of patients, and would also enable the Trust to become a better employer and promote the best interests of staff. It would also enable the Trust to satisfy the

Undertakings that it had entered into with NHS England in Quarter three of 2023/24.

- 8.2 Darren explained that the SIP brought together nine elements listed in the summary document that would enable the Trust to achieve sustained improvement in the quality and safety of the services it provided. Darren was pleased to report that the SIP and been signed off by the Trust's Board, the Integrated Care Board (ICB) and by the Regional Office of NHS England.
- 8.3 The Council was informed that each of the nine domains was led by an Executive supported by the Programme Management Office and were backed by detailed delivery plans.
- 8.4 Internal governance and delivery of the SIP was overseen by a Steering Group, chaired by the Chief Governance Officer, and a SIP Committee had also been established to assure its delivery. The ICB and NHSE would receive assurance on delivery through the existing assurance mechanisms.
- 8.5 Darren concluded his update by stating that the SIP captured the Trust's ambitions and would continue to evolve as progress was made and was likely to have developed even further by the time of the next Council meeting.
- 8.6 Responding to a question from Andy Cook on what would happen if parts of the SIP could not be delivered and how would the Trust guard against it being migrated down due to being too difficult to implement, Darren acknowledged that it was likely that progress would be slow in some parts and quicker in others but the Trust would be agile and responsive to address those areas. Work was ongoing to understand the financial consequences of the SIP and to discuss priorities with system partners.
- 8.7 Frances commended the clarity of the SIP which Darren acknowledged and would share with colleagues in the Communications Team.
- 8.8 George informed the Council that the SIP included elements that were within the control of the Trust to deliver but there was an ICS wide shared delivery plan that had been presented to the System Oversight Board and which included some of the wider actions, such as being able to discharge patients at the right time and timely access for mental health patients in the right place which overlapped with those of the Trust. The Trust would be held to account on a monthly basis by System Partners whilst in turn they would be held to account by the Trust.
- 8.9 Maggie Davies added that maternity was a good example to demonstrate where the Trust had linked together the CQC action plan with the Maternity Support Programme with governance through the Maternity Improvement Group to form one single improvement plan.
- 8.10 In summary, Philippa added that colleagues all recognised that the outcomes were the most important part of the plan and welcomed improvements to those issues that needed to be addressed.
- 8.11 The Council **NOTED** the Single Improvement Plan and Progress Dashboard .

COG/08/24/9 Report from the Governor Nomination and Remuneration Committee Meeting held on 23 May 2024

- 9.1 Glen Palethorpe presented the report and advised that the Governors Nomination and Remuneration Committee had 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) along with a report from the Senior Independent Director (SID) on the outcome of the appraisal of the Chair which was undertaken in May 2024.

- 9.2 Glen informed the Council that based on the recommendation of the Committee, it was proposed that Professor Gordon Ferns, Deputy Dean of Brighton and Sussex Medical School would be the replacement for Malcolm Reed as the Brighton and Sussex Medical School NED for the period 1 August 2024 to 31 July 2025 when the position would 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.
- 9.3 Glen further advised that, based on the recommendation of the Committee, it was proposed to offer Lucy Bloem a second term of office from 1 September 2024 to 31 August 2027 and this appointment would see no change in Lucy's current remuneration.
- 9.4 Based on the recommendation of the Committee, the Council of Governors noted that, pending any update to the NHS England Guidance, the NED remuneration remained at a base remuneration of £13,000 with responsibility allowances of £3,000 being added where appropriate.
- 9.5 The Council **NOTED** the Report from the Governor Nomination and Remuneration Committee Meeting held on 23 May 2024 and:
- 9.6 **APPROVED** the appointment of Professor Gordon Ferns, Deputy Dean of Brighton and Sussex Medical School as a Non-Executive Director for the period 1 August 2024 to 31 July 2025.
- 9.7 **APPROVED** the appointment of Lucy Bloem as a Non-Executive Director for a second term of office from 1 September 2024 to 31 August 2027 and
- 9.8 **APPROVED** that pending any update the NED remuneration remained within the NHS England Guidance.

COG/08/24/10 External Audit Performance Report

- 10.1 Clare Stafford presented the report on behalf of Non-Executive Director, David Curley, Chair of the Audit Committee who was unable to attend the meeting.
- 10.2 Clare explained that the Audit Committee was required to review the performance of the external auditor, Grant Thornton LLP (GT), after the completion of the year-end audit. This report assessed the work of the auditor regarding the quality of the work and the fees charged. The Council of Governors was responsible for the appointment of the Trust external auditor.
- 10.3 The Council was informed that the review included the resourcing and stability of the external auditors, their approach and planning cycle which Clare advised had worked incredibly well this year, allowing the audit to be completed two weeks early. The report also focused on the key risks with the conclusion that there was nothing to escalate, all had positive positions and were shared at the last Council of Governors meeting at the AGM.
- 10.4 GT were regularly required to consider and report to the Audit Committee on their independence; no concerns were raised, and the Audit Committee concurred with their conclusion.

- 10.5 Clare concluded her report by advising that neither management or the Audit Committee wished to escalate any matters of concern and requested that the report be noted as part of procedural requirements.
- 10.6 The Council **NOTED** the External Audit Performance Report.

COG/08/24/11 Report from the Patient Engagement & Experience Committee Meeting held on 13 June 2024

- 11.1 Frances presented the report advising that the Committee had received presentations relating to the Patient-Led Assessment of the Care Environment (PLACE) National Audit results and the Peer engagement visits.
- 11.2 The Council was advised that the results of the National PLACE audit had highlighted the hospital sites and areas that were above and below the national average, detailing where improvements were required to be made and the action plan to monitor progress.
- 11.3 Frances advised that the Committee had also received a better understanding of 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.
- 11.4 The Committee had received a presentation on Research Activities aligned to patient experience and informed of the progress of the studies, as well as the process and routes for recruitment and participation in research studies, noting that the overarching vision was to make the hospital a place where everyone, from the Community, Staff and Governors, had a meaningful opportunity to participate in research.
- 11.5 Maggie Davies informed the Council that there had been agreement to amalgamate the Peer Reviews into the PLACE audits and that the issues around signage for Dementia patients had been approved.
- 11.6 Maggie commended the Patient Advice and Liaison Service (PALS) team who had significantly reduced the backlog of complaints by 10% over the last few weeks and were working hard on local resolution. An update would be provided through the Governor's Patient Engagement and Experience Committee going forward.
- 11.7 Maggie Gormely highlighted some issues relating to the PLACE audits that were undertaken at St Richard's Hospital and the process to ensure any actions required were communicated. Maggie Davies confirmed that she would follow this up.
- 11.8 The Council **RECEIVED** the Report from the Patient Engagement & Experience Committee Meeting held on 13 June 2024

COG/08/24/12 Update from Trust Inclusion Group

- 12.1 Varadarajan Kalidasan (Kali) provided the Council with a verbal update on the Trust's support for the Equality, Diversity and Inclusion (EDI) community especially during the recent weeks of ethnic unrest across the country. Kali was pleased that the Trust had shown that it was willing to do whatever it could to support members of staff. It had attended various Pride events, and reassured staff that ethnic abuse would not be accepted but there had been moving stories via the BAME network meetings of Staff in fear of leaving their homes where they had lived for decades.

12.2 Kali added that he was working with George Findlay and David Grantham to develop an EDI training programme to help the organisation demonstrate change and appealed to colleagues to get involved and support. However, Kali expressed his thanks for all that the Trust was doing at present.

12.3 The Council **NOTED** the update from the Trust's Inclusion Group.

COG/08/24/13 Report from the Membership Engagement Committee

13.1 John Todd provided a report to the Council advising that with more members joining than leaving, membership numbers had remained above the required minimum levels per constituency as set out within the Trust's constitution.

13.2 The Council was advised of the progress and impact of the recruitment and engagements activities since the last meeting and the future plans to join various Fresher's week recruitment events in September.

13.3 In response to a question from Philippa, John explained the benefits of becoming a member of the Trust.

13.4 The Council **NOTED** the report of the Membership Engagement Committee Chair.

COG/08/24/14 Lead Governor's Report

14.1 Lindy Tomsett presented the Lead Governor's report to the Committee and welcomed the Trust's new Chair, Philippa Slinger and the four new Governors who were attending their first COG in Public, those being Patricia Percival for East Sussex/Out of Area, Jo Richardson for Horsham, Alex Leaney for Brighton & Hove and Staff Governor Tomasz Makola for St Richard's Hospital. Lindy was also pleased to welcome back those Governors who had been re-elected.

14.2 The new Governors had attended an induction day during which they received information on the Trust, discussed expectations of the role, and were allocated 'Buddies' to provide help and support.

14.3 Lindy went on to reflect on the role of the Governors to support, promote and enhance the reputation of the Trust but acknowledged how challenging the recent adverse media coverage relating to Maternity had been for everyone.

14.4 The Governors had received some valuable briefing sessions that had provided them with substantial information and had increased their understanding of different operational areas within the organisation. The briefings had included Median Hour of Discharge which was very informative and demonstrated how hard the Trust was working with the Sussex Community NHS Foundation Trust (SCFT) and other Agencies to assist with earlier discharges and to help solve problems with complex discharges.

14.5 The Governors had welcomed the opportunity to attend the AGM noting that it had been very well organised, with many members of the Public also attending. Before the meeting commenced, those attending had the opportunity to view show casing stalls, which offered information on many relevant topics that everyone found interesting and educational.

14.6 Lindy commended UHSussex on its proactive assistance for the NHS Organ Donation Service by allowing the use of its theatres and staff to assist in the organ donation process and shared a letter from a patient who had received an organ donation.

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

COG/08/24/15 Public Governors' Update

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

COG/08/24/16 Staff Governors' Update

16.1 Andy Cook presented the report to the Council with its focus this quarter being on Communication and Wellbeing, the key points being as follows:

16.2 Andy acknowledged that, despite the challenges, there was much to celebrate. All teams should be highlighted for the work they did, especially teams that were under exceptional strain to promote equally across all sites, so that both clinical and non-clinical feel valued and supported.

16.3 The Staff Governors felt that balanced communication and a wider approach for communication would help with staff understanding the sometimes more unpalatable realities of the NHS today, including the challenges of the Executive team and the Trust as a whole. It was suggested that communication to staff locally could be reviewed with more team-based meetings in place of the lengthy newsletters and social media posts.

16.4 Andy continued the report focussing on wellbeing and ideas for a fresh approach to maintain staff, reduce attrition and sickness and nurture goodwill and staff passion for their job. These included a review of the impact on current workload when recruitment was being restricted, involving staff with ideas for improvements, a work impact assessment approach when implementing new systems or processes and staff rotation to support wellbeing to allow staff time away from pressurised areas.

16.5 The Chair commented that the Staff Governors' report's content was informative, and that staff input was the way forward for the Trust to improve.

16.6 George shared his frustration that Trust communications did not reach all staff through team huddles, social media and the Weekly Message but by working alongside Line Managers and through daily Teams conversations the Trust would ensure that communications reached all departments.

16.7 Frances commented that she had been involved in several PLACE visits recently and seen a wide range of levels of pressure and work, across a multitude of different departments and asked what the current policy was for rotating of staff? George advised there was not a policy for rotation, and that it was possible for staff to move across departments which could help with their skills and development but added that not many staff had taken up the offer.

16.8 The Chief nurse was pleased to inform the Council that a rotation programme used in other Trusts had been piloted with Midwives travelling to other sites that had achieved good results which had helped immensely with staffing.

16.9 Andy Cook commented that some roles were very different in their job specification and in emotional or physical work, and that some staff would not be happy to change department, whilst others may wish to build on a diversity of new skills.

16.10 The Council **RECEIVED** the Staff Governor's update.

COG/08/24/17 Appointed Governors' Update

17.1 West Sussex County Council

17.2 Alison Cooper provided an update on work being undertaken by the Health and Social Care Scrutiny Committee in conjunction with the Children's and Young People Scrutiny Committee who were forming a task and finish group to do a deep dive into the action plan drawn up in response to the outcomes of the local area Special Educational Needs and Disability inspection, with the first meeting due to take place in September. The conclusions would be presented to each Scrutiny Committee separately but would also be shared with NHS Sussex Integrated Care Board.

17.3 The Council **NOTED** the report from the Appointed Governor for West Sussex County Council.

17.4 Voluntary Sector - Age UK

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

17.6 University of Brighton

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

17.8 Brighton and Hove City Council

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

OTHER ITEMS

COG/08/24/18 Research, Innovation & Digital Committee - Chair Feedback

18.1 As Chair of the Research, Innovation and Digital Committee, Jackie Cassell gave a presentation and an overview of the role and work of the Committee.

18.2 Jackie explained the reason the Trust had established the Committee, the challenges, opportunities and developments in research and innovation (R&I) and also those in Digital.

18.3 The Council was informed that R&I was an important part of driving continuous quality improvement in healthcare. It enabled new, better treatments and ways of doing things and improved quality and developed staff, incentivising them to stay in the Trust. The Research Strategy was developed in 2023/24 and set out the Trust's ambitions in research for the first time.

18.4 Jackie went on to describe how performance was measured and provided a snapshot of the Trust's research activity during June 2024.

18.5 Turning next to Digital, Jackie explained the Digital Maturity Assessment, a mandated annual assessment that enabled health and care organisations to measure their progress towards the core capabilities set out in What Good Looks Like and identified the areas needed to be prioritised to deliver the digital transformational goal.

18.6 Philippa thanked Jackie for her presentation and reiterated how important research was and helped nationally to improving outcomes for patients and as a University hospital the link with the Medical School was strategically important.

- 18.9 As Deputy Dean of the Brighton and Sussex Medical School, Gordon Ferns commented that the Trust's partnership with the Medical School was key to attracting good people and for providing high quality research, which was good for providing quality patient care, good for bringing in funding and good for recruitment retention.
- 18.10 The Council **RECEIVED** the Research, Innovation & Digital Committee - Chair Feedback

COG/08/24/19 Company Secretary Report

- 19.1 Glen Palethorpe presented the report advising that the Trust held its AGM on the 30 July 2024 and included a review of the Trust for 2023/24 from the Chief Executive and was combined with the formal Council of Governors meeting that received the Trust's 2023/24 Annual Report and Accounts along with the External Audit Findings Report.
- 19.2 Glen also provided an update on the results of the recent round of Governor elections that closed on the 4 July 2024 and which welcomed both a number of returning and new Governors to the Trust. The Council was advised that an induction programme for the new Governors had taken place and that letters of thanks had been provided to those Governors who had retired.
- 19.3 The Council **NOTED** the outcome of the recent Governor elections and that an induction programme for the new governors had commenced.
- 19.4 The Council **NOTED** that the Trust had expressed its thanks for the contribution of those Governors who retired during the election process.

COG/08/24/20 Questions from the public

- 20.1 The Council had received a number of questions from members of the Public in advance of the meeting.
- 20.2 The Council noted the questions received and agreed that detailed responses would be provided individually and would also be placed on the Trust's website.
- 20.3 The Council **NOTED** the questions that had been received from the public and subsequent response.

COG/08/24/21 Any Other Business

- 21.1 The Council noted the issue highlighted by Maggie Gormley relating to the overgrown brambles and maintenance of the grounds around the perimeter of St Richard's Hospital which were affecting some access to the site. Maggie's comments would be forwarded to the appropriate department to resolve.
- 21.2 Recognising that it was Maggie Gormley's last meeting as a Public Governor, Philippa thanked her for her service.
- 21.3 In summing up the meeting Philippa recognised the importance of the Council of Governors in ensuring that the leadership of the organisation and scrutiny of its work was fit for purpose and commended them for demonstrating that that activity had been undertaken very well. Philippa commended the Council for holding the Trust to account for its urgent care performance and delivery and it will think hard about how it talks about and values all its staff.
- 21.5 There was no other business to discuss.

21.6 The next meeting of the Council of Governors was scheduled to take place at
14.00 – 16.30 on Thursday 21 November 2024

Jan Simmons
Governor & Membership Manager
August 2024

Signed as a correct record of the meeting

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Chair

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Date

Agenda Item:	6.	Meeting:	Council of Governors	Meeting Date:	21 November 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:					
This report gives the Council of Governors a summary of highlights from the Chief Executive and the work of UHSussex over the last quarter.					
Key Recommendation(s):					
The Council is asked to NOTE this report.					

To: Council of Governors

Date: November 2024

From: Chief Executive – Dr George Findlay

CHIEF EXECUTIVE REPORT

1. THANK YOU

- 1.1. The past three months have been characterised by celebration, insight and learning as huge numbers of staff, as well as partners and patients, have been involved and inspired by our Patient First STAR Awards, UHSussex Staff Conference and Big Conversation engagement programme.
- 1.2. Each of the events proved uplifting and inspirational in different ways, but with consistent themes of improvement and looking forward to a bright future weaving them all together into a strong foundation University Sussex Hospitals can build upon with confidence.
- 1.3. Our annual **Patient First STAR Awards** in September was a joyous evening of celebration and saying thank you for the great work going on across our hospitals and many of the incredible people behind it. When times are as tough as we find them right now, it's easy to lose sight of the huge amount of fantastic, innovative and life-changing work colleagues do, day in and day out.
- 1.4. Taking the time to recognise those efforts and thank each other for them is hugely important to us within our teams and through wider celebrations like our staff recognition awards. I want to take this opportunity to congratulate all our winners (listed below) as well as thank the 1,500 people who nominated someone for an award. That record-breaking number alone says a great deal about how much colleagues and patients appreciate our staff.
- 1.5. While the STAR Awards are the most visible expression of that sentiment, I see colleagues recognising, supporting and thanking one another with care and kindness every day of the year too – this is what makes our Trust such a special place to work, and it is this collegiate spirit that will drive our improvement efforts forward.
- 1.6. Also critical to our improvement journey is having the right 'mindset' - being open and honest with ourselves with a genuine willingness to recognise our

shortcomings, learn from them, and be confident that we have both the ability and power to act with confidence, grow and improve upon our performance.

- 1.7. This was a key take-away from the inspirational lead speaker at our **UHSussex Staff Conference** in October - British competitive diver and Olympic Silver Medal winner Leon Taylor. Leon captivated an audience of more than 600 colleagues over two days, reflecting on his remarkable journey from a restless child to performing at the pinnacle of professional sport for more than two decades. Key to his success was his attitude or having a 'growth mindset' as he described it. This was fundamental to achievements, including the creation of 'world's most difficult dive' to challenge other people's bias.
- 1.8. Our conference theme this year was 'Bright Horizons' and the event was a brilliant opportunity for teams and colleagues that don't usually interact to come together and talk about what our future could look like and how we can make that change happen. There was a real buzz in the air and investment from everyone present in the future of our hospitals and services we provide. I wish we could bottle the energy as it should be a real source of optimism for our patients, partners and stakeholders.
- 1.9. Our staff conference was followed by our first ever **Black History Month Conference** in October, held in partnership with NHS Sussex and supported by *My University Hospitals Sussex Charity*. I was privileged to provide the opening address and took the opportunity to acknowledge the pain caused by racism and assert my steadfast commitment to addressing a pervasive and glaring disparity in our organisations – the underrepresentation of Black, Asian, and minoritised ethnic staff in senior leadership roles.
- 1.10. Our Board, our executive committees, and our senior leadership must reflect the diversity of the talent within our organisation. This is not about filling quotas - this is about building a team that truly represents the best of who we are, bringing different perspectives, backgrounds, and lived experiences to the table. I told the conference that I will hold myself accountable to this, and I will make sure our actions are public and transparent. I invite others to hold me accountable, too.
- 1.11. Over the summer, we launched a large-scale engagement programme with our staff called **The Big Conversation**. More recently, this has entered its second phase as we reach out to patients, partners and stakeholders. We are asking everyone to help inform our new strategy for University Hospitals Sussex. What should be our ambitions for 2030, and what does our roadmap need to look like to get there?
- 1.12. We have two surveys open until 19 November, seeking views from patients and public, and healthcare professionals and partners - details are available via our @UHSussex social media channels and website. We have been hosting in-

person engagement events and interviews with partners and stakeholders too, and I wish to thank everyone who has taken the time to meet with us.

- 1.13. We also encouraging our staff and others to participate in the new national conversation on the future of the NHS, launched by Wes Streeting, Secretary of State for Health and Social Care, and Amanda Pritchard, Chief Executive, NHS England. We are not alone in the issues we face as a large acute hospital trust, and we welcome the opportunity to contribute to a new 10-year plan for the NHS.
- 1.14. Our new Trust Strategy will ensure we are preparing locally for the same national challenges the NHS 10-year plan will need to address, such as a 3% growth in population by 2030 and a projected 7% increase in the number of over 85-year-olds. How can we ensure our services are appropriate, inclusive, available and protected for all those who need them, while making best use of our finite resources? I look forward to discussing our strategy development in much more detail at our next public board meeting.
- 1.15. The strategy will build upon the foundations being laid now through our **Single Improvement Plan (SIP)**. In the three months since launching the SIP at Trust Board in August, steady progress has been made in several areas, and NHS Sussex and our regional NHS England partners have agreed with our ambitions and the measures we are employing to deliver wide-ranging and fast-paced improvements. However, while some improvements are already observable, many others remain challenged and will take more time to gain traction as our improvement journey matures.
- 1.16. However, this must not diminish the immensity of effort and acknowledgement of what our staff are already achieving through their relentless hard work, compassion and innovation. For example, over the past 12 months we have delivered the greatest improvement in total waiting list numbers of any trust in the country. Many factors have contributed to this, but key among them is delivering a fifth more activity than we did in the year before the pandemic. I want to put on record my huge thanks to everyone involved who has worked extra hours and in new ways to deliver such unprecedented levels of care.
- 1.17. Innovations, such as setting up our own Ear, Nose and Throat (ENT) community service or establishing and running a new Elective Coordination Centre in Sussex have also been critical to our success in reducing our total waiting list by more than 25,000 people since its peak last year. Now, we have started a six-month programme with the national 'Getting it right in first time' (GIRFT) programme to provide focused support for our specialties that still have the longest waits, as we are determined to reduce these and improve access for all our patients.
- 1.18. Improving our surgical services is another key theme from our improvement plan. In August, we approved the business case for a new Surgical Assessment Unit to support the Emergency Department in Brighton, and the new facility has

now opened. We have recently restarted in-hospital teaching for higher surgical trainees and responded to several other recommendations made by the Royal College of Surgeons following their invited review and report published earlier this year. We also continue to fully support Sussex Police's enquiry into historic allegations of negligence at Royal Sussex County Hospital. However, at present, we have no further information to share.

1.19. We know much more remains to be done in all the work streams associated with our improvement plan, but overall, I believe we have just cause for optimism and our patients should have confidence in us. We have the right people in place, support from our partners, and the necessary 'growth mindset' to deliver our ambitions that consistently meet the high standards our patients rightly expect of us. Care for our patients is our top priority and, most of all, we care about improvement for them – and this is what has been consistently clear, palpable in the atmosphere, and truly heartening to experience at all our events over the past three months.

2. ACHIEVEMENTS, RECOGNITION AND INVESTMENT – CONGRATULATIONS!

2.1. Despite the relentless demands upon our staff and hospitals, there are many positive developments and achievements it is important we take time to celebrate and share. 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. The compassion, dedication and life-changing work of staff and volunteers at University Hospitals Sussex were celebrated at our annual **Patient First STAR Awards** in September. Congratulations to everyone nominated and shortlisted for a prize, and in particular our 13 category award winners:

Mentor of the Year: Chris North, Senior Biomedical Scientist at St Richard's Hospital, recognised for his calm and patient teaching style.

Visionary Award: The Day Case Hysterectomy Team at St Richard's Hospital, for their innovative same-day surgery pathway.

Clinical Team of the Year: Neuro Theatres Nursing Team at Royal Sussex County Hospital, for their resilience under pressure.

Non-clinical Team of the Year: 3Ts Commissioning Team at Royal Sussex County Hospital for their essential role and dedication in supporting the opening of the Louisa Martindale Building.

Care: Gill Yates, Neuro-pharmacist at Princess Royal Hospital for her impressive skills, knowledge, and dedication to patient care.

Volunteer of the Year: Val and the gals (Audrey, Wendy, Margaret, and Ann) at Worthing and St Richard's hospitals for their dedication and empathy to bereaved parents and helpful hand to staff.

Royal Sussex County Site Hospital Hero: Dr Claire Phillips, ICU Consultant for displaying a great deal of compassion and putting others before herself.

Princess Royal Hospital Hero: Gary Segger, Portering Assistant Duty Manager for his caring and stable influence in difficult circumstances and friendly and comforting presence to patients.

St Richard's Hospital Hero: Anna Lambert, Multi-Disciplinary Coordinator noted for her efficiency, communication and organisation skills as well as her care, compassion and attention to detail.

Worthing & Southlands Hospital Hero: Marcia Savage, Housekeeping Supervisor for being a beacon of positivity and encouragement, uplifting her team and others at Southlands, making staff and patients feel valued and respected every step of the way.

Charity's Champion of the Year: Kat Chapman, Volunteer at Royal Sussex County Hospital who despite waiting for a kidney transplant ran the Benidorm 10k to raise funds for the Trust's charity.

Star of the Year: Sussex Orthopaedic Treatment Centre at Princess Royal Hospital, for their unwavering commitment to patient care.

Chair & Governors' Award: Beacon Ward at Worthing Hospital for their passion to deliver person-centred care, treating individuals with respect and dignity.

Thank you to our awards sponsor My University Hospitals Sussex Charity for supporting the event. For pictures and video please visit our website news pages.

2.3. **Professor Mahmood Bhutta**, a consultant Ear Nose and Throat (ENT) surgeon at University Hospitals Sussex and Professor in ENT at Brighton and Sussex Medical School, has been recognised for his groundbreaking work. The UK National Institute for Health and Care Research (NIHR) has awarded Professor Bhutta £3 million to enhance ear and hearing care in Malawi, Zambia, and Cambodia, and separately he has been honoured with the 2024 Nikhil J Bhatt International Humanitarian Award by the American Academy of Otolaryngology, to recognise his work on ear disease and hearing loss in countries with limited medical resources.

2.4. More than 130 colleagues have graduated from the **Facilities & Estates Supervisors' Academy** this year and have been invited to special celebration events. The Academy, which first launched in 2018, has been updated to include

all F&E teams, from housekeeping and porters to laundry and estates. The course includes more than 20 hours of training across 10 comprehensive modules, covering teamwork, appraisals, sickness absence, health and wellbeing, difficult conversations, coaching, huddles, improvement boards, waste and compliance, finance, and risk assessment.

- 2.5. **Sarah Randall, Clinical Nurse Specialist (CNS)**, has won the national Tricia Moate Award for her commitment to the care of patients with sarcoma. Sarah, lead for service development in sarcoma services, was recognised for the instrumental role she played in establishing a sarcoma clinical nurse specialist team at UHSussex, having gained funding from Friends of Brighton & Hove Hospitals and the Surrey and Sussex Cancer Alliance.
- 2.6. **Mark Holmes, Stroke Ward Manager**, won Star of the Month for September for his quick-thinking and decisive action that helped save the life of a man who went into cardiac arrest in the reception area of the Louisa Martindale Building. Mark had noticed the man was looking seriously unwell and acted swiftly, ensuring the man received CPR immediately.
- 2.7. **Amy Braganza, senior nurse** at St Richard's Hospital, won Star of the Month in August for her unwavering compassion and dedication to patient care. Amy was recognised for her extraordinary efforts in supporting a critically ill patient and family. She is described as a fantastic nurse and role model and commended for her passion and dedication to improvement projects for critical care, making a real impact to enhance patient experience.
- 2.8. **Thirty-five new midwives** are set to begin their careers at University Hospitals Sussex, following a successful recruitment drive and induction event at Worthing Hospital. Most of the new team members have been training with the Trust as student midwives and will now support our successful maternity improvement programme which has seen our safety outcomes perform better than national benchmarks. Separately, we have also recently introduced virtual tours of our neonatal units to help parents and families views the wards from home.
- 2.9. St Richard's Hospital welcomed acclaimed actor Hugh Bonneville to officially open a new, bigger and better **Children's Emergency Department** in September. The event featured a special treat for young patients, with kindly donated Paddington teddy bears and books given out to children at the department. Thank you to My University Hospitals Sussex Charity and supporters for helping to fund the improvements.
- 2.10. Essential enabling works have begun at Worthing Hospital, to support the expansion of the Emergency Department and development of a **new Urgent Treatment Centre (UTC)**. The UTC will provide urgent medical help to around 40,000 people a year. A temporary external entrance to A&E is being introduced while the works take place.

- 2.11. Neurosurgery colleagues hosted a new **Annual Neurosurgery Network Event** in October, the first of its kind in the UK bringing together regional neurosurgical units and all the professional groups and colleagues involved in improving patient access and quality of care for neurosurgery patients. Held at the Royal Sussex County Hospital, the programme also included a tour of the newly transformed neurosurgery unit in the Louisa Martindale Building, which now has access to three theatres, including a dedicated emergency theatre, reducing waiting times for patients and enabling the team to treat 300 more patients a year.
- 2.12. The **Cardiac Team at St Richard's Hospital** have gained international recognition for the work they are doing to improve care for patients that have an irregular heartbeat. Presenting their work at the European Heart Rhythm Association (EHRA) conference in Berlin, the team showcased their nurse-led Rapid Access Atrial Fibrillation (RAAF) clinics, which provide quick treatment for patients who visit the Emergency Department with heart problems.
- 2.13. University Hospitals Sussex won the **Health Tech Award for Partnership of the Year** for our innovative work to improve patient care with partners e18 Innovation and Netcall. The innovative project uses advanced technology to make administrative tasks easier, which in turn helps reduce waiting lists and improves overall efficiency. The project, led by Assistant Director of Performance and Improvement **Donna Steeles**, also earned a finalist spot in the Most Promising Pilot category.
- 2.14. The **Paediatric Audiology team** at Royal Sussex County Hospital (RSCH) achieved a perfect 100% score following a national review aimed to ensure top-quality hearing care for children. The team achieved an overall quality rating of A – Good, and a 'No Risk' status, in the review by NHS England, underscoring the exemplary standard of care they provide.
- 2.15. On October 14 we celebrated the incredible work and contribution of our **Allied Health Professionals (AHP)** who help assess, diagnose and treat our patients and bring real diversity in terms of their skills and experience. We have more than 1,000 AHPs working across eight specialisms – dietitians, occupational therapists, operating department practitioners, orthoptists, physiotherapists, diagnostic radiographers, therapeutic radiographers and speech and language therapists. Thank you to all our AHP colleagues for everything you do for our Trust and the excellent care you provide to our patients.
- 2.16. **Edmund Tabay**, Director of Nursing at Princess Royal, has been appointed as Queen Victoria Hospital's (QVH) new Chief Nurse. Edmund has been a compassionate and dedicated nursing leader at University Hospitals Sussex since 2021 and will prove a great asset to our neighbouring trust in East Grinstead. When he joined us, Edmund broke new ground for the Philippines nursing community in the UK by becoming one of the first Filipino nurse directors in the NHS. With his new promotion, he continues to trailblaze for the profession and his country of birth by joining the board of QVH.

2.17. Please join me in welcoming Jonathan Reid, our new Chief Financial Officer, to the Trust. Jonathan joins us from London North West University Healthcare NHS Trust, where he also served as their CFO. I also want to thank Clare Stafford, for her interim CFO leadership and congratulate her on her appointment to NHS Surrey Heartlands ICB as their Chief Finance Officer.

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. Throughout October we marked **Speak Up Month**, with the theme 'Listen Up' and a focus on the power of listening, and its important role in encouraging people to feel confident to speak up. Our independent Freedom to Speak Up Guardian, Trish Marks, promoted the importance of speaking up during the month, with more hundreds of new interactions with staff across the Trust.
- 3.3. We marked **World Mental Health Day** on 10 October when staff were reminded of our wellbeing offers, as well as the Action for Happiness online zoom webinar on 15 October entitled Mindset & Relationships.
- 3.4. **World Menopause Day** was 18 October and an opportunity to celebrate our Menopause Café membership of more than 280 colleagues. At our latest Café on 23 October, we had more than 85 attendees benefitting from advice, support and networking.
- 3.5. We invited the **ZEN BUS**, a converted American school bus, back to the trust last month to visit Worthing, St Richard's and Princess Royal. The Zen Project offers guided sessions to lower stress and anxiety. More than 250 colleagues attended, thanks to the support of My UHSussex charity.
- 3.6. Our in-house **Managing Mental Health and Wellbeing at Work** training course has been oversubscribed since launching in July. So far, more than 70 staff have received the new training with new dates being released later this month.

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 of Governors is asked to **NOTE** the Chief Executive Report.

Agenda Item:	7.	Meeting:	Council of Governors	Meeting Date:	21 November 2024
Report Title:	Single Improvement Plan				
Sponsoring Executive Director:	Darren Grayson, Chief Governance Officer				
Author(s):	Nicole Chavaudra, Single Improvement Plan SRO, and Tolu Akande, Assistant Director of Programme Delivery				
Report previously considered by and date:	Not applicable				
Purpose of the report:					
Information	Yes	Assurance	Yes		
Review and Discussion	Yes	Approval / Agreement	N/A		
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality	Yes / N/A	Staff confidentiality	Yes / N/A		
Patient confidentiality	Yes / N/A	Other exceptional circumstances	Yes / N/A		
Link to ICB / Trust Annual Plan					
Link to ICB Annual Plan	Yes / N/A	Link to Trust Annual Plan	Yes / N/A		
Implications for Trust Strategic Themes and any link to Board Assurance Framework risks					
Patient	Yes	1.1 We are unable to deliver or demonstrate a continuous and sustained improvement in patient experience resulting in overall poorer patient experience and potential for adverse reputational impact.			
Sustainability	Yes	2.1 We fail to deliver the in-year financial plan; alongside the requirement to return to a breakeven run-rate by M12 2025/26 and secure medium-term sustainability			
People	Yes	3.2 We will not achieve our strategic aims and realise the benefits of merger, including improving patient safety and recruiting and retaining talent unless we take action to; develop a clear strategy, invest in and prioritise focussed work on culture change from 'Board to Ward' including developing our leaders to be engaging, inclusive and empathetic, aligning sub-cultures and addressing cultural gaps and reducing cultural variation			
Quality	Yes	4.1 We are unable to demonstrate compliance with regulatory and quality standards 4.2 We are unable to deliver any safe and harm free care			
Systems and Partnerships	Yes	5.2 We are unable to deliver and demonstrate consistent compliance with the 24/25 operational plan and NHS constitutional standards resulting in an adverse impact on patient care and the Trust's reputation and financial position.			
Research and Innovation	N/A				
Link to CQC Domains:					
Safe	Yes	Effective	Yes		

Caring	Yes	Responsive	Yes
Well-led	Yes	Use of Resources	Yes

Regulatory / Statutory reporting requirement

University Hospitals Sussex is the holder of a licence granted under section 87 of the Health and Social Care Act 2012. Following an inspection by the CQC in August 2023, NHS England wrote to the Trust to advise that they had reasonable grounds to suspect that the Trust had provided healthcare services for the purposes of the NHS and was in breach of the following conditions of its licence: NHS2(4)(a) to (c), NHS2(5)(b) and (c), NHS2(6)(a) to (f) and NHS2(7).

In their letter following the inspections NHSE advised that breaches demonstrated a failure of governance arrangements by the Trust including, in particular, failure to:

- ▶ establish and implement (NHS2(4)(a) to (c) - clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and clear reporting lines and accountabilities throughout the organisation.
- ▶ establish and effectively implement systems or processes (NHS2(5)(b) and (c)) -for timely and effective scrutiny and oversight by the Board; to ensure compliance with health care standards binding on the Trust including but not restricted to standards specified by the CQC; and to ensure compliance with health care standards binding on the Trust including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, NHS England and statutory regulators of health care professions;
- ▶ to address matters relating to quality of care (NHS2(6)(a) to (f) – to ensure the existence and effective operation of systems to ensure that it has in place personnel on the Board, reporting to the Board and within the rest of the Trust’s organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its licence (NHS2(7)).

In response, NHSE identified a need for action in the form of undertakings, in line with Its enforcement guidance. The Trust agreed to give the following undertakings, pursuant to section 106 of the Act:

- ▶ Quality - The Trust will develop and agree a comprehensive improvement plan with Board level accountabilities, incorporating (as appropriate) feedback from NHS England and any external reviews commissioned as part of its improvement work.
- ▶ The plan will set out the Licensee’s priorities and actions in relation to the areas for improvement including: the findings identified by the CQC in its inspection report dated 15 May 2023; in the s.31 notice in relation to oesophageal re- sectional surgery imposed in August 2022; the residual actions needed to address the October 2021 S29A Warning Notices in Maternity and Surgery in full; and to deliver on the Licensee’s wider improvement priorities including 4- hour performance and planned care;
- ▶ set out a clear approach and plan for engaging and supporting staff in the improvement plan;
- ▶ ensure transparent internal processes and reporting is available to provide staff with the confidence to raise concerns without fear of detriment and feeling supported in doing so
- ▶ respond effectively to staff feedback including Staff Survey findings, grievances, complaints and whistleblowing concerns;
- ▶ ensure effective mechanisms for all staff to provide feedback and respond effectively to this feedback, including staff survey, complaints, and whistleblowing concerns; and
- ▶ include ongoing triangulation of the impact of improvement actions with wider quality metrics including patient and staff feedback incidents and complaints.

It was required that the demonstrates ongoing delivery of the comprehensive improvement plan through an open and transparent reporting framework. This includes:

- ▶ ensuring there is sufficient capacity and capability to lead and oversee the successful delivery of the comprehensive improvement plan and ensure effective Board oversight and accountability for incidents, clinical harm, complaints and patient feedback; and
- ▶ ensuring it has effective Board-level governance arrangements to oversee planned delivery, including response to whistleblowing cases, complaints, staff feedback and serious incidents.

The Trust is required to provide reports in relation to the matters covered by these undertakings as NHS England and the ICB may require.

Communication and Consultation:

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

Executive Summary:

University Hospitals Sussex holds a licence under the Health and Social Care Act 2012. In 2023, following a series of service inspections, NHSE advised the Trust to take action and make improvements. The Trust agreed to this and committed to specific actions, known as undertakings, which are detailed in our Single Improvement Plan.

The plan includes the following work streams:

- ▶ CQC
- ▶ Quality improvement
- ▶ Culture
- ▶ Surgery
- ▶ Planned care
- ▶ Cancer
- ▶ Urgent and emergency care
- ▶ Equality, diversity and inclusion
- ▶ Specialised services
- ▶ Maternity
- ▶ Finance

The report provides an update on progress and deliverables since the plan was approved in June 2024. It also sets out the performance of each of work streams, where improvement is in line with trajectory and where there are gaps between the ambitions and commitments in the SIP and the current position and trajectory.

The drivers of the above are described, along with the actions being taken to address the improvement requirements over the coming reporting period.

The Council of Governors is asked to **NOTE** the report

Executive Summary: October 2024

Title	Sponsor	SRO	PD Lead
Single Improvement Plan	Darren Grayson	Nicole Chavaudra	Tolu Akande

Overview

1. Introduction and context

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

The plan includes eleven domains: CQC; quality improvement; culture; surgery; planned care; cancer; urgent and emergency care; equality, diversity and inclusion (EDI); specialised services; maternity; and finance.

A process of alignment of the SIP with the emergent Trust strategy has begun, and a paper setting out the proposed roadmap is presented this month for consideration.

2. Progress and performance over the previous reporting period

During September the following progress has been made:

- ▶ A plan on a page for the cancer work stream has been developed, and a refreshed cancer plan has been signed off.
- ▶ The surgical assessment unit has opened at RSCH – this was an action from the Royal College of Surgeons report.
- ▶ A refresh of the CQC action planning process has commenced, with additional fixed term support
- ▶ Perinatal mortality has reduced for a further month demonstrating improving outcomes
- ▶ An SRO for the culture work stream has been appointed (Martyn Clarke)
- ▶ Compliance with fundamental standards of care audits has improved (69% June '24 to 82% Oct).

3. Performance and assurance

Against the plan's domains, the following programme progress is provided by executive leads and SROs, using the risk rating table detailed below.

- ▶ **Maternity:** In addition to improved perinatal mortality rates, a further 33 midwives have been recruited and KPIs are on track.
- ▶ **Quality improvement:** Positive progress in some measures, such as complaints and fundamental standards of care audits; there is a requirement to consider how a strengthened compliance function and divisional resources can support further progress and assurance of compliance with regulations. This work is underway.
- ▶ **CQC:** Additional support for CQC action plans is now aligned to refreshing the approach with trajectories for closure of remaining actions to be produced by end of Q3.
- ▶ **Culture:** Culture programme now has an appointed SRO and mobilisation is in progress. Prioritisation of actions underway and a business case for organisational development and culture resource is being prepared.
- ▶ **EDI:** Programme continues to deliver its business-as-usual activities.
- ▶ **Planned care:** Trajectory of 2,525 >65 week waits delivered end Sep't, most specialties are close to having 0 65wk waiters and H2 plans for planned care have been reset. The Trust has engaged with the GIRFT programme to support further progress in challenged specialties.
- ▶ **Surgery:** The surgical assessment unit has opened at RSCH, merged PTLs are in place for a number of specialties, Higher Surgical Trainees have now returned to general surgery at RSCH and the business case for colorectal cancer surgery moves continues to develop.
- ▶ **UEC:** Completion of a maturity matrix regarding discharge has informed ward based improvement plans. GIRFT recommendations are being explored, the surgical assessment unit at RSCH has opened, and most KPIs remain static.
- ▶ **Specialised services:** A steering group has been established including divisions and Trust-wide services. A session held with NHSE however there remains a lack of clarity about required levels of activity against plans, or the financial consequences of this.
- ▶ **Finance:** The Trust has a deficit financial plan of £19.46m for 2024/25 (excluding deficit support funding). At the end of M06 the actual deficit is £34.91m, £5.44m adverse to plan. The M06 reported position is £0.99m surplus which is £1.72m favourable to plan. This reflects £1.71m of funding for industrial action. This also includes £2.6m income related to 2023/24 ERF appeal and £3.9m of central mitigations. The F&P will be considering proposals to improve the financial outlook in H2.

4. Activity not completed in line with plan

The colorectal business case has been reviewed again by business case scrutiny panel and further work is required to finalise the financial considerations. As such, some of the actions under the surgery work stream from RCS action plan, such as recruitment of surgeons, and the rightsizing theatre capacity plan, is behind the planned implementation schedule.

Mobilisation of improvement plans from the compliance and assurance framework has not been actioned due to the scale of the compliance work required and current capacity issues. This will be considered by execs in coming weeks and a plan developed. Programme milestone plans will be adjusted accordingly.

Draft Implementation plan for a revised Surgical Clinical Operating Model is behind plan due to the nature and complexity of the requirements to determine a proposed model. In September, a proposed model has been developed, and programme is focused on developing an implementation plan should the proposed model be agreed.

To drive improvement in length of stay, a key deliverable is to implement discharge planning standards across all sites. This deliverable is slightly behind however a discharge planning standards maturity matrix has been launched to gain traction on this.

5. Expected delivery in the next period (October to December)

The following activities and delivery are planned for the next quarter:

- ▶ A multi-year investment plan and assumptions linked to financial planning and the future Trust strategy will be developed to support phased implementation of priorities within the SIP.
- ▶ Alignment of additional capacity to priorities and current gaps will be enabled – **complete**: additional support has been aligned to finance, UEC and CQC.
- ▶ Finalisation of the colorectal business case and mobilisation of the changes
- ▶ Compliance functions will be reviewed with a proposed delivery route
- ▶ Implementation of the culture programme plan will commence, within available resources – **now underway**
- ▶ ED pathways and flow redesign will be enabled, and improvement trajectories will be met
- ▶ Gap analysis on compliance of fundamental standards of care will be completed
- ▶ GIRFT planned care programme will mobilise focused on target specialities, and patient waiting lists will continue to reduce – **now underway**
- ▶ A cancer improvement plan will be developed
- ▶ SJR backlog will be cleared
- ▶ Mobilisation of the next phase for Planned Care programme including GIRFT



Conclusion

Reasonable progress has been made in Q2 including the opening of the SAU at RSCH, the delivery of the RTT >65 weeks trajectory and the successful return of Higher Surgical Trainees. Priorities for Q3 include the production of a 'road map' for the SIP setting out investment priorities aligned to the emerging Trust strategy and financial plan, improvements in UEC performance, RTT, the mobilisation of the move of Colo-rectal surgery and a continued focus delivering our financial plan.

Agenda Item:	8.	Meeting:	Council of Governors	Meeting Date:	21 November 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 November 2024					
Key Recommendation(s):					
The Council is asked to NOTE this report.					

Lead Governor Report 21 November 2024

I would like to start my report by saying that I feel very privileged to be serving a second term as Lead Governor and my vision is to endorse a Team ethos so that all Governors feel they can leverage their own ideas to fuel a more collaborative and creative purpose which will result in us becoming a more dynamic and valued asset to the Trust.

I see this being achievable through Governors taking any opportunity to attend events outside of the Trust to develop our individual networking skills. Several Governors have recently attended events that have offered such opportunities. The Sussex Community Foundation Trust Annual Members meeting enabled discussions with some of their Non-Executive Directors and Governors and to hear about their performance and future strategies, which mirrored our own Trust's challenges and ambitions in many aspects.

The invite to the UK Age Strategy Event gave Governors a very explicit insight into the emerging framework that is being constructed for the next 5-year plan of how to create a united purpose to meet the growing needs of adult social care. This is a very pertinent topic as the Trust's operational area encompasses a large ageing population and therefore impacts on the demand for patient services within the Hospitals and links with the SCFT to provide services within the community once patients are 'Fit for Discharge'. As is securing support from the Integrated Care Board and System partners who also have systems and processes that can assist in having patients seen and treated in the best location plus as we hear first hand through our Age UK governor working with other local organisations can produce results, and through Governors involvement can help spread the word to the general public on the progress the Trust is making in these key areas of performance.

Together with using the national programme of 'Getting it right first time' (GIRFT) which the Governors have been briefed on, assists with hospital improvement plans and therefore performance by comparing outcomes and creating robust pathways within ED this is focusing on reducing the numbers of patients awaiting discharge and therefore increasing flow through all departments and slowly reducing waiting times. This is a further example where we as Governors can support the Trust by explaining what is being done and the good news this brings our patients.

These examples I believe demonstrate quite clearly how important it is for Governors to understand and therefore be actively involved with the bigger

picture, which became clearer after the Governors received a briefing on the 'Big Conversation' Governors as well as all the staff within the Trust, have been given the opportunity to state how and what they perceive to be the requirements for the Trusts future operational strategy. Having surveyed the staff the Big Conversation is now moving into the communities across the Trust, turning from inward looking to outward looking and Governors are invited to attend their local area community conversations where the Trust is reaching out to patients, partners and the local community organisations, however small, to seek further ideas and test out the development of the Trusts road map through to 2030.

The Council of Governors preside over two committees, the Patient Engagement and Experience Committee and the Membership Committee. It has been decided to join these two committees in order to enhance their performance making them more efficient and effective and bring all the Governors together on this combined committee rather than them being split between the two. This wider experience and engagement committee will be co-chaired by two Governors Maria Rees and Frances McCabe, and they will report back on its performance at the next COG in early January.

Governors were invited to this year's Staff Conference which was titled 'Bright Horizons' and was totally enthralling with several key note speakers that really embodied the aspirations of the Conference to send staff away with a feeling of :

'don't give up as the future of the Trust is very bright'

and in discussion with many of the staff present they all seemed to be taking the message of a bright future for this Trust and their role in it.

This Conference added another dimension to networking and gathering more insight into how the Trust functions on all levels. It provided a unique environment to meet those people who are providing the day-to-day care to the patients and talk about their individual experiences and meet staff from other hospitals within the Trust

Finally, several Governors attended the prestigious Patient First Star Awards Ceremony 2024. It was a truly remarkable evening. At a time when the workforce is under the greatest challenge it was humbling listening to the statements of how so many staff function and continue to give of their very, very best in such difficult times and that the Trust recognises this and truly values its staff with a glittering evening where they receive the Trusts sincere thanks for their dedicated service. It was a very impressive event for all.

I would close by echoing the message of the conference that the Trust has a bright future the big conversation gives us as Governors an opportunity to hear what has been said by our marvellous staff and support the Trust in developing an inspiring road map for the next five years.

Agenda Item:	11.	Meeting:	Council of Governors	Meeting Date:	21 November 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 12 September 2024. The meeting was quorate with five Governors in attendance. It was also attended by the Managing Director, Unscheduled Care, Managing Director, Planned Care and Cancer, Associate Director of Facilities Operational, Deputy Chief Nurse for Quality, Head of Nursing for Mental Health, Assistant Director, Patient Experience, Strategy & Improvement and ICB Public Involvement Manager.</p> <p>Apologies were received from Healthwatch representatives.</p> <p>A&E Waiting Times The Managing Director for Unscheduled Care provided the Committee with an update on the Trust's current performance and position with regard to A&E waiting times which, despite small improvements in August, had remained below the national target and the ambition of the Trust. The Committee was also informed of the improvement plans and the actions being implemented to provide safe and effective urgent care for patients by improved services and better access to urgent and emergency care.</p>					

PLACE Audits Update

The Committee received an update from the Associate Director of Facilities Operational on the progress being made on the issues and actions resulting from the National 2023 PLACE audit

CQC Update

The Deputy Chief Nurse for Quality provided the Committee with a presentation and an update following the recent CQC inspection of the Surgery and Medicine Divisions Trust-wide and the necessary actions required to be taken by the Trust to comply with its legal obligations, as well as additional actions that had been assigned to both Corporate and Divisional Leads.

Mental Health Update

The Head of Nursing for Mental Health provided the Committee with an update on what the Trust was doing in relation to patients with mental health conditions and the impact that these patients have on the hospitals. The Committee also received information on the progress of the Enhanced Care Support Workers (ECSW) project as well as a patient and staff story.

Focus of PEEC – Survey Results

The Committee received the results of the survey that had been circulated to the Governors who were members of the Committee and discussed the minor changes that had been suggested.

Governor Feedback / Contact with Public

The Committee received an update from the Committee Chair on a meeting they had attended on behalf of the Governors on the consolidation of the Colorectal Cancer services in the Worthing area. The issues concerning patients and staff were discussed with the main focus on transport, supporting staff and good communication.

Stakeholder Feedback – ICB Update

The ICB Public Involvement Manager shared a number of updates and details of the recent restructure and its implications for the Committee, relationships and opportunities going forward. Working with People in Communities Team sitting alongside patient experience. Aspiration and desire to utilise Complaints, PALS and engagement and involvement specialist team.

Healthwatch Update

There was no representative present from Healthwatch at this meeting.

Cancer Targets / Waiting List – Impact on Patients

The Managing Director of Planned Care and Cancer provided the Committee with an update and discussed the challenges and progress in reducing waiting lists for planned care, and the implementation of targeted recovery plans for challenged specialties.

Patient Experience Quarter 4 Report

The Committee noted the Trust's Quarter 1 Patient Experience Report and received an update from the Assistant Director- Patient Experience, Strategy & Improvement on the patient experience metrics, including satisfaction rates and complaints. The efforts to address the complaints backlog and improve discharge processes were noted, with a focus on early intervention and enhanced communication.

Key Recommendation(s):

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

The Committee makes an escalation to the Council in relation to concerns around the issues causing long patient waiting in the Discharge Lounge

COMMITTEE HIGHLIGHTS REPORT TO COUNCIL

Meeting:	Patient Engagement & Experience Committee	Meeting Date:	12 September 2024	Chair:	Frances McCabe	Quorate:	Yes
Declarations of Interest Made							
There were no declarations of interest made.							
Assurances received at the Committee meeting							
<p>A&E Waiting Times The Committee RECEIVED an update from the Managing Director for Unscheduled Care who also shared the A&E waiting times performance summary for July 2024 which, despite some improvements made in 2021-2024, performance of the Trust’s five emergency departments were not consistently meeting the national standards and had remained below the national target and the ambition of the Trust. The Committee NOTED that work was taking place internally, and with system partners, around length of stay and the median hour of discharge to improve flow and patient experience.</p> <p>The Committee discussed the improvement plans and actions being implemented during the next month to provide safe and effective urgent care for patients by improved services and better access to urgent and emergency care.</p> <p>PLACE Audits Update The Associate Director of Facilities Operational provided the Committee with an update on the issues and actions resulting from the National 2023 PLACE audit and advised that capital funding had now been provided to resolve the flooring issues that had been identified on some of the hospital sites. The Committee was also informed of the progress with regard to Dementia clocks and signage and NOTED that domestic and nursing issues had been rectified.</p> <p>The Committee was advised of the plans for the 2024 National PLACE audit scheduled for October that would include Governors, Healthwatch and nursing staff. Although not directly concerned with the PLACE process itself, the Committee discussed observations of long patient waits in the Discharge Lounge and makes an ESCALATION to the Council of Governors – see actions</p> <p>CQC Update The Committee RECEIVED a presentation and update from the Deputy Chief Nurse for Quality following the CQC’s inspection of the Trust’s Surgery and Medicine Divisions during 1 – 3 August 2024. As a result of the inspection the Trust had received a number of Must Do and Should Do actions that had been assigned to both Corporate and Divisional Leads. The Committee NOTED that the CQC Improvement Steering Group had commenced in March 2024 to take forward the actions.</p> <p>The Trust-wide themes of actions was shared with the Committee with each action having been provided with a Trust target completion date of 3, 6 or 12 months based on individual assessment of the assurance required to close the action. Larger projects such as ventilation and capital planning had longer timescales.</p> <p>The Trust returned the CQC 2023-24 report of actions narrative and action plan response to the CQC as required in April 2024 and at the request of CQC, would be providing a monthly summary status report at the Trusts CQC Engagement Meetings.</p> <p>Mental Health Update The Committee RECEIVED an update from the Head of Nursing for Mental Health on the progress being made by the Trust in relation to patients with mental health conditions and the impact that these patients had</p>							

on the hospitals. The Committee also **RECEIVED** information on the progress of the Enhanced Care Support Workers (ECSW) project who had been recruited to specifically support mental health patients.

The Committee also **RECEIVED** the positive story of the Trust's support during a long length of stay for a patient with autism, disability and self-harm as well as the journey and daily routine of an Enhanced Care Support Worker in Mental Health exemplifying their desire to help individuals facing various challenges and the opportunities to positively impact patients' lives.

The Committee **NOTED** that during the ECSW pilot period there had been a significant reduction in DATIX incidents reported to staff in relation to mental health patient incidents.

Focus of PEEC – Survey Results

The Committee **RECEIVED** the results of the survey that had been circulated to the Governors who were members of the Committee. The actions suggested in the results of the survey were discussed and considered and would be taken into account with the proposal to combine this Committee with the Membership Engagement Committee going forward.

Governor Feedback / Contact with Public

The Committee **NOTED** an update from the Committee Chair on a meeting they had attended on behalf of the Governors on the consolidation of the Colorectal Cancer services in the Worthing area. The issues concerning patients and staff were discussed with the main focus having been on transport, supporting staff and good communication.

Stakeholder Feedback – ICB Update

The Committee **RECEIVED** an update from the ICB Public Involvement Manager that included information about the recent restructure and its implications for the Committee, relationships and opportunities going forward.

The Committee **NOTED** the ICB's targeted engagement efforts and the establishment of the Sussex Insight Bank that aimed to gather insights from specific communities and demographics that were underrepresented or had unique healthcare experiences.

The Committee was **INFORMED** that the ICB's engagement in October would focus on urgent and emergency care, seeking to complement existing work and gather insights to improve these services.

Healthwatch Update

There being no representative present at the meeting from Healthwatch, this item was deferred to the next meeting.

Cancer Targets / Waiting List – Impact on Patients

The Committee **RECEIVED** an update and information from the Managing Director of Planned Care and Cancer on the challenges and progress being made in reducing waiting lists for planned care patients. From a peak of 155,000 patients, the waiting list has been reduced to 128,000, marking a significant decrease in the number of patients awaiting treatment.

The Trust had increased its activity levels to around 120% compared to the 2019-2020 levels, contributing to the reduction in waiting lists and the introduction of the Elective Coordination Centre had facilitated the referral of approximately 5,500 patients to other providers for earlier appointments, aiding in wait time reduction.

The Committee **NOTED** that specialty-specific areas such as ENT, Trauma and Orthopaedics, and Colorectal Surgery faced unique challenges that were impacting on the pace of recovery and contributing to longer wait times.

The Committee further **NOTED** that the Trust was collaborating with the national Getting It Right First Time (GIRFT) team to develop clinically led recovery plans for the most challenged specialties aimed at adopting best practices and improving service delivery.

Patient Experience Quarter 4 Report

The Committee **RECEIVED** the Trust’s Quarter 1 Patient Experience Report and an update from the Assistant Director- Patient Experience, Strategy & Improvement on the patient experience metrics, including satisfaction rates and complaints.

An 89% satisfaction rate was reported for Q1 with inpatient experiences below the national average and a decline noted throughout the previous year. The number of complaints received had risen to the highest since the Trust’s formation, with 374 complaints in Q1 and efforts were underway to address the backlog.

The Committee was **ADVISED** that initiatives to improve discharge letters and processes were being prioritised aiming to enhance patient experiences during their discharge from the hospital. The investment in an additional Complaints Manager and the involvement of Hospital Directors in early intervention strategies were part of the efforts to manage and reduce complaints.

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.

The Committee makes the following **ESCALATION** to the Council of Governors:
Governors brought to the attention of the Committee their concerns, that during the visits to the Trust’s hospitals at SRH and WGH together with discussions with clinical staff and patients, increasingly unacceptable delays experienced by patients in the discharge lounge. These had been attributed to delays in the preparation of doctors’ letters, medications that patients need to take home and problems with patient transport arrangements. These prolonged waits are having a detrimental impact on both the patient experience and the overall efficiency of our discharge process.

Patients are often forced to remain in the discharge lounge for several hours, sometimes for the entire day, due to documentation and medication not being ready in a timely manner, many patients having to make alternative arrangements to collect their medication from the hospital the next day. The Patient Experience and Engagement Committee acknowledge that this not only causes unnecessary stress and frustration for patients and their families but also creates significant challenges for the smooth functioning of the Trust, the consequences include negative impact on the following:

1. **Patients Wellbeing:**
Prolonged waiting times can be exhausting for patients particularly the elderly, those with mobility issues and those recovering from surgery. Many patients are eager to return home where they feel more comfortable, these delays can contribute to increased anxiety and dissatisfaction. The extended waiting periods negatively affect the overall patient experience. Many patients leave the hospital with a sense of frustration due to the delays they face during the discharge process, which detracts from the otherwise high standards of care they have received from the Trust.
2. **Bed Availability:**
Timely discharges are crucial for maintaining the flow of patients through the hospital, when discharges are delayed it leads to bed shortages and increased waiting times for patients that require urgent admissions.
3. **Impact on Patient Experience:**
The extended waiting times negatively affect the overall patient experience.

Many patients leave the hospital with a sense of frustration due to the delays they face during the discharge process, which detracts from the otherwise high standards of care they have received from the Trust.'

The issues raised at the Committee meeting related to the delays in doctors' letters and medication are also recognised to be prevalent at the RSCH.

In addition, we are asking about the status of the patients in the discharge lounge if their discharge letters have not been prepared, can they be considered either ready for discharge or counted as discharged from the hospital.

Governors fully understand that certain delays are sometimes unavoidable, however, it seems that these issues are becoming a recurring challenge. It is for this reason, we are escalating for the Council's attention.

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

Discharge Process

Review and address the bottleneck in the discharge process to improve patient flow and experience.

Patient Transport

Investigate and resolve issues with South Central Ambulance Service (SCAS) to improve patient transport services.

PLACE

To receive an update on improvement noting that this is to be scheduled for the December Committee meeting. A briefing on the PLACE process has since been arranged for a Governor Briefing

Peer Review

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

Research Activities aligned to Patient Experience

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

Q2 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 decision or action.

However, the Committee makes an **ESCALATION** that invites the Council to discuss concerns around the issues causing long patient waiting in the Discharge Lounges.



Agenda Item:	15.	Meeting:	Council of Governors	Meeting Date:	21 November 2024
Report Title:	Company Secretary Report				
Author(s):	Company Secretary				
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	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 Trusts are required to establish and maintain an effective Board and systems of governance.					
Communication and Consultation:					
Report:					
Lead Governor					
<p>The Lead Governor's term of office came to an end at the start of October 2024. An election process was held. The outcome of the process was that Lindy Tomsett, Public Governor for Chichester was re-elected for the period of two years, noting it is a constitutional requirement that the lead governor is a public governor.</p>					
Chair Objectives					
<p>Upon appointment the Governors reflected that the Senior Independent Director would work to secure feedback from various parties including the lead governor and board members to enable the opening objectives to be refined reflecting on the Chair's first four months with the Trust.</p>					
<p>The objectives continue to cover the areas of</p> <ul style="list-style-type: none"> • Personal Induction: • Ensuring Board Effectiveness and Governance Structures • Ensuring an appropriate focus at Board on Operational Delivery: • Developing the working relationship with the CEO: • Ensuring the Trust is active in respect of system working: • Focus on cultural improvement including enhancing the focus on EDI improvement and wider Communications: 					



Noting that these areas match the reflections from the governors in both their feedback on the prior chair within the annual appraisal and the areas of focus from the recruitment process, especially the focus on EDI, system working and Board Effectiveness.

Patient Experience and Wider Engagement Committee

The Governors decided to combine the Patient Experience and Engagement Committee and the Membership and Engagement Committee given the degree of overlap in respect of engagement activity reporting. The governors elected co-chairs of Frances McCabe and Maria Rees for this Committee and a consultation is underway in respect of the structure of the agendas and the meeting frequency with a proposal to move to 8 meetings a year with four of these meetings taking the format of deep dives into specific areas.

Recommendations

The Board is recommended to

NOTE the outcome of the recent Lead Governor Election

NOTE that development of the Chair's objectives in line with the agreed timetable

NOTE the formation of a single Patient Experience and Wider Engagement Committee