



University Hospitals Sussex

NHS Foundation Trust

Meeting of the Council of Governors

14.00 – 16.30 on Thursday 24 November 2022

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

AGENDA – MEETING IN PUBLIC

1.	14.00	Welcome and Apologies for Absence To note	Verbal	Chair
2.	14.00	Quoracy of Council of Governors Meetings	Verbal	Chair
		<i>A meeting of the Council shall be quorate and shall not commence until it is quorate. Quoracy is defined as meaning that there shall be present at the meeting at least one third of all Governors (7 allowing for vacancies). Of those present, at least 51% shall be publicly elected Governors.</i>		
3.	14.00	Declarations of Interests The Chair and the Non-Executive Directors have an interest in Item 10 on the agenda. To note	Verbal	All
4.	14.00	Minutes of Council of Governors Meeting held on 18 August 2022 To approve	Enclosure	Chair
5.	14.05	Matters Arising from the Minutes To note	Enclosure	Chair
		<u>ACCOUNTABILITY</u>		
6.	14.05	Chief Executive Report to Council To receive and agree any necessary actions	Enclosure	Andy Heeps
7.	14.20	Report from the Patient Engagement & Experience Committee Meeting held on 14 September 2022 To note	Enclosure	Frances McCabe as Committee Chair
8.	14.30	Report from the Membership Engagement Committee Meeting held on 19 October 2022 To note	Enclosure	John Todd as Committee Chair
9.	14.35	Report from the Nomination and Remuneration Committees held on 14 September 2022 To note	Enclosure	Alan McCarthy / Glen Palethorpe

<u>LISTENING AND REPRESENTING</u>				
10.	14.45	Lead Governor's Report To receive and agree any necessary actions	Verbal	Lindy Tomsett
11.	14.55	Public Governors' Update Improvement Groups <ul style="list-style-type: none"> ▪ Update on PLACE audits & Peer Reviews 	Verbal	Governors John Todd / Maria Rees
12.	15.05	Staff Governors' Update To receive and agree any necessary actions	Verbal	Joanne Norgate
13.	15.10	Appointed Governors' Update <ul style="list-style-type: none"> • West Sussex County Council • Voluntary Sector - Age UK • Brighton University • Inclusion To receive and agree any necessary actions	Verbal	Those appointed Governors in attendance
<u>OTHER ITEMS</u>				
14.	15.20	Charitable Funds Committee Chair Feedback To receive and agree any necessary actions	Presentation	Lizzie Peers
15.	15.50	Strategic Priorities Refresh To note	Enclosure	Darren Grayson
16.	16.05	Company Secretary Report To note	Enclosure	Glen Palethorpe
17.	16.15	Any Other Business To receive and action	Verbal	Chair
18.		Questions from the public To receive and respond to questions submitted by the public at least 48 hours in advance of the meeting.	Verbal	Chair
19.	16.30	Date and time of next meeting: The next meeting in public of the Council of Governors is scheduled to take place at 14.00 – 16.00 on Thursday 16 February 2023	Verbal	Chair

Minutes



University Hospitals Sussex

NHS Foundation Trust

Minutes of the Council of Governors meeting held in Public at 2pm on Thursday 18 August 2022 via Teams Live Broadcast & in person.

Present:

Alan McCarthy	Chairman
Patrick Boyle	Non-Executive Officer, Deputy Chair
Maria Rees	Public Governor – Arun
John Todd	Public Governor – Adur
Frank Sims	Public Governor - Brighton & Hove (Lead Governor)
Maggie Gormley	Public Governor – Chichester
Lindy Tomsett	Public Governor – Chichester
Paul Wayne	Public Governor – Horsham
Doug Hunt	Public Governor – Mid Sussex
Pauline Constable	Public Governor – Worthing
Jo Norgate	Staff Governor – St Richard’s Hospital
Andy Cook	Staff Governor – Royal Sussex County Hospital
Amelia Palmer	Staff Governor – Worthing Hospital
Mr Varadarajan Kalidasan	Appointed Governor – Inclusion
Cllr Alison Cooper	Appointed Governor – West Sussex County Council
Dr Andy Heeps	Chief Delivery & Strategy Officer
David Grantham	Chief People Officer
Karen Geoghegan	Chief Finance Officer
Rob Haigh	Deputy Chief Medical Officer
Dr Tim Taylor	Medical Director
Lizzie Peers	Non-Executive Director
Claire Keatinge	Non-Executive Director
David Curley	Non-Executive Director
Lucy Bloem	Non-Executive Director
Patrick Boyle	Non-Executive Director & Deputy Store
Nicole Chavaudra	Director of Experience, Engagement and Involvement
David McLaughlin	Director of Facilities
Glen Palethorpe	Company Secretary

In Attendance

Ben Smith	Deputy Company Secretary
Jan Simmons	Corporate Governance Officer

COG/08/22/1 WELCOME AND APOLOGIES FOR ABSENCE

ACTION

- 1.1 Alan McCarthy Chairman welcomed all those present to the meeting and extended a particular welcome to members of the public who were viewing the meeting remotely.
- 1.2 Brighton & Hove City Council had advised that Cllr. Sue Shanks – Brighton & Hove City Council would be leaving and that a new appointed Governor would be nominated in due course.
- 1.3 Alan noted that apologies had been received from the following members:
Governors: Cllr. Sue Shanks – Brighton & Hove City Council, Helen Rice – Age UK, Prof Kate Galvin – University of Brighton, Hazel Heron Public

Governor – East Sussex/Out of Area, Chris Pobjoy Staff Governor – Princess Royal Hospital, Frances McCabe – Public Governor

Directors: George Findlay – Chief Executive, Charlotte Hopkins, Chief Medical Officer, Maggie Davies - Chief Nurse, Darren Grayson – Chief Governance Officer, Jackie Cassell - Non-Executive Director, Bindesh Shah - Non-Executive Director, David Curley - Non-Executive Director, Sadie Mason – Associate Non-Executive Director, Lillian Philip – Associate Non-Executive Director.

COG/08/22/2 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/08/22/3 DECLARATIONS OF INTERESTS

- 3.1 There were no interests to declare.

COG/08/22/4 MINUTES OF THE COUNCIL OF GOVERNORS MEETING HELD ON 19 MAY 2022.

- 4.1 The minutes of the meeting held on 19 May 2022 were approved as a correct record.

COG/08/22/5 MINUTES OF THE COUNCIL OF GOVERNORS MEETING HELD ON 27 JULY 2022

- 5.1 The minutes of the meeting held on 27 July 2022 were approved as a correct record.

COG/08/22/6 MATTERS ARISING FROM THE MINUTES OF MEETING

- 6.1 There were no matters or actions arising from the minutes of the previous meeting.

COG/08/22/7 CHIEF EXECUTIVE REPORT TO COUNCIL

- 7.1 Andy Heeps presented the Chief Executive Board report in George Findlay's absence. While the paper was taken as read, Andy described that the Trust and NHS system had continued to face immense pressures that were exceptional for August and Andy gave thanks on behalf of George and the executive team to the staff working so hard to maintain delivery of services.
- 7.2 Andy advised that the latest wave of the Coronavirus pandemic appeared to have abated with the lowest numbers recorded for some months and most beds previously used for Covid positive patients had returned to standard use. Staff absence with Covid remained a challenge and regular lateral flow testing had continued to be encouraged.
- 7.3 Andy confirmed that the Trust's elective programme continued and advised that there had been around 100,000 patients on the waiting list for elective care. The Trust no longer had any patients who had waited more than 2 years for surgery and Andy confirmed that by the end of September there must be

no patients waiting more than 96 weeks while the Trust's ambition was to reduce the length of time for patients waiting for surgery to not more than 78 weeks by March 2023. Andy added that those services with the longest waiting lists included neurosurgery, trauma and orthopaedics, gynaecology and general surgery and ophthalmology.

- 7.4 The Getting It Right First Time (GIRFT) programme for surgical services had reported that the Princess Royal Hospital Trauma and Orthopaedic surgical theatre had considerably improved productivity and had reached national standards but Andy acknowledged that the pandemic had a significant detrimental impact on productivity in the Trust and nationally. Andy described the challenges to patient flow through the hospitals and the resultant impact on waiting times in the emergency department as well as the approaches being taken to alleviate those pressures going into the Winter period.
- 7.5 Andy highlighted that in May 2022, £1m had been assigned to local and national research initiatives linked to the Trust's Quality True North that would contribute to improving patient outcomes. Andy added that research initiatives would form an important part of the Trust's refreshed Patient First improvement priorities and would help the Trust to be an attractive employer to prospective staff.
- 7.6 Andy referred to the Trust's Star Awards that had received over 1300 nominations in recognition of colleagues. Prizes had been awarded to the Infection Prevention and Control Team and the Workforce support team while the Estates team had won the Governors' award.
- 7.7 The update on systems and partnerships acknowledged the continued progress of the 3Ts development in Brighton and the good progress on the first stage building had meant that arrangements to name the new building were imminent while visiting was underway ahead of opening early in 2023. Karen Geoghegan added that the Trust had received confirmation to proceed with the full business case for stages 2 and 3 of the development. Andy explained that the new cancer and facilities buildings would enable increased access to tertiary services not only for Brighton but across Sussex.
- 7.8 Andy drew attention to the Trust's progress on its sustainability programme, not only towards financial targets but also that the Trust's work towards environmental sustainability had performed well with the Trust recognised as one of the most environmentally progressive nationally. Green ambassadors were in more than three quarters of services and Andy illustrated the frequent generation of ideas that even with small changes such as replacement of polystyrene cups made a considerable impact across a large Trust
- 7.9 Andy thanked governors for their interaction, questioning and input within recent communication fora that had been appreciated.
- 7.10 Alan asked why the NHS had faced such difficulty in returning to pre-Covid levels of productivity. Andy advised that there were multiple factors but illustrated through hip replacement surgery examples that these included the deconditioning and deterioration of patients who had waited long periods for surgery with the result that added complexity meant fewer surgeries could be completed in a day. Another challenge was that where prior to the pandemic reserve lists for surgery could operate, the requirement to pre-screen for covid

meant there was no longer the same flexibility to call waiting patients and fill slots and so the imperative was on scheduling.

- 7.11 Lizzie Peers asked about the opportunity to improve outpatient productivity and Andy replied that this had been identified nationally while it had been acknowledged that reducing patients waiting over two years had been a largely theatre led challenge. Andy described the 'Super September' programme that sought to convert Outpatients from a largely follow-up initiated process to a more appointment driven process. Andy added that Trust clinicians were in debate about the relative merits of approaches used in other Trusts that automatically convert patients onto pathways for patient initiated follow up.
- 7.12 Frank Sims asked whether the Trust's waiting times had prompted the recent CQC inspection and Andy advised that it had not. The CQC inspection results had not been received from the inspection that had taken place in the previous week but once received would be incorporated into the transformation plans for the service.
- 7.13 Paul Wayne queried the current neurosurgery position and asked about the relationships with other Trusts to alleviate the challenges described. Andy confirmed that independent sector specialist hospitals in London had assisted with the treatment of Sussex patients to help with the current backlog and that the 3Ts building would offer considerably more capacity for the future towards which new consultant appointments were underway. Rob Haigh clarified that there had been fewer patients for cranial neurosurgery whereas the majority of waits had concerned spinal neurosurgery for which immediate specialist after-surgery capacity was required but only available in limited providers.
- 7.14 Rob Haigh added that the impact of the pandemic had been seen in considerably increased emergency presentations in cardiac and stroke services with disease progression following reduced monitoring across the NHS generally. More advanced cancer presentations had also begun to be seen in admissions for the first time.
- 7.15 Patrick Boyle asked what regional system support had been indicated to support discharges ahead of winter pressures and what other capacity would be made available prior to the 3Ts building becoming operational. Andy mentioned system partnerships in NHS Sussex had begun to galvanise with a shared commitment to safe levels of care with consideration of the risks to capacity. George would be working alongside the Integrated Care Board (ICB) to promote extra flow capacity in community and mental health beds, liaising with system partners using virtual ward models and primary care. The domiciliary care market in Sussex was acknowledged to be considerably challenged. Operational and finance teams would continue to consider where clinical areas can be used for additional beds across the Trust estate.
- 7.16 Alan asked that the Council of Governors were provided with details of new projects that the Trust are working on to help with the challenges across the Trust as these extended beyond the 3Ts development. Karen Geoghegan concurred and gave the examples of the community diagnostic centre at Southlands and endoscopy day case arrangements.
- 7.17 **ACTION**
Council of Governors to receive a presentation at the next meeting around investment developments and their anticipated areas of impact.

**Karen
Geoghegan**

7.18 The Council **NOTED** the Chief Executive's report.

COG/08/22/8 REPORT FROM THE PATIENT ENGAGEMENT AND EXPERIENCE COMMITTEE MEETING HELD ON 15 JUNE 2022

- 8.1 In the absence of Frances McCabe, Nicole Chavaudra, Director of Patient Experience provided the update from the committee and advised that the last PEEC meeting had not been quorate but the meeting had proceeded to provide updates to those present. Approvals including the previous minutes would be taken virtually.
- 8.2 The committee had received the quarterly patient experience report with information across all Trust sites up to March 2022 including PALs, complaints and friends and family test feedback. The Committee also received the Patient Experience Strategy plan on a page summary and the strategy had since been approved. An update had been given to changes on the friends and family test (FFT) provider and Governors had expressed their enthusiasm for the work to improve discharges including the 'home for lunch' initiative. Governors had also welcomed the opportunity to observe and be involved in nursing peer review activities.
- 8.3 While representatives of the Integrated Care Board (ICB) patient participation group had not been present, members of Healthwatch had been in attendance and work Healthwatch had undertaken during the pandemic was reported with an offer extended to governors to join patient- led assessments of the care environment (PLACE) audit visits. Governors were invited to express interest in attending visits to the company secretarial team who would facilitate contact.
- 8.4 In issues reported by Public Governors, the limited phone and Wi-Fi signal and intermittent problems in emergency departments were raised and it was noted a report in response had been progressed.
- 8.5 The Council **NOTED** the information and updates received from the Committee.

COG/08/22/9 REPORT FROM THE MEMBERSHIP ENGAGEMENT COMMITTEE MEETING HELD ON 20 JULY 2022

- 9.1 John Todd as Governor Chair of the Membership Engagement Committee gave an update on the meeting held on 20th July 2022. The meeting had been quorate and approved minutes had been included in the Council of Governors meeting pack.
- 9.2 The Committee had received a Membership report that advised that the Trust had recruited 108 new members in the last few months, however recent governor election activities in Worthing and Adur had led to 197 postal ballot papers being returned as undelivered. A follow up to seek alternative contact details via an email address had been sought. The overall membership had reduced overall by 44 since the last report. While a detailed demographic analysis had not yet taken place of the Trust's 8481 members, the report had shown the membership to have had slightly more ethnic diversity (86% White British) than Sussex's population average. 55% of members were female and 83% were over the age of 75.

- 9.3 John described the increased collation of email addresses and reported that more than 250 had been gathered during the last elections. John added that the indication that only 50% of member communications concerning council meetings sent by email had been opened and read was disappointing and so details of events had been shared on social media. John described membership engagement activities in conjunction with sexual health services approaching college and university campuses across Brighton, Chichester and Horsham.
- 9.4 John advised the Committee that they hope to invite a member from the ICB to the next Committee meeting and that the Committee is exploring improved links with the Sussex Partnership, Sussex Community and South East Ambulance Foundations Trusts to assist with a recruitment drive for members.
- 9.5 Posters with Governor photos and contact details are being considered for display across the Trust to support wider engagement with the Governors into their communities.
- 9.6 Frank Sims welcomed the drive to get members more involved with Trust activities and noted the wealth of developments including 3Ts that may be of interest.
- 9.7 Nicole suggested that to increase member engagement from underrepresented groups; that working together with integrated care boards and their links to voluntary sector community groups may assist the process.
- 9.8 The Council **NOTED** the report.

COG/08/22/10 REPORTS FROM THE NOMINATION AND REMUNERATION COMMITTEE HELD ON 24 MAY AND 16 JUNE 2022

- 10.1 Glen Palethorpe presented the reports on behalf of Alan McCarthy, Committee Chair.
- 10.2 The Council of Governor's Nomination and Remuneration Committee met on the 24 May 2022 to consider and to agree the shortlist of third Non-Executive Director (NED) and the position Associate Non-Executive Director.
- 10.3 The panel having undertaken the interviews on the 23 May 2022 following NED and Governor focus groups that took place on the 17 May 2022 recommended to the Nomination and Remuneration Committee the appointment of David Curley and Bindesh Shah as Trust Non-Executive Directors from 1 July 2022. The Committee approved these recommendations.
- 10.4 The Council of Governor and Remuneration Committee met on the 16 June 2022 to receive the outcome of the Chair and Non-Executive Director performance appraisals. The Committee agreed that the Chairs appraisal by the Trust's Senior Independent Director (SID), then Joanna Crane, confirmed that the Chair remained a fit and proper person in accordance with CQC regulations.
- 10.5 The Committee agreed that the Chairs report on appraisals of Non-Executive and Associate Non-Executive Directors and confirmed that each of the NEDS remained a fit and proper person in accordance with CQC regulations.

- 10.6 Following interviews on 15 June 2022 and focus groups on 13 June 2022 the Nomination and Remuneration Committee recommended the appointment of Paul Layzell as a Trust Non-Executive Director and Sadie Mason as an Associate Non-Executive Directors. These appointments were approved by the Committee.
- 10.7 The Council **NOTED** the reports.

COG/08/22/11 EXTERNAL AUDIT PERFORMANCE

- 11.1 Karen Geohegan presented a report on an External Audit Performance in place of David Curley, Audit Committee Chair
- 11.2 The new auditors are Grant Thornton UK Ltd and Karen advised that their work with the Trust had coincided with the first year as University Hospital Sussex and the first year of the Trust's operation of new general ledger. The process around the audit of the annual accounts had been described at the Trust's Annual General Meeting at which Grant Thornton had presented. Karen confirmed that the audit had been delivered in line with the plan and timetable. The Trust's audited Annual Accounts had been submitted to NHS England in June 2022 in accordance with national timescales.
- 11.3 Karen added that the audit had also been undertaken in accordance with the agreed fees detailed within the paper and that no additional fees had been charged. Karen commented that this had been the first year in which the Trust had not been charged additional fees and credited the way in which auditors had worked with the finance teams. While the experience was reported to have been positive, Karen advised that the process of seeking opportunities for improvement would continue to take place with a report of lessons learned through the audit being taken through the Audit Committee.
- 11.4 Lizzie Peers praised the efforts of the Finance Team during a period of considerable change and acknowledged the work involved in the clean audit opinion on value for money as well as the rigor shown in maintaining financial controls during the period when Covid funding had been more readily available. Members of the Board and governors concurred and expressed their thanks for the work of Karen Geoghegan and her finance team.
- 11.5 In response to a question from Frank Sims, Karen Geoghegan described the proactive and reactive work by the Trust's Counter Fraud service providers.
- 11.6 The Council **NOTED** the report.

COG/08/22/12 LEAD GOVERNOR'S REPORT

- 12.1 Frank Simms the new Lead Governor thanked Lynn Camps for her work as a Lead Governor during her term of office. Frank thanked governors who had engaged with the lead governor election process.
- 12.2 Frank welcomed the two new sub-committee Chairs for PEEC and MEC, Frances McCabe and John Todd respectively, and Frank encouraged the varied voice in Governor experience and collective engagement connected with non-executives and Trust activities.

- 12.3 Through a verbal report, Frank invited fellow governors to consider how they are taking the opportunities to meet, these include Pre-Council of Governors and coffee catch-ups but also engaging with service peer reviews. Frank acknowledged that across the governors there were varying levels of experience and connection with local Trust services and suggested possible alignment opportunities between governors and sites to facilitate those connections.
- 12.4 Frank asked the Council if they would like to start to consider a role for a Deputy Lead Governor. Given the considerable delivery challenges and large improvement agenda outlined by Andy Heeps, the Council of Governors were invited to consider possible priority areas in which they wished to receive further information. Particular areas to consider with the governors varied but the Governors suggested an area for consideration would be the examination of the impact on staff of the challenging circumstances they face and the Trust's approach to equality and inclusivity.
- 12.5 Miranda Jose concurred with staffing and recruitment and retention challenges warranting particular attention from the governors, including staff's mental wellbeing and the limited access of support services.
- 12.6 Maggie Gormley urged governors and non-executives to consider volunteering as an excellent opportunity to connect with staff and to understand the challenges they faced. Maggie indicated some of the estates matters that had a considerable impact on the work of nursing staff and healthcare assistants.
- 12.7 Alan suggested that Governors have constituencies in which the Trust had sites and by volunteering to work in their local hospitals and participating with peer reviews governors could help to strengthen their local connection with our Hospitals but then through the work of the Council maintain a whole Trust view.
- 12.8 In relation to staffing challenges Paul Wayne asked for a description of the roles of band 2 staff and the impact of competition from retail and hospitality on this cohort of staff. Andy Heeps advised that the Trust aimed to be mindful about the local economic conditions and identification of similar paying roles undertaking comparable work. David Grantham explained that that band 2 roles tended to be entry level grades for health care assistants and catering assistants. While the recent pay award meant those roles had an hourly rate of around £12.20 per hour which was considered to be competitive with entry level retail or hospitality roles, David noted that the employee contributions to the NHS pension scheme may be seen to have a discouraging impact on take-home pay. David added that a need for further work had been identified to articulate the longer term benefits of the NHS pension scheme for staff given the current real pressures they face in respect of the current cost of living increases.
- 12.9 Work led by David Vincent on recruiting strategies toward the areas of high vacancies at junior bands was outlined and described to require sustained attention to maintain the positive signs of improved recruitment and then retaining those roles. Band 5 nursing vacancies were described to have fallen more considerably. David McLaughlin was praised for his Estates Directorate's work on making those junior roles attractive to recruit and retain those staff.

12.10 Patrick Boyle welcomed the debate opened by Frank Sims and invited consideration of areas where governors felt they could add particular value or opportunities where Non-Executive Directors and Governors could complement each other in their respective defined roles which may include access to the public and staff voice and feedback obtained through governor work.

12.11 **ACTION**

To facilitate a meeting with Governors and NEDS to discuss opportunities for cooperative work.

**Glen
Palethorpe**

12.13 The Council of Governors noted the Lead Governors report

COG/08/22/13 APPOINTED GOVERNORS' UPDATE

13.1 Alan in recognising that the Inclusion Governor had to leave early informed the meeting that he would change the agenda and take the Appointed Governor updates next.

13.2 Alan noted that a number appointed governors had provided their apologies so this section of the agenda would receive an update from the West Sussex County Council appointed governor and the Inclusion appointed governor only.

13.3 **West Sussex County Council**

13.3.1 Cllr Alison Cooper summarised West Sussex Council's recently published Annual Report for 2021/22

- 76,477 people had been supported by Community Hubs during the pandemic
- 3,355 Safe and Well Fire Service visits to homes to improve fire safety
- 2,385 enterprises supported to start, revive innovate and grow
- 650 road improvement schemes delivered
- 16.3km of cycle ways created through the year
- 88.8% of schools rated Good or Outstanding by Ofsted
- 5.81m uses of libraries' digital and virtual services by residents
- 10% reduction in CO2 emissions produced by County Council activities (from 2019/20)
- 11% reduction of operational property to help make best use of resources and deliver more effective services

13.3.2 Alison added that West Sussex Council had commissioned services of £970k for holiday activities to keep school children active outside term time and a further £30k for nutritious funded meals as well as additional resource for children in the UK through the homes for Ukraine scheme. The activities and meals were free of charge for children entitled to free school meals.

13.3.3 Alison was pleased to announce that she had been elected as the Vice Chair of HASC (Health and Social Care Committee) that had met on 8 July 2022 to receive performance figures. Alison explained the role of HASC in scrutinising NHS Service arrangements. Alison acknowledged the similar challenges to recruiting and retaining entry grade staff in domiciliary care and referred to a report in respect of actions the Council is taking in this area.

13.3.4 The Council **RECEIVED** the update from West Sussex County Council.

13.4 **Inclusion**

13.4.1 Mr Varadarajan (Kali) Kalidasan provided an update on inclusion activities and mentioned the particular interest shown by Brighton and Sussex Medical School in the Trust's inclusion arrangements with opportunities for alignment.

13.4.2 Kali recently attended a new meeting with the local Clinical Research Network (CRN), part of the National Institute for Health Research (NIHR), to discuss equality, diversity and inclusion (EDI) with acknowledgement that many research nurses are employed across NHS Trusts.

13.4.3 Funding had been awarded by Health Education England to recruit for a new clinical fellow in a simulation role to consider how simulation can assist as a tool to educate the issues with EDI and in dealing with patients.

13.4.4 Kali acknowledged that the Trust's EDI team had been depleted and described the work being undertaken to recruit to a EDI lead role in the Trust during September 2022. Kali also described work that he had participated in with Maggie Davies through the Nursing Strategy in which equality, diversity and inclusion formed a 'golden thread' between all aspects from leadership to training, recruitment and retention.

13.4.5 The Council **RECEIVED** the update on Inclusion.

COG/08/22/14 PUBLIC GOVERNORS' UPDATE

14.1 **Laundry Project Update**

14.2 Lindy Tomsett gave an interesting and informative update on the history behind the Laundry project which was started in 2018 and will be completed by October 2022 at St Richards Hospital and would open fully once all standards and procedures are in place.

14.3 The new site has a new boiler, which is more efficient and is housed in a bigger boiler room, clean and dirty areas have been enlarged making the area a much more pleasant for staff to work in. Lindy contrasted the working environment to the original premises she had visited prior to the project. David McLaughlin thanked all the stakeholders for their involvement in the robust improvement approach.

14.4 John Todd gave an overview of the many groups that the Governors had recently been involved in. One area had included the simple but impactful signalling of communication needs in patients notes and the practical steps through which improvements had been made for patients with hearing difficulties in the emergency department including exploring retrofit of a new tannoy system linked to talking books. Information in respect of the 3Ts retail steering group and regular meetings taking place was supplied with a recognition that the inclusion of the Governors in these projects was welcomed.

14.5 John reported that Peer reviews had been carried out in theatres, wards & A&E with great success. Only 2 Governors had participated in the recent peer review in Worthing and John encouraged all Governors to participate.

14.6 The Council **RECEIVED** the Public Governor's update.

COG/08/22/15 Staff Governor update

15.1 Amelia Palmer updated the Committee on the feelings expressed by staff and the factors that had led to many feeling demoralised. Staff remained motivated to do their best for patients but had found the ongoing capacity and demand challenges relentless. Small daily positive actions and social activities that had helped to sustain morale which is being increasingly challenged by the rapidly increasing costs of living, exacerbated by recent heatwaves and without those protective factors, the impact of building stress had continued to emerge.

15.2 Priority staff issues were considered to be:

- Having somewhere to eat food that is appealing and affordable,
- More flexible ways of working
- Travel reliability
- The contingency plans for 2022 Winter.

15.3 The NHS staff have commented that they need reassurance in having physical plans for solutions implemented by the Trust being proactive not reactive.

15.4 Amelia added that the merger forming the single Trust had begun to see some emerging risk of staff feeling a loss of identity and belonging to their hospital site and the Trust and commented that attention on the 3Ts building risked staff in other localities feeling marginalised. Feelings of trust beyond the direct staff teams in the Trust and wider NHS were reported to have been tested and staff had expressed fears of their colleagues being lost to alternative industries. Amelia welcomed the commitment to equality and diversity recognised in recent Pride events. Amelia added that staff seek tangible reassurance that the individual contributions of all members of teams are recognised and valued

15.5 David Grantham acknowledged that there had been some instability in leadership and communication channels which would need to be improved, to strengthen feelings of trust amongst staff. Reliance on intranet communication to highlight support arrangements available to staff had acknowledged limitations. Post merger organisational development was acknowledged to have been slowed by a combination of pressures, but Andy confirmed this remained a priority. Andy acknowledged that attention given to development outside 3Ts had been insufficient and the communications team would give these matters particular focus. Rob Haigh added that refreshed patient first activity would help to reinvigorate a sense of ownership and opportunity for local improvements.

15.6 Lucy Bloem commented that part of building trust was through being realistic and demonstrable follow through of any actions committed to. Andy advised that George is leading the Executive Team through a focused plan of items that need addressing which will help to build confidence in the commitment to tackle issues that matter to staff. Lizzie Peers acknowledged that merger change can feel negative and highlighted the importance of showing the developments that had only been possible because of the merged Trust/

15.7 Andy confirmed that new plans for expanding capacity across the Trust in clinical areas which should help with the Winter Plan by providing more beds while it was acknowledged that the impact of Winter was considerably uncertain. Andy described the concept behind the clinical operating model to

engender the visibility in local leadership that had been part of the success of the legacy Western Sussex NHS foundation Trust.

- 15.8 The Council **RECEIVED** the Staff Governor's update.

COG/08/22/16 QUALITY COMMITTEE CHAIR FEEDBACK

- 16.1 Lucy Bloem the Trust's Quality Committee Chair, gave a presentation of the Quality Committee to the Council of Governors. The presentation outlined how the terms of reference of the committee had been delivered at the meeting that took place would meet as a full committee no less than 10 times per year. The priority work of the committee had been informed by a number of effectiveness reviews in early 2022. This had afforded sufficient time to gain assurance on key topics as well as timely updates on any quality issues and plans; enabled receipt of mandated maternity surveillance dashboards and smoothed the receipt of annual reports so they could be afforded time for proper scrutiny.
- 16.2 The attendance rate by members had been 91% and Lucy commented on a sense of collective commitment and importance attributed to improving quality governance and evidence-based assurances. Work on the quality dashboard would continue to be given particular attention with a focus on data quality such that it can be relied upon.
- 16.3 Lucy outlined assurances from her role as Non-Exec Maternity Safety Champion. Monthly Safety champion listening events were acknowledged to have been especially powerful through the strong engagement from maternity staff. Lucy reported that Ockenden recommendations had advised to support a Non-Executive Board Champion in the areas in key areas (listed in the presentation) alongside monthly ward walkabouts. HSIB (Health Safety Investigation Branch) quarterly meetings and other recognised bodies to assist with improvements. Lucy commented that these recommendations had been opportune for the Trust as it enabled the champion connection to the Board.
- 16.4 Alan acknowledged that Lucy had joined the Trust and taken on the quality agenda at a challenging time but added that Lucy's experience and aptitude to grasp the issues at pace had been invaluable. Lizzie concurred that as a NED the focus and rigor of Lucy's approach with the committee gave a strong sense of assurance. Lizzie emphasised the importance on comparable data held at site and service level reported within the Trust's quality dashboard and welcomed the data quality attention.
- 16.5 Andy Cook welcomed the depth and breadth of improvement assurance activity. Andy asked how the Committee gained assurance of the response to CQC reports, and visibility for staff and public of the corrective action plans. Lucy commented that Board would look at the reports directly and the Quality Committee would provide updates to the Board so that the public could hear of progress. Alan advised once the report had been considered and an action plan devised this would be report back to both the Board and to the Governors. Alan reminded the meeting that the CQC do follow up with the Trust the delivery of the agreed action. Alan added that the Trust would be publicly accountable in its response to CQC investigations that included the recent inspection of upper GI Services.

Andy Heeps, David Grantham, Rob Haigh and Karen Geoghegan left the meeting

ACTION:

16.6 CQC action plan to be reported back to the next meeting of the council of governors.

**Andy
Heeps/ Rob
Haigh**

16.7 Paul Wayne questioned where the voice of the public was reported in maternity services through the quality governance processes described. Lucy confirmed the various approaches included the opportunities to comment on care experienced via the Complaints, Compliments and through the friends and family test mechanisms and added that the Ockenden Review had added beneficial perspective to the work but the key forum was the maternity voices partnership. Each Maternity Voices Chair from each site had a role to gather feedback from people who had experienced their service on their respective sites. The infrastructure had remained but resource constraints had meant that their impact had slowed before being reinvigorated in recent months.

16.8 The Council **NOTED** the presentation.

COG/08/22/17 COMPANY SECRETARY REPORT

17.1 Glen Palethorpe took as read the report which provided the Council with an update, on matters of a regulatory nature including matters for which the Trust had complied with NHS England and NHS Improvement or other regulatory requirements.

17.2 The Annual General Meeting took place on the 27 July. The annual report was received including the Trust's financial statements and the Trust's Quality Account.

17.3 Elections in June 2022 had returned the following Governors: Maria Rees – Arun, John Todd – Adur and Pauline Constable – Worthing. A new Lead Governor Frank Sims, Public Governor Brighton & Hove had been nominated by governors following the retirement of Lynn Camps.

17.4 John Todd had become the Chair of the Membership and Engagement Committee and Frances McCabe became the Chair of the Patient Experience and Engagement Committee following departures of the previous chairs.

17.5 The Council of Governors Nomination and Remuneration Committee approved the appointments of David Curley, Bindesh Shah and Paul Layzell as Non-Executive Directors and Sadie Mason as an Associate Non-Executive Director.

17.6 The Council **NOTED** the report.

COG/08/22/18 OTHER BUSINESS

18.1 There was no further business to discuss.

COG/08/22/19 QUESTIONS FROM THE PUBLIC

19.1 There were no questions from the public.

COG/08/22/20 DATE OF NEXT MEETING

20.1 The next meeting of the Council of Governors was scheduled to take place at 14.00 – 16.00 on Thursday 24 November 2022.

Jan Simmons
Corporate Governance Officer
Nadia Shannon
Membership Officer

18 August 2022

Signed as a correct record of the meeting

.....

Chair

.....

Date



MATTERS ARISING FOR COUNCIL OF GOVERNORS

Meeting	Minute Ref	Action	Person Responsible	Deadline	Status
18 August 2022	COG/08/22/7.07	Chief Executive's Report To provide a presentation outlining Capital investment decisions and their impact.	Karen Geoghegan	16 February 2023	This update has been rescheduled for 16 February 2023 Council of Governors meeting to allow the Director of Capital Development and property to focus on the delivery of key capital schemes before the year
18 August 2022	COG/08/22/12.11	Lead Governor's Report To facilitate a meeting with Governors and NEDS to discuss opportunities for cooperative work.	Glen Palethorpe	16 February 2023	A Governor / NED meeting took place on 28 September 2022. With the announced CQC Well Led inspection, opportunity for discussion of future approaches to work was limited. An additional meeting sooner than that scheduled for 29 March 2023 can be sought if required.
18 August 2022	COG/08/22/16.06	Quality Committee Chair Feedback CQC action plan to be reported back to the next meeting of the Council of Governors.	Andy Heeps	24 November 2022	An update is included in the Chief Executive's Report. As at 18 November 2022, the Trust has not received the formal inspection reports from the CQC in respect of Well Led (whole Trust), RSCH Upper GI Surgery or RSCH Neurosurgery following their visits in 2022.

Agenda Item:	6.	Meeting:	Council of Governors	Meeting Date:	November 2022
Report Title:	Chief Executive's Report				
Sponsoring Executive Director:	Dr George Findlay, Chief Executive				
Author(s):	Dr George Findlay, Chief Executive				
Report previously considered by and date:					
Purpose of the report:					
Information	<input checked="" type="checkbox"/>	Assurance	<input type="checkbox"/>		
Review and Discussion	<input type="checkbox"/>	Approval / Agreement	<input type="checkbox"/>		
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality	<input type="checkbox"/>	Staff confidentiality	<input type="checkbox"/>		
Patient confidentiality	<input type="checkbox"/>	Other exceptional circumstances	<input type="checkbox"/>		
Implications for Trust Strategic Themes and any link to BAF risks					
Patient	<input checked="" type="checkbox"/>				
Sustainability	<input checked="" type="checkbox"/>				
People	<input checked="" type="checkbox"/>				
Quality	<input checked="" type="checkbox"/>				
Systems and Partnerships	<input checked="" type="checkbox"/>				
Link to CQC Domains:					
Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>		
Caring	<input checked="" type="checkbox"/>	Responsive	<input checked="" type="checkbox"/>		
Well-led	<input checked="" type="checkbox"/>	Use of Resources	<input checked="" type="checkbox"/>		
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 2022

From: Chief Executive – Dr George Findlay

Agenda Item: 6

CHIEF EXECUTIVE REPORT

1. THANK YOU

- 1.1 Our staff continue to go above and beyond every day and we owe them an enormous debt of gratitude for their public service and commitment to patient care. The effects of the Covid pandemic are still being felt in our hospitals, as we address unprecedented waiting times and strive to always work smarter to find new and more productive ways to keep up with demand.
- 1.2 Every day I am hugely impressed by the dedication, innovation, and resilience of the colleagues I meet while visiting and talking with different teams. The executive team and I ensure we are out and about regularly, to speak with staff and experience first-hand the actual environments where our patients are cared for.
- 1.3 In our continuous improvement approach, this is known as 'Gemba', and it is an important aspect of our Patient First philosophy that is the guiding principle behind the management of our Trust. At UHSussex, all voices count, and we are committed to listening and acting on all the feedback we receive from patients, partners and all our amazing staff.
- 1.4 These are testing times for the NHS and it is only by working together, listening to, and caring for each other, that we will develop the right solutions in the best interests of our patients. We know many people continue to wait too long to access our services, both for planned procedures and urgent care, and this is unacceptable to us.
- 1.5 Our staff, however, are working relentlessly to address these challenges that both we and the whole NHS are facing. I wish to acknowledge this and thank every one of my UHSussex colleagues for all they are doing 24 hours a day, 365 days a year, to care for more than a million people living in Sussex. They do an incredible job and the Trust Board and I are extraordinarily proud of all their efforts. Thank you.

2. WINTER

- 2.1 Winter preparedness has been at the top of our agenda in recent months and we're working in partnership across the Sussex integrated care system on the various challenges facing us all. This includes offering flu and Covid vaccinations to all our staff to help protect them and our patients from the seasonal respiratory illnesses that become more prevalent at this time of year.
- 2.2 With little let up over the summer, our hospitals this winter are already at operating either at, or very near, capacity. To ensure we can continue to admit patients from our emergency departments and provide planned care in a timely way, our focus is on where the data indicates we can make the greatest improvements to patient flow through the hospital and promote safe timely discharges.

- 2.3 For example, we have seen the average length of stay increase since before the pandemic and so we have launched a major improvement initiative to address this. Other key initiatives include admission avoidance, such as expanding our same day emergency care provision, and staffing and funding additional escalation beds this winter.
- 2.4 There are currently significant difficulties facing all aspects of the health and care system, with the main challenge for us being able to discharge patients who no longer require hospital-based care onto their next care setting or back to their home supported by carers. This is a national issue, but it is also particularly significant in Sussex.
- 2.5 Every day, our hospital teams work with our partners to help patients leave hospital as soon as it is safe for them to do so. We also look to families and communities to support people to leave hospital once they no longer require acute care from our specialists, as this is in all our patients' best interests.
- 2.6 Each week, I am meeting with fellow NHS CEOs and Council Directors across Sussex at our Winter Board to constantly review these processes and our wider winter plans to ensure we maintain improvements during these difficult months.

3. STRATEGY REFRESH

- 3.1 The refresh of our Patient First strategy is another key issue for us currently. Patient First is the way we run our business. It's the simple guiding principle at the heart of everything we do – the patient first and foremost.
- 3.2 It's a bottom-up, data-driven improvement methodology and how we strive to fulfil our mission of providing *excellent care every time*. Over the summer, we set new objectives and updated our other Patient First goals.
- 3.3 One of the biggest changes is the addition of a sixth strategic theme: Research and Innovation. This supports our ambition as a large university and teaching trust to provide greater opportunities for both patients and staff to participate in clinical trials and benefit from research.
- 3.4 Patient First is critical to help improve the care our patients receive from us. It is a proven fact that patients get better care in hospitals where staff feel able to make a difference. That is why we continue to invest in Patient First. We want to empower our people. And we want to support them in making the changes they know will improve services for patients.

4. CLINICAL LEADERSHIP

- 4.1 Our new Clinical Operating Model, encompassing every clinical service we provide and grouping them under a new leadership structure, is now fully operational. Eight new divisions have been created, including Cancer, Specialist Services, Women's and Children and Clinical Support Services across the whole Trust. Surgery and Critical Care, and Medicine and Urgent Care, create four divisions split by the geographical area they cover in Sussex.
- 4.2 The model also creates new hospital management teams to improve site planning and leadership, as well as preserve and enhance the unique identities of our individual hospitals. Our new hospital directors, and managing directors for unscheduled care and planned care, report into the board via our Chief Operating Officer, Dr Andy Heeps.

5. WELL-LED INSPECTION

- 5.1 At the beginning of October, we welcomed back the Care Quality Commission, this time to carry out a Well-Led inspection. This is an important assessment that all NHS trusts and foundation trusts experience as part of the health watchdog's formal processes.
- 5.2 We have many achievements to be proud of, but as a new organisation we also have much more to do to consistently attain the high standards we set for ourselves and that our patients rightly expect. We are under no illusions about that, and we were clear with the CQC team that we know we face real challenges and that we have plans in place to meet those challenges.
- 5.3 I have since received a letter from the CQC, which can be found as appendix 1 at the end of the report, confirming the initial in-person feedback we received. While we need to wait for the final report to get the full picture, it is still helpful to be able to share their immediate reaction to what they saw and heard at UHSussex.
- 5.4 The CQC said the teams they spoke with worked well together, that everyone recognised the importance of system working and that staff understood the part they had to play. There were of course some key areas identified for improvement. These included staff feeling able to 'speak up' and 'equality and diversity' - but the inspectors also noted that we recognised these issues ourselves and that we are taking steps to address them. We will be sharing more from the inspection process as soon as we are able to do so.
- 5.5 The CQC also made an unannounced inspection of the specialist Upper Gastro-Intestinal cancer surgery service at the Royal Sussex County Hospital (RSCH) in August and afterwards instructed the service should be suspended. This affects around four to six oesophago-gastric resection surgery patients a month, all of whom are now continuing their treatment with Royal Surrey County Hospital in Guildford in line with their pre-existing treatment dates. We are working with the CQC and Surrey and Sussex Cancer Alliance to agree next steps for the specialist oesophago-gastric cancer service at RSCH.

6. INVESTING IN OUR HOSPITALS

- 6.1 Our new hospital building in Brighton will be handed over from the contractors to us in just a few weeks' time. This is hugely exciting for us all and means we can start equipping and stocking before more than 30 wards and departments move into their new homes between now and March.
- 6.2 In recent weeks, new MRI scanners have been hoisted into Level 4 where the Imaging Department is located. Other equipment here includes a single-photon emission computerised tomography scanner (SPECT), as well as CT, PET and bi-planar scanners. Meanwhile, the Neurosurgery and Interventional Radiology (IR) Theatre Suite on Level 5 also has an MRI scanner installed which will be available for use during neurosurgical procedures.
- 6.3 Level 5 of the new building links directly with the existing Emergency Department at The Royal Sussex County Hospital (RSCH), allowing easier patient transfer to the new Neuro and IR Theatre Suite. It will also house new short-stay beds dedicated to managing demand within the ED. Plans are now underway to expand the ED into newly vacated space after 3Ts opens next year.
- 6.4 All the new facilities in Brighton are great news for people living right across Sussex, as RSCH is the tertiary care centre for our area. The Stage 1 building will be the new Main Entrance for RSCH, with more than one million patients, visitors and staff estimated to pass through the Welcome Space every year.

- 6.5 While 3Ts is the most significant development currently taking place, we also have many other programmes of work improving care and experience for our patients. For example, at **Worthing Hospital**, a new home for patients receiving chemotherapy will open in mid-November. The Amberley Unit in the North Wing of the hospital is a £6M redevelopment, providing excellent new purpose-built facilities for patients undergoing treatment for various cancers.
- 6.6 Surgery patients at **St Richard's** in Chichester are now being welcomed at a new Pre-op Assessment Unit ahead of their procedures. Not only is the new facility more comfortable for patients, but its design enables us to see more people in a timely manner and helping us tackle the backlog caused by the pandemic.
- 6.7 At **Princess Royal**, facilitating works have begun for a £14M new development to modernise and expand the Endoscopy Department at the hospital. The plans will significantly improve patient experience and help address increasing demand for the service. The department is due to open next year.
- 6.8 At **Southlands**, the President of the Royal College of Ophthalmology, Mr Bernie Chang, visited on 28 October to officially open The Sooffee Art Gallery that operates within the clinical environment at our eye care units at both Southlands and St Richard's hospitals. The gallery is the brainchild of consultant ophthalmologist Mr Masoud Teimory and features displays of wonderful photography for our patients to enjoy.

7. PATIENT FIRST, PLANET FIRST

- 7.1 A new, more efficient, and environmentally friendly Laundry Department has started operating at St Richard's, following a £7M investment. This is just one of dozens of projects and initiatives taking place across UHSussex that support our ambition to become a net-zero health provider, and the NHS's goal of being the world's first net-zero health service.
- 7.2 Our *Patient First Planet First* green plan was published earlier this year and continues to gather pace and reduce our use of resources and carbon emissions across our hospitals. We currently have 28 active projects taking place across ten workstreams, as well as more than 300 Green Staff Ambassadors encouraged and empowered to initiate local improvements for their team.
- 7.3 Recent events include replacing some beef dishes on our patient menus with new lower-carbon alternatives, as well as supporting National Recycle Week (17-23 October) with a Sussex-wide walking-aids return amnesty. In October, the team also presented the UHSussex environmental sustainability strategy at the Royal College of Nursing's Sustainability Nursing Conference.

8. STAR OF THE MONTH

- 8.1 All our staff are stars, but every month a broad mix of individuals and teams are nominated for special recognition after going above and beyond for patients and their families, or their colleagues. One of the highlights of my role, as well as others on the Star of the Month judging panel, is to read the many wonderful and deserving nominations our staff receive. Here, I wish to publicly congratulate all our recent winners:
- 8.2 Our **Finance Team** won Star of the Month in recognition of their outstanding achievements, completing the first set of annual accounts for UHSussex. The team integrated financial systems and produced a consolidated set of accounts for our new organisation working with new auditors, resulting in them receiving four nominations for Star of the Month – including from members of the board who were all hugely impressed by their achievements.

8.3 Clinical specialist and service lead for the Pelvic Health Physiotherapy Team at Worthing, **Bella D’Almeida**, won Star of the Month following a nomination from a patient. Charlotte Bainbridge was 30-weeks pregnant when she attended a physiotherapy appointment during which Bella noted some unusual symptoms. She recognised the severity of the situation and immediately took Charlotte to A&E where she was diagnosed with pre-eclampsia, and she delivered her baby in less than one hour. Thanks to Bella’s swift actions, both baby and mother are doing great.

8.4 At the Royal Sussex County Hospital, a relative of a patient was so impressed with the work ethic of A&E housekeeper **Clementina Santofimio Gonzalez** that they were compelled to nominate her for Star of the Month. They commended her diligence, calmness, and how she interacted with patients and their families, as well as her colleagues in the busy environment. The judging panel agreed and Clementina was presented with her winning certificate to the applause of her colleagues.

8.5 And our most recent Star of the Month is from Princess Royal, where catering assistant **Stephen Dorman**, was nominated for staying late and ensuring a patient who changed their mind about receiving a meat ate well after the kitchen had closed for the evening. As his nomination read, the happiness expressed by the patient had no price and it was all due to the kindness of one hard-working colleague going above and beyond.

8.6 Star of the Month nominations continue and anyone wishing to put someone forward for special recognition should complete the form on our website at www.uhsussex.nhs.uk/about/star-of-the-month/. Everyone nominated receives recognition. Two runners up receive a £25 gift voucher each, while our Star of the Month is presented with a certificate in front of their colleagues, receives a £100 gift voucher and is automatically put forward to win the Employee of the Year award at our annual Patient First Star Awards.

9. INTERESTED TO FIND OUT MORE?

9.1 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 very 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.

10. RECOMMENDATIONS

10.1 The Council is asked to **NOTE** the Chief Executive Report for November 2022.



By Email:

Our reference: RYR
Dr George Findlay
University Hospitals Sussex NHS Foundation Trust
Worthing Hospital
Lyndhurst Road
Worthing
West Sussex
BN11 2DH

Care Quality Commission
Citygate
Gallowgate
Newcastle Upon Tyne
NE1 4PA

Telephone: 03000 616161
Fax: 03000 616171

www.cqc.org.uk

Date: 17/10/2022

CQC Reference Number: RYR

Dear Dr Findlay

Re: CQC inspection of University Hospital Sussex NHS Foundation Trust

Following the inspection feedback meeting with yourself and your executive team, I thought it would be helpful to give you written feedback for your records.

This letter does not replace the draft report which we will send to you, but simply confirms what we fed-back on 07/10/22 and provides you with a basis to start considering what action is needed.

We would encourage you to discuss the findings of our inspection at the public session of your next board meeting. If your next board meeting takes place prior to receiving a final or draft inspection report and evidence log, this correspondence should be used to inform discussions with the board. When scheduling a discussion of this letter, or the draft report, please inform your CQC Regional Communications Manager, who is copied into this letter.

An overview of our feedback:

Your new clinical operating model will give you a good foundation for moving forward.

The teams we spoke with during our inspection appeared to work well together and our interviews with them were positive.

We were pleased to hear about your improvement plans for surgery.

We noted you had a clear overarching strategy.

Everyone we spoke with talked about the importance of system working and reflected on the part they played in that. We also noted it would have been easy for you to blame the system for a lot of the pressures facing your organisation, but we didn't hear that in the narrative that was played out to us. Further, we did not hear the pandemic being blamed for the current pressures you face.

You acknowledged there was more work to do to improve the way governance and risk is managed across the organisation but we could see the new structures will help address this. There were some gaps in how risk was managed at Divisional level but again you were sighted on this as an area requiring improvement.

Equality diversity and inclusion is well behind where it should be, but again this is something you acknowledge and have a plan for how you will address this.

Trusts performance in terms of waiting time etc. is not where you want it to be and there are significant challenges for you to address. We did have some concerns that there was a mismatch between the understanding of the winter plan at divisional and corporate level, however, your winter plan and the system wide plan was only just starting to be communicated at the time of the site visit. However, the Division, as well as staff working in the trust told us how concerned they were about how they would manage patients' needs over the winter period.

As we have discussed, a large number of staff contacted us to talk to us during this inspection and we have committed to doing more analysis of the themes and trends so this is more helpful for you. We noted that staff were telling us they didn't feel safe to raise concerns and many of the staff we spoke with expressed worry about being seen talking to us. Whilst this is not a message your executive team are giving per se, staff have told us about their perceptions. We recognize the pressures that staff are working under and the workforce challenges which you and the rest of the NHS face, however, we would ask you to reflect on the level of engagement and the organisational development offer that wraps around the organisation. This is pivotal to the success of your new clinical operating model.

A draft inspection report will be sent to you once we have completed our due processes and you will have the opportunity to check the factual accuracy of the report. I am also copying this letter to Anne Eden at NHS England and NHS Improvement.

I would like to take this opportunity to thank you once again for the arrangements that you made to help support the inspection, and for the cooperation that we experienced from you and your staff.

If you have any questions about this letter please contact me through our National Customer Service Centre using the details below:

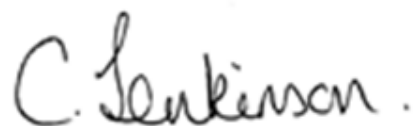
Telephone: 03000 616161

Write to: CQC
Citygate
Gallowgate

Newcastle upon Tyne
NE1 4PA

If you do get in touch, please make sure you quote or have the reference number (above) to hand. It may cause delay if you are not able to give it to us.

Yours sincerely

A handwritten signature in black ink that reads "C. Jenkinson." The signature is written in a cursive style with a period at the end.

Carolyn Jenkinson
Head of Inspection

c.c. Anne Eden NHSI/E

Agenda Item:	7.	Meeting:	Council of Governors	Meeting Date:	November 2022
Report Title:	Report from Patient Engagement and Experience Committee Meeting Chair				
Committee Chair:	Frances McCabe, Public Governor Brighton and Hove				
Author(s):					
Report previously considered by and date:					
Purpose of the report:					
Information	<input checked="" type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>		
Review and Discussion	<input type="checkbox"/>	Approval / Agreement	<input type="checkbox"/>		
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality	<input type="checkbox"/>	Staff confidentiality	<input type="checkbox"/>		
Patient confidentiality	<input type="checkbox"/>	Other exceptional circumstances	<input type="checkbox"/>		
Implications for Trust Strategic Themes					
Patient	<input checked="" type="checkbox"/>				
Sustainability	<input type="checkbox"/>				
People	<input checked="" type="checkbox"/>				
Quality	<input checked="" type="checkbox"/>				
Systems and Partnerships	<input checked="" type="checkbox"/>				
Link to CQC Domains:					
Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>		
Caring	<input checked="" type="checkbox"/>	Responsive	<input checked="" type="checkbox"/>		
Well-led	<input checked="" type="checkbox"/>	Use of Resources	<input type="checkbox"/>		
Communication and Consultation:					
Executive Summary:					
<p>The Patient Engagement and Experience Committee met on 14 September 2022 and was quorate. It was attended by five public governors, one staff governor, the Director of Patient Experience, Engagement and Involvement as well as representatives from Healthwatch and the ICB</p> <p>The Committee received the Trust's Quarter 1 Patient Experience Report and information relating to the Trust's principle sites at Brighton, Chichester, Haywards Heath, Worthing and Southlands and those areas where the Trust had performed well for patients as well as concerns and complaints received, and the satisfaction feedback levels for the Friends and Family test.</p> <p>The Committee also received an update on the developing customer service programme and feedback from the ICB and Healthwatch on their patient and community engagement projects.</p>					
Key Recommendation(s):					
The Council is asked to NOTE that there were no matters from this meeting that were referred to the Council for action.					

COMMITTEE HIGHLIGHTS REPORT TO COUNCIL

Meeting	Meeting Date	Chair	Quorate	
			yes	no
Patient Engagement & Experience Committee	14 September 2022	Frances McCabe	✓	<input type="checkbox"/>
Declarations of Interest Made				
There were no declarations of interest				
Assurance received at the Committee meeting				
<p>Patient Experience Report The Committee RECEIVED the Trust's 2021/22 Quarter ONE Patient Experience report. This report included information for the period to July 2022 and covered all the Trust's principle sites at Brighton, Chichester, Haywards Heath, Southlands and Worthing. With regard to priorities and complaints improvement, the Committee NOTED that although the significant majority of patients were satisfied that they had received a good or better experience, levels of complaints are increasing. The Committee was informed that the main themes of negative patient feedback continued to relate to waiting, either on site or for treatment. However, the implementation of the new structures was under way to enhance a timelier response to complaints, the alignment of complaints to the new Clinical Operating Model (COM), and the development of a clinically led response to complaints.</p> <p>Customer Care The Committee RECEIVED an update from the Director of Patient Experience, Engagement and Involvement on the Trust's developing Customer Service Excellence vision and approach. The Committee NOTED that the programme will cover five key areas, these being, Communication; Compassion; Teamwork; Respect and Professionalism. The Committee noted this work will link to actions being taken to address concerns raised within their complaints. The Committee members were informed that there will be opportunities for Governors to be involved in this programme.</p> <p>Patient Experience Improvement Project. The Governors received a short update on the "Home for lunch" initiative, which was being promoted to enable timely patient discharges and to improve the quality of care to patients.</p> <p>Sussex Integrated Care System There Committee received feedback from the work of the Sussex Integrated Care System and their health inequality project they are commencing with the pilot with the Crawley Community.</p> <p>Healthwatch feedback The Committee RECEIVED an update from Healthwatch Brighton & Hove and NOTED that there developing work programme of work in respect of patients presenting with mental health needs and that they had secured funding Sussex Partnership Foundation Trust and NHS England for these larger projects. Healthwatch agreed to consider where there are opportunities for Governors to be involved in their work.</p>				
Actions taken by the Committee within its Terms of Reference				
The Committee did not take any specific decision at this meeting over the approval of the former minutes.				
Items to come back to Committee (Items Committee keeping an eye on)				
There were no items from this meeting requested to be brought back to the Committee over and above the scheduled items				
Items referred to the Board or another Committee for decision or action				
Item			Referred to	
There were no specific matters referred to the Council for action.				

Agenda Item:	8	Meeting:	Council of Governors	Meeting Date:	November 2022
Report Title:	Report from Membership and Engagement Committee Meeting Chair				
Committee Chair:	John Todd, Public Governor for Adur and meeting chair				
Author(s):	John Todd, Public Governor for Adur				
Report previously considered by and date:					
Purpose of the report:					
Information	<input checked="" type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>		
Review and Discussion	<input type="checkbox"/>	Approval / Agreement	<input type="checkbox"/>		
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality	<input type="checkbox"/>	Staff confidentiality	<input type="checkbox"/>		
Patient confidentiality	<input type="checkbox"/>	Other exceptional circumstances	<input type="checkbox"/>		
Implications for Trust Strategic Themes					
Patient	<input checked="" type="checkbox"/>	A vibrant membership will support the Trust with its engagement activities in support of enhancing patient experience of the Trust's services			
Sustainability	<input type="checkbox"/>				
People	<input checked="" type="checkbox"/>	A vibrant membership will support the Trust's Staff with their drive to learn from our patients and their family			
Quality	<input checked="" type="checkbox"/>	A vibrant membership will support the Trust with its engagement activities in support of enhancing the quality of the Trust's services			
Systems and Partnerships	<input checked="" type="checkbox"/>	A vibrant membership will support the Trust as it seeks to engage within the system.			
Link to CQC Domains:					
Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>		
Caring	<input checked="" type="checkbox"/>	Responsive	<input checked="" type="checkbox"/>		
Well-led	<input checked="" type="checkbox"/>	Use of Resources	<input type="checkbox"/>		
Communication and Consultation:					
Executive Summary:					
<p>The Membership and Engagement Committee met on 19 October 2022, the Committee was quorate with seven governors being present plus the Associate Director of Communications, Company Secretary and the Membership Administrator.</p> <p>The Committee received a report on the Trust's membership and recruitment activities undertaken during the second quarter of 2022/23 along with an update from the ICB on their engagement activities.</p> <p>The Committee following the discussions with the ICB and Communications Team asked that items be added to the next meeting's agenda to receive further information from the ICB on their health inequalities project centred around Crawley and the Trust's own developing engagement strategy supporting the aim to provide messages more targeted way to complement the more general national NHS messaging.</p>					
Key Recommendation(s):					
<p>The Council is asked to NOTE the actions of the Committee and NOTE that the Committee referred no matters to the Council for their action.</p>					

COMMITTEE HIGHLIGHTS REPORT TO COUNCIL

Meeting	Meeting Date	Chair	Quorate	
			yes	no
Membership and Engagement Committee	19 October 2022	John Todd	✓	<input type="checkbox"/>
Declarations of Interest Made				
There were no declarations of interest				
Assurance received at the Committee meeting				
<p>The Committee RECEIVED a report on the Trust's membership, and NOTED that the current levels of membership remain above the minimum levels per constituency detailed within our constitution.</p> <p>The Committee discussed the Trust's performance within each of the key membership strategy themes of, recruiting; welcoming; engaging and enhancing membership communication. The Committee NOTED the positive recruitment outcomes supported by the Membership team member's attendance at several events during the previous quarter of 2022/23, noting that for the last month the levels of new members were significantly exceeding those removed through the routine database cleansing activities that occur every month. The Committee NOTED the actions in respect of the next series of planned engagement events primarily for members but that these would offer the opportunity to encourage prospective members to join, noting that the feedback from the membership that have been provided by a short e-survey as to their views on the areas of the Trust they would wish to know more about.</p> <p>The Committee RECEIVED an update from the ICB on their engagement activities which covered Winter Planning, Health Inequalities with reference to a pilot programme with the Crawley community and Stroke. The ICB also provided an update on how their engagement was being conducted with the local communities, through local authorities, voluntary sector bodies, the respective healthwatch etc. The Committee RECEIVED information on the Trust's own engagement plans which included both those for national messaging but also developing more targeted projects.</p>				
Actions taken by the Committee within its Terms of Reference				
The Committee made no specific decisions at this meeting.				
Items to come back to Committee (Items Committee keeping an eye on)				
The Committee following the discussions with the ICB and Communications Team asked that items be added to the next meeting's agenda to receive further information from the ICB on their health inequalities project centred around Crawley and the Trust's own developing engagement strategy supporting the aim to provide messages more targeted way to complement the more general national NHS messaging.				
Items referred to the Board or another Committee for decision or action				
Item	Referred to			
The Committee referred no matters to other Council for action.				

Agenda Item:	9.	Meeting:	Council of Governors	Meeting Date:	November 2022
Report Title:	Nomination and Remuneration Committee report from the 14 September 2022 meeting				
Committee Chair:	Alan McCarthy – Council of Governors and Committee Chair				
Author(s):	Glen Palethorpe - Company Secretary				
Report previously considered by and date:					
Purpose of the report:					
Information	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>		
Review and Discussion	<input type="checkbox"/>	Approval / Agreement	<input checked="" type="checkbox"/>		
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality	<input type="checkbox"/>	Staff confidentiality	<input type="checkbox"/>		
Patient confidentiality	<input type="checkbox"/>	Other exceptional circumstances	<input type="checkbox"/>		
Implications for Trust Strategic Themes and any link to BAF risks					
Patient	<input type="checkbox"/>				
Sustainability	<input type="checkbox"/>				
People	<input type="checkbox"/>				
Quality	<input type="checkbox"/>				
Systems and Partnerships	<input type="checkbox"/>				
Link to CQC Domains:					
Safe	<input type="checkbox"/>	Effective	<input type="checkbox"/>		
Caring	<input type="checkbox"/>	Responsive	<input type="checkbox"/>		
Well-led	<input checked="" type="checkbox"/>	Use of Resources	<input type="checkbox"/>		
Communication and Consultation:					
Report:					
<p>The Council of Governor Nomination and Remuneration Committee met on the 14 September to consider the recommendation being made by the Chair to extend the term of office for Lizzie Peers.</p> <p>The Committee was informed that the drivers for this request were to retain Lizzie's experience and to provide enhanced continuity within the Board as the new Non-Executives develop into their roles noting that at the time of the meeting only Lizzie, Patrick, Jackie and himself have been with the Trust for over a year. The Chair also made the point that whilst Lizzie had been with WSHFT for sometime and UHSussex is strictly a continuation of WSHFT as a legal entity, ostensibly it is a new trust and Lizzie's experience for an additional year would be invaluable.</p> <p>The Committee reflected that in Lizzie's last appraisal, it was agreed by the Governors that Lizzie was a strong performer and that her appraisal feedback had been universally positive. The Chair also added that he believed through the way Lizzie operates at Board and as a Committee Chair that she remains independent of thought and continues to ask constructive and inquisitive questions.</p> <p>Given that this extension would be a variation to the Trust's constitution the attendance at this meeting had been extended to all Governors, which saw the Committee attended by 12 Governors all of which approved the decision. The 12 governors present plus the approval to the decision by the lead governor that had been provided ahead of the meeting exceeded the required 10 votes for any change to the constitution noting however this would be in fact be a variation to the Trust's constitution rather than a permanent change.</p>					
Key Recommendation(s):					
<p>The Council ENDORSE the decision of the Committee to extend the term of office for Lizzie Peers to 10 May 2024.</p>					

Agenda Item:	15.	Meeting:	Council of Governors	Meeting Date:	24 November 2022
Report Title:	Strategic Priorities Refresh				
Sponsoring Executive Directors:	Darren Grayson, Chief Governance Officer				
Author(s):	Oliver Phillips, Director of Strategy and Planning				
Report previously considered by and date:	Trust Board in Public, 10 November 2022				
Purpose of the report:					
Information	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>		
Review and Discussion	<input checked="" type="checkbox"/>	Approval / Agreement	<input type="checkbox"/>		
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality	<input type="checkbox"/>	Staff confidentiality	<input type="checkbox"/>		
Patient confidentiality	<input type="checkbox"/>	Other exceptional circumstances	<input type="checkbox"/>		
Implications for Trust Strategic Themes and any link to BAF risks					
Patient	<input checked="" type="checkbox"/>				
Sustainability	<input checked="" type="checkbox"/>				
People	<input checked="" type="checkbox"/>				
Quality	<input checked="" type="checkbox"/>				
Systems and Partnerships	<input checked="" type="checkbox"/>				
Link to CQC Domains:					
Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>		
Caring	<input checked="" type="checkbox"/>	Responsive	<input checked="" type="checkbox"/>		
Well-led	<input checked="" type="checkbox"/>	Use of Resources	<input checked="" type="checkbox"/>		
Communication and Consultation:					
Executive Summary:					
<p>The Trust updates its Patient First Strategy on a regular basis. As part of this, the Patient First strategy deployment process focusses on the achievement of long term organisational unifying objectives (our True North).</p> <p>A suite of measures and projects are refreshed annually as part of the Trust's planning cycle; however over recent years this has been severely disrupted by the COVID-19 Pandemic - 2022/23 is therefore an opportunity to review and reset these objectives fully for the first time as a new organisation.</p> <p>A detailed strategy refresh process has taken place during June and July 2022, with extensive involvement of the Executive Team, to review the Strategic A3s for each of the True North Domains. This process has resulted in an updated set of strategic aims covering</p> <ul style="list-style-type: none"> <input type="checkbox"/> Our True North Goals and Targets <input type="checkbox"/> Breakthrough Objectives <input type="checkbox"/> Strategic Initiatives <input type="checkbox"/> Corporate Projects <p>Details of which can be found in the accompanying report.</p>					
Key Recommendation(s):					
The Council is asked to NOTE the refresh of the Trust's Strategic Priorities.					



University Hospitals Sussex
NHS Foundation Trust

Strategic Priorities Refresh

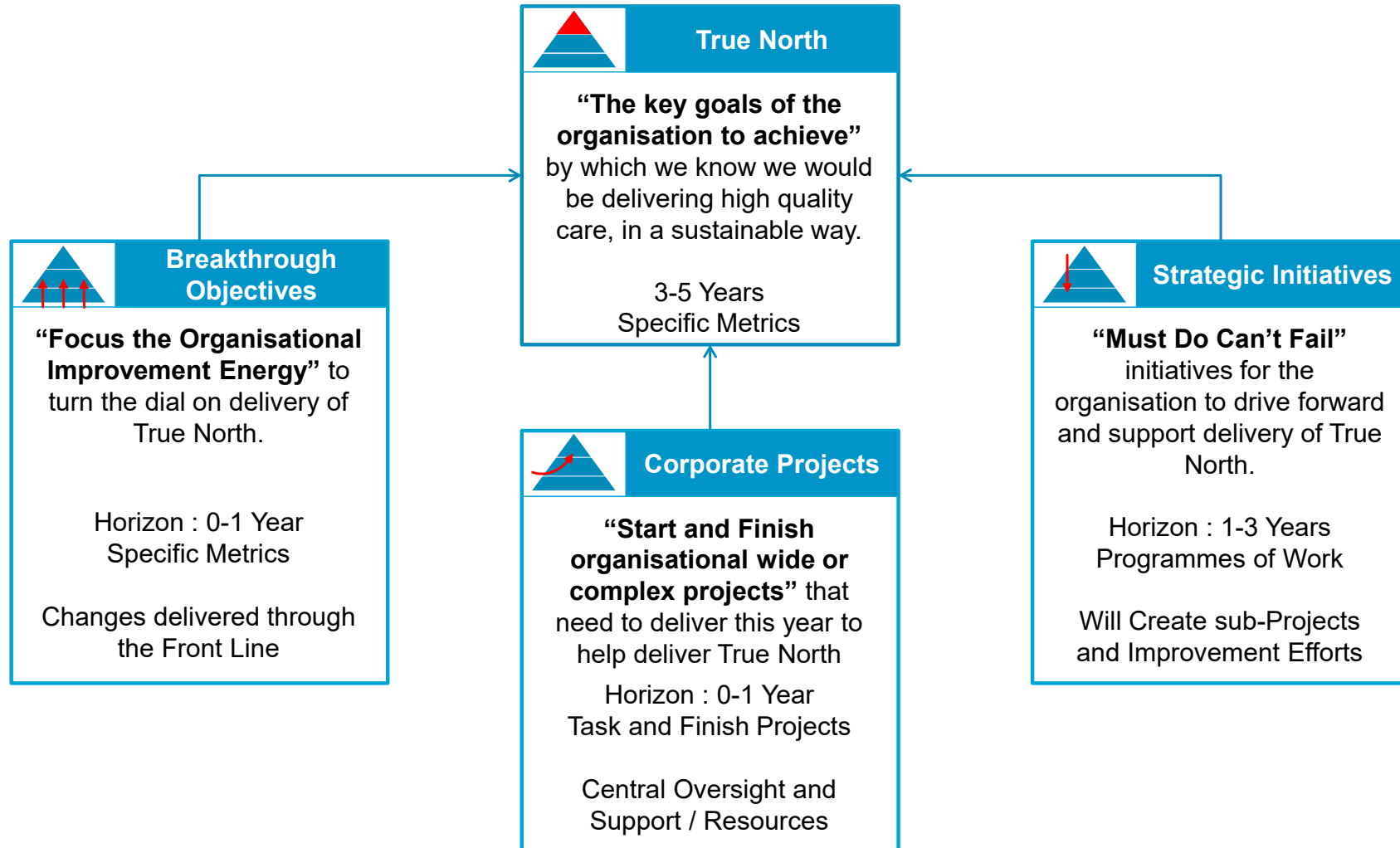
Council of Governors
24 November 2022

Introduction

- The Trust updates its Patient First Strategy on a regular basis. As part of this, the Patient First strategy deployment process focusses on the achievement of long term organisational unifying objectives (our True North).
- A suite of measures and projects are refreshed annually as part of the Trust's planning cycle; however over recent years this has been severely disrupted by the COVID-19 Pandemic - 2022/23 is therefore an opportunity to review and reset these objectives fully for the first time as a new organisation.
- A detailed strategy refresh process has taken place during June and July 2022, with extensive involvement of the Executive Team, to review the Strategic A3s for each of the True North Domains. This process has resulted in an updated set of strategic aims covering
 - Our True North Goals and Targets
 - Breakthrough Objectives
 - Strategic Initiatives
 - Corporate Projects
- A definition of each of these elements is provided in the next slide



Key elements of our Strategy Review



Our refreshed True North & Breakthrough Objectives



University Hospitals Sussex
NHS Foundation Trust

	Strategic Vision	Strategic Goal	Current Target	Breakthrough Objective
Patient	Providing outstanding, compassionate care for our patients and their families, every time	To ensure that all our patients have a positive experience of the care they receive	To be in the top quartile nationally for patients rating their experience as good or very good for all touchpoints	Improve communication with patients about their care. Measured by: reduced number of concerns and complaints regarding communication or staff attitude (via FFT/Complaints).
Sustainability	Living within our means and providing high quality, accessible services to patients and staff through optimising the use of our resources	For the Trust to consistently live within the resources made available to us	For the Trust to achieve break even	To deliver the activity plan of 4.6% increase on elective activity above 2019/20 levels through productivity (and supported by key contributors such as theatres, medical workforce and coding)
People	To be the employer of choice and have the most highly engaged staff within the NHS, passionate about delivering the best care	To be top acute trust for staff engagement within three years	To be in the top quartile of Trusts for staff engagement, reaching top half of Trusts within 12 months	'Staff voice that counts' - Increase the percentage of staff are confident that the organisation would address their concerns if raised
Quality	Excellent outcomes ensuring no patient comes to harm and no patient dies who should not have	<p>Harm: Zero preventable harms occurring to our patients when in our care</p> <p>Mortality: To achieve the lowest possible mortality within our peer group as measured by SHMI</p>	<p>Harm: Reduction of 5% in preventable harms. Balancing Metric: No statistically significant decrease in reporting of harms beyond the targeted 5%</p> <p>Mortality: SHMI equal to or less than 100 for the trust and individual hospital sites - PRH, RSCH, WH, SRH.</p>	<p>Harm: To reduce falls harms whilst in the care of UHSussex by 30%</p> <p>Mortality: Improvement in the management of deteriorating patients (as measured by the CQUIN measure)</p>
Systems & Partnerships	Delivering timely, appropriate access to high quality planned, cancer and emergency acute care as UHSussex and as part of the wider integrated care system	To achieve the constitutional standards for planned, cancer, and emergency care	<p>Emergency care: No patients to exceed a 12 hour wait in our emergency departments</p> <p>Planned care: By March 2023, no patient is waiting more than 78 weeks for treatment.</p> <p>Cancer: to achieve the 62 day standard</p>	<p>Emergency Care: median hour of discharge will be 10.00 – 10.59am</p> <p><i>NB no separate Breakthrough for Cancer and Planned Care as the True North provides the focus for improvement in these areas</i></p>
Research & Innovation	All patients and staff have the opportunity, and equality of access to high-quality R+I which is relevant to them.	To be in the top 10% of Acute Trusts nationally for total numbers of patients contributing to portfolio research	Within 3 years to be in the top 20 Acute Trusts nationally for patients recruited into portfolio studies	To recruit additional patients in the next twelve months, with a targeted plan implemented as a result of the R&I Strategy



Strategic Initiatives

- At the outset of the process, the Executive Team agreed that there would be no significant change to the Strategic Initiatives currently in place
- Each of the Strategic Initiatives has been reviewed, and the project charters updated
- The Trust's Strategic Initiatives are as follows and will continue to report through to the Committee identified below

Strategic Theme	Strategic initiative
Patient	Patient First Improvement Programme
Sustainability	Environmental Strategy
People	Leadership, Culture, and Development
Systems & Partnerships	3Ts
Quality	Clinical Strategy



Corporate Projects

- An Executive Team workshop was held in August 2022 to determine what Corporate Projects the organisation should support
- A long list of potential corporate projects was drawn up from a range of sources, including those emerging from the A3 process, National Drivers, and emerging themes from the Corporate and Divisional Teams
- The Trust's Strategic Filter was then used to determine both the level of priority and the complexity of the project in order to determine the top corporate projects for the year
- Current Corporate Projects were also reviewed by the Executive Team to determine whether these had met the agreed exit criteria and could be safely managed as business as usual.
- As a result of this two Corporate Projects remain from previous years
 - Electronic Workforce Deployment – with a shift of focus to the Trust's Medical Workforce Systems
 - PAS implementation – to be retained in the short term until PAS go live
- The remaining prior Corporate Projects have been formally closed down and reported to the relevant committee
- Following the prioritisation process, project charters have been developed for all of the new Corporate Projects
- The Corporate Projects will report through to the Committees as set out in the table below

New Corporate Projects



University Hospitals Sussex
NHS Foundation Trust

Proposal	Title	Description	Board Committee
Corporate Project	PAS Implementation	Continuation of current Corporate Project until PAS implementation	Sustainability
	Electronic Workforce Deployment	Implementation of UHSussex-wide E-Rostering System with a focus Medical Workforce Systems	People
	Community Diagnostic Centres	Establish a Community Diagnostic Centre at Southlands, plus spokes in Bognor and Falmer to increase diagnostic capacity, transform pathways, and improve patient experience	Systems and Partnerships
	Quality Governance	As part of the One UHSussex programme, ensure that our approach to Quality Governance is comprehensive and robust	Quality
	Improving General Surgery	Enhanced Support of General Surgery	Quality
	Reducing Length of Stay	UHSussex trust-wide improvement programme for Urgent and Emergency Care in order to support performance and flow focusing on reducing length of stay	Systems and Partnerships
	Patient Access Transformation	UHSussex trust-wide programme of work to review Patient Access and Pathways to support performance and flow	Systems and Partnerships
	Estates Master Planning	Programme to consider any possible estates changes in a holistic way across UHSussex, taking into account any impact on dependent services	Sustainability

Previous Corporate Projects

- All previous Corporate Projects have either been continued, or have been formally closed down and reported to the relevant committee

Proposal	Title	Outcome
Corporate Project	PAS Implementation	To continue as a Corporate Project until implementation complete
	Electronic Workforce Deployment	To continue as a Corporate Project with a focus on Medical Workforce Systems
	Restoration and Recovery	Project closed. Focus on increasing elective activity now covered by the True North for Systems and Partnerships
	Outpatient Transformation	Project closed. Improvement in outpatient transformation to be covered through the Patient Access Transformation Programme
	CQC Preparation	Project completed following CQC well led inspection with elements taken forward by One UHS Sussex programme. One UHSussex Programme reported as closed to the Patient Committee
	Merger and Acquisition	Merger project stood down following move to new Clinical Operating Model with elements taken forward by One UHSussex Programme. One UHSussex Programme reported as closed to the Patient Committee

Next Steps

- Patient Charters for the new and updated Corporate Projects and Strategic Initiatives are currently being presented to the relevant Committees
- Reporting on the updated True North, Breakthrough Objectives, Corporate Projects, and Strategic Initiatives will commence with the November round of Committee meetings and Trust Strategy Deployment Review meeting
- The new metrics and projects will also be introduced at the November SDR meetings with the operational Divisions, having gone through the Catchball review process in September and October
- An assessment of the key risks associated with the new True North, Breakthrough Objectives and Corporate Projects will need to be considered by the Committees, to ensure that this is fed through to the Trust's Board Assurance Framework





University Hospitals Sussex

NHS Foundation Trust

Agenda Item:	16.	Meeting:	Council of Governors	Meeting Date:	24 November 2022
Report Title:	Company Secretary Report				
Committee Chair:	Glen Palethorpe, Company Secretary				
Author(s):	Glen Palethorpe, Company Secretary				
Report previously considered by and date:					
Purpose of the report:					
Information	<input checked="" type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>		
Review and Discussion	<input type="checkbox"/>	Approval / Agreement	<input type="checkbox"/>		
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality	<input type="checkbox"/>	Staff confidentiality	<input type="checkbox"/>		
Patient confidentiality	<input type="checkbox"/>	Other exceptional circumstances	<input type="checkbox"/>		
Implications for Trust Strategic Themes and any link to BAF risks					
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Sustainability	<input type="checkbox"/>				
People	<input type="checkbox"/>				
Quality	<input type="checkbox"/>				
Systems and Partnerships	<input type="checkbox"/>				
Link to CQC Domains:					
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Caring	<input checked="" type="checkbox"/>	Responsive	<input checked="" type="checkbox"/>		
Well-led	<input checked="" type="checkbox"/>	Use of Resources	<input checked="" type="checkbox"/>		
Communication and Consultation:					
Executive Summary:					
<p>This report provides the Council of Governors with an update, including matters for which the Trust has complied with NHS I or other regulatory requirements.</p> <p>2023/34 Board and Council of Governors meetings</p> <p>The Trust has commenced its construction of its Board and Council of Governors meeting schedule for 2023/24. The Trust intends to maintain its meeting rhythm of quarterly meetings that will be open to the public to observe either in person at Trust HQ in Worthing or through MS Teams. The dates of these meetings are listed overleaf:-</p>					
Board					
Meeting	May-23	Aug-23	Nov-23	Feb-24	
Board of Directors (Trust HQ in Worthing Hospital)	Thurs 04 May 10.00-14:00	Thurs 03 Aug 10.00-14.00	Thurs 09 Nov 10.00-14.00	Thurs 08 Feb 10.00-14.00	
Council of Governors					
Meeting	May-23	Aug-23	Nov-23	Feb-24	
Council of Governors (Trust HQ in Worthing Hospital)	Thurs 18 May 14.00-17:00	Thurs 17 Aug 14.00-17:00	Thurs 23 Nov 14.00-17:00	Thurs 29 Feb 14.00-17:00	

Lead Governor

Lindy Tomsett replaces Frank Sims as lead governor from 20 October 2022, noting that Frank remains the public governor for Brighton and Hove.

Non-Executive Directors

The Governors approved the extension to the Term of Office for Lizzie Peers to 10 May 2024. This allows the Trust to retain Lizzie's experience and to provide enhanced continuity within the Board as the new non-Executives develop into their roles.

Bindesh Shah is to become the Chair of the Trust's System and Partnership's Committee for the 1 December 2022. Patrick Boyle the current chair will remain a member of this Committee and remain the Chair of the Trust's People Committee. In becoming a Committee chair the Governor approved policy would see a responsibility allowance of £3k per year become due (pro rata'd from 1/12/2022). There is no change to the remuneration for Patrick as he remains a Committee chair.

Key Recommendation(s):

The Board is recommended to

- **NOTE** that the scheduled dates for the Board and Council of Governors meeting which are open to the public
- **NOTE** the Trust's lead governor is Lindy Tomsett
- **NOTE** the extension to the term of office for Lizzie Peers to 10 May 2024
- **NOTE** that Bindesh Shan will become Chair of the System's and Partnerships Committee and **AGREE** the application of Trust's NED remuneration policy which will see a responsibility allowance of £3k per annual applied (noting this is pro rata'd as the Chair responsibility is only form 1 December 2022)