

Meeting of the Council of Governors

14.00 – 16.00 on Thursday 16 February 2023

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

AGENDA – MEETING IN PUBLIC

1.	14.00	Welcome and Apologies for Absence (Alan McCarthy – Trust Chair is on leave so Patrick Boyle Deputy Chair will chair this meeting) To note	Verbal	Deputy Chair
2.	14.00	Quoracy of Council of Governors Meetings	Verbal	Deputy 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 To note and agree any required actions	Verbal	All
4.	14.00	Minutes of Council of Governors Meeting held on 24 November 2022 To approve	Enclosure	Deputy 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	Capital Programme 2022/23 To note	Enclosure	Karen Geoghegan
8.	14.30	Report from the Patient Engagement & Experience Committee Meeting held on 14 December 2022 To note	Enclosure	Frances McCabe as Committee Chair
9.	14.35	Report from the Membership Engagement Committee Meeting held on 18 January 2023 To note	Enclosure	John Todd as Committee Chair
10.	14.40	Report from the Nomination and Remuneration Committees held on 1 February 2023 To note	Enclosure	Glen Palethorpe (on behalf of Alan McCarthy)

LISTENING AND REPRESENTING				
11.	14.50	Lead Governor's Report To receive and agree any necessary actions	Enclosure	Lindy Tomsett
12.	15.00	Public Governors' Update Improvement Groups ▪ Retail Catering	Verbal	Governors John Todd
13.	15.10	Staff Governors' Update To receive and agree any necessary actions	Verbal	Miranda Jose
14.	15.15	Appointed Governors' Update <ul style="list-style-type: none"> • West Sussex County Council • Brighton and Hove City Council • Voluntary Sector - Age UK • Brighton University • Inclusion To receive and agree any necessary actions	Verbal	Those appointed Governors in attendance
OTHER ITEMS				
15.	15.25	Patient Committee - Chair Feedback To receive and agree any necessary actions	Presentation	Jackie Cassell
16.	15.50	Company Secretary Report To note	Enclosure	Glen Palethorpe
17.	15.55	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.	16.00	Date and time of next meeting: The next meeting in public of the Council of Governors is scheduled to take place at 14.00 – 17.00 on Thursday 18 May 2023	Verbal	Chair

Minutes of the Council of Governors meeting held in Public at 2pm on Thursday 24 November 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
Maggie Gormley	Public Governor – Chichester
Lindy Tomsett	Public Governor – Chichester (Lead Governor)
Doug Hunt	Public Governor – Mid Sussex
Pauline Constable	Public Governor – Worthing
Hazel Heron	Public Governor – East Sussex / Out of Area
Jo Norgate	Staff Governor – St Richard's Hospital
Amelia Palmer	Staff Governor – Worthing Hospital
Mr Varadarajan Kalidasan	Appointed Governor – Inclusion
Cllr Alison Cooper	Appointed Governor – West Sussex County Council
Prof Kate Galvin	Appointed Governor - University of Brighton,
Dr Andy Heeps	Deputy Chief Executive and Chief Operating Officer
David Grantham	Chief People Officer
Jackie Cassell	Non-Executive Director
Lizzie Peers	Non-Executive Director
Claire Keatinge	Non-Executive Director
Lucy Bloem	Non-Executive Director
Bindesh Shah	Non-Executive Director
Nicole Chavaudra	Director of Experience, Engagement and Involvement
Glen Palethorpe	Company Secretary

In Attendance

Ben Smith	Deputy Company Secretary
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- | COG/11/22/1 | 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 | Alan congratulated Lindy Tomsett on her recent nomination as Lead Governor and welcomed her to the role. Alan explained that Frank Sims remained a Public Governor but had stood down as Lead Governor due to the risk of conflict with his recent appointment to a Non-Executive Director role in another trust in the South East region. | |
| 1.3 | Alan noted that apologies had been received from the following members:
Governors: Frank Sims - Public Governor - Brighton & Hove, Helen Rice – Age UK, Paul Wayne, Public Governor – East Sussex/Out of Area, Andy Cook, Staff Governor – Royal Sussex County Hospital, Chris Pobjoy Staff Governor – Princess Royal Hospital, Frances McCabe – Public Governor

Directors: George Findlay – Chief Executive, Karen Geoghegan, Chief Finance Officer, Rob Haigh, Chief Medical Officer, Maggie Davies - Chief | |

Nurse, Darren Grayson – Chief Governance Officer, David Curley - Non-Executive Director, Sadie Mason – Associate Non-Executive Director, Lillian Philip – Associate Non-Executive Director.

COG/11/22/2 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/11/22/3 DECLARATIONS OF INTERESTS

- 3.1 The Chair and Non-Executives Lizzie Peers and Bindesh Shah had an interest in item 16 on the agenda (Company Secretary report). This is a correction from the agenda that referred to item 10.
- 3.1 The decisions at item 9 and 16 concern the extension to the term of office for Lizzie Peers to 10 May 2024 and a proposal for Bindesh Shah to become Chair of the System's and Partnerships Committee which would invite the Council to agree the application of Trust's NED remuneration policy which will see a responsibility allowance. Both non-executives were permitted to stay in the meeting and would not be voting on the matters for consideration.

COG/11/22/4 MINUTES OF THE COUNCIL OF GOVERNORS MEETING HELD ON 18 AUGUST 2022.

- 4.1 The minutes of the meeting held on 18 August 2022 were **APPROVED** as a correct record.

COG/11/22/5 MATTERS ARISING FROM THE MINUTES OF MEETING

- 5.1 COG/08/22/7.07 The presentation outlining Capital investment decisions and their impact had been deferred to the February 2023 meeting due to imminent handover of the 3Ts development requiring the attention of the Capital Development team.
- 5.2 COG/08/22/12.11 Glen Palethorpe advised that a meeting with Governors and NEDS had taken place on 28 September 2022. With the announced CQC Well Led inspection, opportunity for discussion of future approaches to work was limited so an additional meeting could be scheduled if required.
- 5.3 COG/08/22/16.06 The update on Care Quality Commissioning (CQC) inspection report and associated action plans was noted to be included in the Chief Executive's report. The action was confirmed to be completed and closed.
- 5.4 The Council of Governors **NOTED** the matters arising record

COG/11/22/6 CHIEF EXECUTIVE REPORT TO COUNCIL

- 6.1 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 and Andy gave

- thanks on behalf of George and the executive team to the staff working so hard to maintain delivery of services; from wards, outpatients, emergency departments (ED) and theatres to corporate and support service colleagues.
- 6.2 Andy added that detailed work had been underway to plan for the prospect of industrial action. David Grantham acknowledged there were various ballots of public services and the result of RCN ballot received giving a vote to strike in a majority of organisations. An announcement in the next 48 hours was expected around the sites to be impacted. Andy added that there had been a discussion of RCN derogation plans with an indication of withdrawing staff in a safe way and what this meant in relation to emergency care and how far this extended to urgent cancer treatments. The business continuity team had commenced planning for the industrial action as well as how activities would continue with coincidence of a major incident.
- 6.3 The Winter Plan had been endorsed by the Trust Board and had a focus on safely reducing length of stay (LOS) for patients. Andy explained that since the Covid-19 pandemic, the average LOS had increased by around 2 days for any given episode which had a particular impact on flow through the hospital beds with particular pressures created to ED). Reasons for LOS had been investigated to identify remedial actions. Andy added that recent analysis suggested patient bed moves were a factor in increasing LOS so there was attention on addressing the causes of avoidable patient bed moves.
- 6.4 Work with Sussex partner organisations had been underway in an effort to reduce avoidable admissions to Trust beds. With a view to safely increasing capacity for Winter, Andy confirmed the Trust Board had approved £4m investment in setting the establishment for 107 beds across the four sites that had previously been escalation beds and would enable more efficient use to help flow through the especially challenged sites, particularly Worthing Hospital (WH) and St Richards Hospital (SRH). Andy described arrangements for daily operational grip decision making looking at pressure points and deploying resources and showed the benefit of being a single Trust.
- 6.5 Andy described Sussex Chief Executives meetings around the Winter Board and had led to good innovation and Sussex Community NHS Foundation Trust (SCFT) had opened more Community beds to help alleviate the pressure on acute Trust beds occupied by patients medically ready for discharge (MRD). Andy confirmed that £16m of £500m national winter resilience funds had been announced to come Sussex and would enable investment especially in social care and domiciliary care to help alleviate some of the particular pressures. The Chief Executive update included details of the recent Health and Social Care Overview and Scrutiny Committees had taken place in Brighton & Hove and West Sussex. Andy commented that there was a shared view that relationships between the NHS and social care had become considerably better in recent years which had enabled a different approach to system working.
- 6.6 A briefing note around the Care Quality Commission inspections had been included in the meeting pack. The CQC were welcomed back to the Trust in October 2022 and formal reports from those inspections and the unannounced inspection on upper GI at RSCH in August 2022 had not yet been received. Andy advised that the report was expected to be published in the next couple of weeks. While the CQC had instructed that certain surgeries must be suspended given the concerns highlighted at the inspection, Andy confirmed

- there had been work with the CQC and the Cancer Alliance towards a response such that on receipt of the report the Trust would seek permission to reinstate the service.
- 6.7 Andy announced the Trust had recently taken possession of the new 3Ts building floors 1-9. There remained considerable work to make the building operational by the Spring. Andy stressed that the new building was an asset of tertiary services for the whole Sussex system not only the RSCH services. In addition, the report outlined other areas of capital investment and highlighted the new Worthing Chemotherapy day unit as an exemplar for similar developments. The SRH pre-operative assessment unit redeveloped away from the main site was also explained to be strategically important reducing risk of on the day cancellations. The PRH endoscopy and day unit was also progressing well and would facilitate high volume low intensity procedures.
- 6.8 Doug Hunt referred to statements in the CQC update included in the Chief Executive's report that equality, diversity and inclusion (EDI) work was behind where it should be and asked how this was measured. Andy commented that the Trust had reflected back its insights on the position to the CQC Trust had experienced EDI leads who had left and some Networks felt some of the pace on work is not where they would want it to be. There was acknowledgement that the Staff survey provided some data that minorities within the Trust staff had a worse experience. David advised our plans for tackling were recognised to be still developing and a joint Governors and Board Workshop on EDI was taking place on 8th December 2022. Kali Kalidasan explained the need to look at succession planning to support opportunities for those with protected characteristics around key roles added that EDI was a part of leadership training programme.
- 6.9 In response to questions from governors, Andy explained the link between establishment of beds and the ability to recruit substantively, especially in relation to previous discussions about healthcare assistants (HCA) and monthly recruitment targets. Frances McCabe added that there needed to be assurance that new pipelines were in place rather than competing with other partners in health, social care or risk destabilising the domiciliary care market. David Grantham described the work across the Integrated Care Board structures focussed on skills and the need to be more productive in addition to the pace of recruitment.
- 6.10 Doug Hunt asked about the assurances of Water quality given the identified hazards around new buildings. Andy gave reassurance that a workstream was focussed on these regular tap flushing and compliance issues that were underway even though the new building was not operational.
- 6.11 Alan acknowledged that the combined developments reported represented a high level of risk against budgets including the challenge to deliver the 78 weeks elective surgery challenge will further pressure. Andy commented that the Trust was not alone in these challenges and there was national support to manage this.
- 6.12 The Council **NOTED** the Chief Executive's report.

COG/11/22/7 REPORT FROM THE PATIENT ENGAGEMENT & EXPERIENCE COMMITTEE MEETING HELD ON 14 SEPTEMBER 2022

- 7.1 Frances McCabe, took as read the report within the meeting pack that provided the update from the committee on the last meeting. Fran outlined the purpose of the Committee and added that there would be a particular focus by the Committee on customer care as a key theme of the Patient Experience Strategy and on four specified elements of communication.
- 7.2 There had been discussions to develop the Committee and it had been acknowledged that the agenda required longer meetings. The Integrated Care Board had been represented at recent meetings of the Committee and those discussions had identified opportunities for Governors to get more involved as well as making connections with governors' other meetings and activities including nursing peer reviews.
- 7.3 The committee had received the quarterly patient experience report with information across all Trust sites including PALs, complaints and friends and family test feedback. Alan welcomed governors' involvement in peer reviews and encouraged the opportunity to observe and be involved in these.
- 7.4 The Council **NOTED** the information and updates received from the Committee.

COG/11/22/8 REPORT FROM THE MEMBERSHIP ENGAGEMENT COMMITTEE MEETING HELD ON 19 OCTOBER 2022

- 8.1 John Todd as Governor Chair of the Membership Engagement Committee gave an update on the meeting held on 19th October 2022. The meeting had been quorate and approved minutes had been included in the Council of Governors meeting pack.
- 8.2 The Committee had received a Membership report that advised that the Trust had recruited new members in the last few months but recent governor election activities and continued cleansing of the member list had led to a slight overall reduction in the number of members since the last meeting. However, the most recent month had seen a net increase in members with significant recruitment activity including the targeting increase of younger people through the work of the Membership Officer engaging with student groups in conjunction with some of the Trusts' other promotions and what membership can offer.
- 8.3 John described efforts to publicise the benefits of membership through Healthwatch as well as his plans to approach local mosques and buddhist temples in the Brighton area as well as the Gurdwala in Crawley given their connection to communities from which representation in the Trust's membership was lacking.
- 8.4 Expert Talk engagement events were due to recommence in the new year and member and governor thoughts had been invited on matters that may provoke particular interest.

- 8.5 Posters with Governor photos and contact details were still being considered for display across the Trust to support wider engagement with the Governors into their communities. Glen confirmed there was work to support this with the Communications team.

The Council **NOTED** the actions of the Committee and **NOTED** that the Committee referred no matters to the Council for their action.

COG/11/22/9 Report from the Nomination and Remuneration Committees held on 14 September 2022

- 9.1 Glen Palethorpe presented the report and advised that 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.
- 9.2 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 Peers, Patrick Boyle, Jackie Cassell and Alan McCarthy had been with the Trust for over a year. Feedback from Lizzie's most recent appraisal was included as evidence in support of retaining her skills and experience.
- 9.3 Glen explained that given that this extension would be a variation to the Trust's constitution the attendance at the Committee 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. Glen clarified that this would remain be a variation to the Trust's constitution rather than a permanent change.
- 9.4 The Council **ENDORSED** the decision of the Committee to extend the term of office for Lizzie Peers to 10 May 2024.

COG/11/22/10 LEAD GOVERNOR'S REPORT

- 10.1 Lindy Tomsett presented her first Lead Governor report and acknowledged that Governors had heard of the relentless demand on services and previously reported low staff morale and shortages so Governors had a need to encourage their wellbeing. The continued presence of Covid-19 was also recognised so Lindy noted that Governors can be ambassadors and as volunteers can encourage staff to keep their vaccines up to date. The work of volunteers was described as bringing welcome relief to staff but Lindy commented that both volunteering and peer reviews made it apparent how hard staff were working to try to keep pace with demand
- 10.2 The opening of the new laundry on the SRH site had been celebrated and supported the Trust reducing its carbon footprint but also importantly made a more enjoyable environment for those staff. The mobilisation period for 3Ts was anticipated with interest.

- 10.3 Lindy added that staff were receiving training on Patient First to enable a greater understanding of improvement work and improve the patient experience. During September Governors heard there had been an NHS England initiative to reduce outpatient waiting lists that was successful such that Sussex would be used as a case study. Lindy said the Governors acknowledged the challenge of around 20% of beds being occupied by patients medically ready for discharge and recognised the significance of effective discharge initiatives/
- 10.4 Lindy acknowledged the impact of the cost of living crisis on staff and advised that Governors were supportive of hearing opportunities to help with the cost of living challenges for staff.
- 10.5 Lindy had been invited to join organ donation committee and recognised the Trust were very involved in supporting NHS blood and transplant and described the 30 patients recently benefiting from 13 donors.
- 10.6 In the discussion of the apparent impact of staff shortages, David Grantham acknowledged the difference it makes on a ward when HCAs are at establishment on the ward.
- 10.7 In relation to graduates having opportunities to join the Trust, John Todd described an intake of University of Chichester graduates joining the Trust. David Grantham described work trying to strengthen those links. Martyn Clarke had been pulling together those links. Kate Galvin advised the University of Brighton similarly have careers days and it was acknowledged that good student placement experiences attracts them to apply to that unit. Alan asked if there was intelligence back on the students' experience and Kate said the university gets educational audits and offered to share these. David added that measure go to the People Committee. Pathology and Sexual Health services were highlighted as having an apparently positive relationship between staff and leadership. Kali concurred that trainee experience on placements is so important and trainee surveys offer a good mirror to the Trust.
- 10.8 The Council **NOTED** the Lead Governor Report.

COG/11/22/11 PUBLIC GOVERNOR UPDATE

- 11.1 John Todd described the work of improvement groups that he had been involved in. National Patient-Led Assessments of the Care Environment (PLACE) audits had restarted and there were 6 more wards to assess locally before a deadline of 8th December 2022.
- 11.2 Locally, weekly PLACE visits in public and clinical areas had also recommenced and Maria Rees had also joined the team. John added that the patient menu had 2 new additions with very good feedback and gave credit to the catering team and HCAs commended. Governors with an interest in participating in Worthing and Southlands were invited to contact John. Alan asked about the PRH arrangements and Glen advised that coordinators with Estates assist with sending invites for National audits but there was a need to consider how to encourage the local audits.
- 11.3 John described Peer Reviews taking place on a monthly basis. John noted that staff participation had diminished with the pressures of work. John offered

- to share details of Peer reviews taking place on the last Friday of every month and Alan concurred that these were also good opportunities for non-executives.
- 11.4 John praised those involved in the fabric of the building kept in such good condition despite Covid. Andy concurred and also noted thanks to the Director, David McLaughlin who would soon be leaving the Trust but who had given extraordinary engagement with PLACE assessments.
- 11.5 The Council **NOTED** the update.

COG/11/22/12 STAFF GOVERNOR UPDATE

- 12.1 Joanne Norgate updated the Council on the experiences reflected by staff and the factors that had led to many feeling demoralised. Staff continued to have concern what would be coming with Winter given the ongoing capacity and demand challenges seemed relentless. The pressure that any time to relax felt like a dereliction of duty given the pressures was described to have a draining effect on morale.
- 12.2 The Well Led CQC review was noted to have brought positive responses from the Trust but Joanne urged that the reports should not be regarded as a current reflection of staff feeling. Joanne added that there appeared to be limited sustained impact of initiatives to address demand and capacity pressures but said staff governors acknowledged the challenges were complex and not unique to Sussex.
- 12.3 Workforce and recruitment remained a significant concern and staff were keen to hear about the escalation plans to respond to increased Winter workload and hoped for plans that did not refer to cancelling elective activity, standing down services or further stretching staff. Staff Governors acknowledged the RCN action and wanted to support their colleagues in a difficult decision that reflected how difficult their situation must feel. Joanne described the necessity for staff to be paid a fair wage for the skills they bring and the responsibilities they take on a daily basis and stressed the Trust's reliance on their committed Nurses. Alan acknowledged that the issues raised correlated the points raised by other Staff Governors. Alan confirmed that the Trust were supportive to staff in their right to take industrial action.
- 12.4 The reinstated secure bike storage use at RSCH had been welcomed. Joanne also praised the Amberly Suite development at Worthing Hospital.
- 12.5 Frances asked whether the staff morale issues raised reflected concerns not reaching the correct level or action not being demonstrable or swift enough. Andy recognised the points raised by Joanne and the similar comments raised at listening events with anxiety of what is to come and is happening across the NHS. Andy suggested the Winter Discharge fund, in RSCH and PRH had meant delayed discharges were as low as they had ever been which gave the opportunity to address flow and create a virtuous cycle that was hoped help staff to feel more able to offer positive engagement.
- 12.6 Andy referred to the significance of listening to the staff voice within the strategy refresh that was a later item on the agenda. Andy gave examples of how the leadership team met weekly with the Emergency Department team at ED and the positive changes reported

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

COG/11/22/13 APPOINTED GOVERNORS' UPDATE

13.1 West Sussex County Council

13.1.1 Cllr Alison Cooper summarised West Sussex Council's recently Health and Social Care Scrutiny Committee (HASC) meeting

13.1.2 HASC items had included the NHS Winter plan, South East Coast Ambulance update, assurances were given Sustainability implementation plans and timescales. The openness and transparency was welcomed and echoed Andy's reporting the improved collaborative working and commitment to solving challenges together.

13.1.3 Other announcements from the council were an urgent appeal for foster parents. There was also work surveying veterans for their experiences of public services. There was reported to have been an avian flu outbreak in Arundel. Free holiday activity and food would return over the winter holiday periods. The significance of digital access during the cost of living crisis was acknowledged and the availability of libraries was highlighted.

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

13.2 University of Brighton

13.2.1 Kate Galvin confirmed that the universities of Sussex and Brighton were working with the NHS on the Health Research Partnership Board with the Brighton and Sussex Medical School to drive research toward more impactful outcomes for health and care. This work included the local authority and industry and would translate research discoveries working within the NIHR infrastructure and delivering national strategy as well as the NHS Long Term Plan. Locally the strong focus would be on improving quality of life and care outcomes in Sussex.

13.2.2 Disparate NHS and NIHR bodies involved in research in these areas and links between them not always as robust as they could be so there was opportunity to bring these together with local authorities and commercial entities. Aims included earlier diagnoses, lifechanging treatments and prevention with areas of focus including aging, cardiovascular care, cancer, infection, digital approaches, medical devices, paediatrics, public health, neurosciences etc.

13.2.3 Kate added that the university admission cycle had recommenced and interviews were taking place across all the health professions and would report back to the council on admission numbers. Kate noted the staff and service pressures and the reference of experience influencing likelihood to stay in a trust service area. Kate advised that the University has very robust and numerous mechanisms for students to raise any concerns and for these to be raised with the Chief Nurse, Director of Midwifery and other. Kate confirmed all students are supervised in practice and audited. If the university had any concerns these would be raised accordingly. A listening event was arranged for 7th December 2022.

Jackie Cassell concurred and added that for the first time the Patient Committee will include a True North on Research and Innovation, initially with a focus on improving patient participation in NIHR portfolio studies. The Health Research Partnership sought to bring together a range of organisations to help research work well around questions that patients would want answered. The ICB Chairman's support for this area of work was welcomed and the significance of research in making interesting career pathways was acknowledged.

Andy Heeps added there was compelling correlation evidence that Hospital Trusts with patients engaged with research tend to have better health outcomes.

13.3 **Inclusion**

13.3.1 Mr Varadarajan (Kali) Kalidasan provided an update on inclusion activities and advised that the new appointment to the Trust Head of Inclusion was due to start imminently commented that there had been a strong interview field. The supporting administrative team had also begun to be recruited.

13.3.2 Similarly, the Freedom to Speak Up Guardian was due to commence the role in early Quarter 4. Kali reported he had met with members of the LGBTQ+ inclusion networks and noted that a number of the networks had not met for some time and other networks also needed reinvigorating once the new Head of Inclusion was in post. Alan questioned why this would need to wait for an individual. David replied that there was some work needed to complement some of the administrative resource to other networks since the LGBTQ+ network had made considerable progress following the successful charitable funds resource bid.

13.3.3 Kali recommended that Network leads having protected time would also be an important enabler to progress the work of their respective networks

13.3.4 Kali highlighted that the Trust had signed a memorandum of understanding with BARPIO (British Association of Physicians of Indian Origin) and explained how this offered opportunities for the Trust to explore connections toward recruitment of overseas staff.

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

13.5 No update was received from the Appointed Governor for the Voluntary Sector

COG/11/22/14 CHARITABLE FUNDS COMMITTEE CHAIR FEEDBACK

14.1 Lizzie Peers explained her background in public sector finance and her role as Chair of the Charitable Funds Committee. The governance for the Charitable Funds was noted to be unique to the other Committees of the Trust.

14.2 Lizzie explained that for the time being the Trust's Charities, Love your Hospital and the BSUH Charity remained separate and despite different wording have common goals focussed on patients comfort in the best facilities and staff having the best working conditions to deliver first class care. A merger of the charities was in process. Both are independent registered charities regulated by the Charity Commission. Each of the Directors and NEDs of the Trust are Trustees of each Charity.

- 14.3 Lizzie outlined the role of the Charitable Funds Committee on behalf of the Corporate Trustees and its terms of reference. Lizzie provided a look back of the initiatives funded by each Charity in 2021/22 and had been reported in August 2022. The difference the funded robot arm at BSUH made to surgeon welfare and theatre productivity was described. Lizzie praised the donors and staff members who had raised more than £2.5m combined in the year.
- 14.4 Lizzie confirmed an interim Director of Charities was in post, Steve Crump and described that there was additional focussed support for governance, fundraising, merger preparations and finance. New processes were focussed on donor database refresh, streamlined processes and enhancing the audit trail around the public benefit.
- 14.5 Lizzie explained the reason for the new direction availed by the Trust merger and scale of the combined charitable potential when benchmarked to similar size Trusts. Lizzie advised that ensuring the proposed charity funded activities should not be properly funded by the exchequer was a key test for the charity. It was also recognised that Trust funds were extremely pressured in the current financial climate and there was potential to support those things that would not be funded by the exchequer for years.
- 14.6 Lizzie described work looking ahead to improve resilience for the charity and added that there were opportunities for governors to be involved in fundraising activities.
- 14.5 Alan referred to the League of Friends and confirmed that the Trust is not competing in its charitable activities with their work and instead the Trust was working closely with the League of Friends.
- 14.6 Fran welcomed the presentation and asked whether the longer term strategy of the charities were still to be debated and asked how the relative merits of bids were considered. Fran asked about the patient experience investment and Lizzie described the materials and staff resource made available to better understand patient experience and where the issues were. The strategy was confirmed to be an outlined strategy and Lizzie described the approach to align with the Trust's strategic priorities (of which understanding patient experience issues was a priority).
- 14.7 Lizzie explained the consideration given to competing proposals and how clearly the benefit to patients could be measured would give weight to the funding decision. Fran commented on the imperative for the Patient Experience Strategy to be aligned to this focus of the charities and Glen described how this had taken place in 2022 ahead of the £360k award for patient experience resource funding.
- 14.8 The Council **NOTED** the update from the Chair of the Charitable Funds Committee.

COG/11/22/15 STRATEGIC PRIORITIES REFRESH

- 15.1 Andy Heeps advised that the Trust updates its Patient First Strategy on a regular basis. A detailed strategy refresh process had taken place during June and July 2022, with extensive involvement of the Executive Team, to review 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 and Corporate Projects.

- 15.2 The meeting pack and presentation provided details of each of the above with the core strategic aims on the 4 patient first areas. The key elements of the strategic review were explained with the distinction and relationship between each of these including the horizon over which the goals and initiatives are pursued. These were explained to enable an organisation with the number of staff the Trust has to enable all to be clear on the objectives that they and the Trust are working towards. These were displayed around the room for those at the meeting in person. As noted in the earlier item, there was a new True North and Breakthrough Objective around research and innovation.
- 15.3 Andy acknowledged that by getting right the Trust approach to some of the priorities discussed today if can get those well connected it will enable the Trust to make a real difference.
- 15.4 New Corporate projects were introduced and explained together with the Board Committee that oversaw their progress. The new Patient Administration System (PAS) was noted to be implemented imminently. Other Corporate projects included Electronic Medical Roster Deployment, Community Diagnostic Centres, Quality Governance, Improving General Surgery, Reducing Length of Stay and Estates Master Planning.
- 15.5 Andy Heeps described the projects that had been or were soon to be stood down including PAS implementation, Electronic Workforce Deployment, Restoration and Recovery, Outpatient Transformation, CQC preparation and the Trust Merger activities.
- 15.6 The Council **NOTED** the refresh of the Trust's Strategic Priorities

COG/11/22/16 COMPANY SECRETARY REPORT

- 16.1 Glen Palethorpe presented the Company Secretary Report. 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. The matters for consideration had been introduced at the beginning of the meeting.
- 16.2 Glen introduced the 2023/24 Board and Committees schedule.
- 16.3 The Council **NOTED** that the scheduled dates for the Board and Council of Governors meeting which are open to the public
- 16.4 The Council **NOTED** the Trust's lead governor is Lindy Tomsett
- 16.5 The Council **NOTED** the extension to the term of office for Lizzie Peers to 10 May 2024
- 16.6 The Council **NOTED** that Bindesh Shan will become Chair of the System's and Partnerships Committee and **AGREED** the application of Trust's NED remuneration policy which will see a responsibility allowance of £3k per annual applied (noting this is pro rata as the Chair responsibility is only from 1 December 2022)

COG/11/22/17 OTHER BUSINESS

- 17.1 Alan further explained the potential conflict of interest that could have theoretically faced Frank Sims had he remained Lead Governor. New guidance on the role of Governors as the Foundation Trust became part of the collective system sets an imperative for Trusts to work together and Governors must seek assurance that the Trust is playing its full part in system working for the collective benefit of Sussex patients, not only the patients of the Trust.
- 17.2 Amelia commented that the 3Ts development was monitored by the Systems and Partnership domain yet the presented changes felt to some staff that these would have primarily UHS and East Brighton benefits rather than the whole system. Andy described close work with the ICB and Weekly Chief Officer meetings while Chairs meet regularly. This remained in early stages as the ICB only came into being in July 2022.
- 17.3 Andy added that arrangements between Trusts felt far more cooperative e.g. QVH were taking breast surgery patients to free up capacity for other Theatre activity including East Sussex gynaecology procedures. Similarly, 3Ts would unlock a lot of cross-Sussex capacity particularly for Critical care, neuro surgery and Cardiac across the South East. NHS Sussex Commissioners had expressed their preference to commission in Sussex rather than referring patients London. Andy acknowledged more work was needed on communicating those benefits to staff across the Trust. Alan concurred that there was a large system improvement emphasis that explained the support the Trust had received.
- 17.4 Alan commented that there remained areas where Trusts needed to work more closely together and language around the challenges mental health patients presenting in ED represent was a concern as there must be recognition to collectively meet the needs of all patients in the system

COG/11/22/18 QUESTIONS FROM THE PUBLIC

- 18.1 There were no questions from the public.

COG/11/22/19 DATE OF NEXT MEETING

- 19.1 The next meeting of the Council of Governors was scheduled to take place at 14.00 – 16.00 on Thursday 16 February 2022.

Ben Smith
Deputy Company Secretary
5 December 2022
meeting

Signed as a correct record of the

.....
Chair

.....
Date

Meeting	Minute Ref	Action	Person Responsible	Deadline	Status
18 August 2022	COG/08/22/7.07	<p>Chief Executive's Report To provide a presentation outlining Capital investment decisions and their impact.</p>	Karen Geoghegan	16 February 2023	<p>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. On Agenda for 16 February 2023 meeting</p>



Agenda Item:	6.	Meeting:	Council of Governors	Meeting Date:	February 2023
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"/>				
Research and Innovation	<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.					

CHIEF EXECUTIVE REPORT

To: Council of Governors

Date: February 2023

From: Chief Executive – Dr George Findlay

Agenda Item: 6

1. THANK YOU

- 1.1 The past few months have been extremely challenging, and I wish to express my immense gratitude to all our staff who have done a phenomenal job in very difficult circumstances. It was widely predicted that this winter would be one of the toughest ever for the NHS and the early onset of seasonal pressures, high incidence of flu, Covid and Strep A infections, compounded by spates of industrial action, has ensured the last quarter exceeded these expectations.
- 1.2 For the first time, our Trust and all our NHS Sussex partners jointly declared a Critical Incident to help us mobilise the additional resources needed to maintain delivery of emergency services for those in most need of our care. Starting on 30 December, the Critical Incident lasted for a week before being stepped down to a system-wide Business Continuity Incident that has continued throughout the month of January.
- 1.3 To address the significant challenges we faced, countless colleagues worked additional shifts, longer hours, and provided support outside their normal roles. Unfortunately, some staff also had their leave cancelled at short notice to help ensure we could care for everyone in our hospitals. We owe a huge debt gratitude to all our staff for their stalwart commitment to our patients and the continued resilience they demonstrate in the face of such adversity.
- 1.4 I also want all our Sussex Health and Care System partners for their support, as well as our patients and their families for their patience and understanding during this difficult time. Sadly, during the Critical Incident and at other times of high demand it has been necessary to postpone some appointments and procedures to redirect staff and prioritise life-preserving care. Such decisions are never taken lightly, and I want to apologise to everyone affected in this way.
- 1.5 On behalf of all the communities our hospitals serve, I wish to take this opportunity to publicly acknowledge the outstanding work of my colleagues at University Hospitals Sussex (UHSussex) and say a heartfelt thank you to them all. These are testing times for the NHS and our staff are working relentlessly to provide safe, quality care and maintain delivery of our hospital services in exceptional circumstances.

2. INDUSTRIAL ACTION

- 2.1 Industrial action agreed by various unions has created additional challenges this winter too. While we were not impacted by the first strike days called by the Royal College of Nursing (RCN) before Christmas, two consecutive days in January did affect us and all our neighbouring hospitals in Sussex. A day of action involving ambulance service staff before Christmas also had an adverse impact on services. We have since faced further healthcare industrial action in February, with nursing, ambulance and physiotherapy staff all exercising their right to strike, alongside the indirect impact of train and teacher strikes which also affect staff availability and the ability of patients to access services.

2.2 For the colleagues who took part in this action, we know these are incredibly difficult decisions for them to take. Industrial action is a last resort for health service workers and these strikes reflect the state of relations between the government and the unions representing NHS staff. Pay and conditions are part of this dispute, but it's also clear that those taking action want better for their patients, as well as for their colleagues and themselves.

2.3 The purpose of industrial action is of course to disrupt the normal running of the services it targets. It is not to put people's lives at risk and our teams worked very closely with the RCN, staff union representatives and clinical colleagues to make sure we were able to provide safe care to everyone who needed it during the strikes. To enable us to achieve this, some planned appointments had to be rescheduled and we are sorry for the impact this has for some patients and their families.

2.4 Industrial action is an emotive issue for all involved but I have been hugely impressed by the kind, professional and respectful way in which everyone has approached it. In particular, I want to single out our nursing leaders for handling a difficult situation with great skill, compassion and professionalism.

3. LONG SERVICE AWARDS

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. One of the hardest aspects of the pandemic was that it forced us apart when we needed to come together most of all. And so, it was excellent to host once again our Long Service Awards for staff, bringing colleagues together face to face, away from the hospital, to thank them for their outstanding commitments and contributions at work over their many years of service.

3.2 Sadly, these events have had to be postponed due to COVID, but in January they recommenced with a wonderful occasion at Fontwell Racecourse, where 95 colleagues were recognised for their long service over 20 years, 30 years, 40 years and 40+ years. Their combined number of years of service totalled an incredible 2,256 years! Several further events are planned in the months to come for long service colleagues working for our Trust.

4. STAR OF THE MONTH

4.1 All our staff are stars, but each month a broad range of individuals and teams are nominated for special recognition after going above and beyond for patients and their families, or their colleagues. As part of the Start of the Month judging panel, one of the highlights of my role is to read the many wonderful and deserving nominations our staff receive. Here, I wish to publicly congratulate all our recent winners:

4.2 Worthing pharmacy technician Abi Downham won Star of the Month for personally delivering vital medications to patients at home when there was a disruption to the usual delivery process. Abi, who only recently qualified, was nominated by lead clinical trials pharmacist Jamie Richardson who commended her 'diligence, initiative and responsibility'.

4.3 Our St Richard's Laundry Team was nominated by non-executive directors Lizzie Peers and Patrick Boyle for their hard work before, during and after the recent £7 million refurbishment of the laundry department and service. In a surprise presentation, laundry and transport manager Richard Knowles paid tribute to the team's professionalism and how they adapted to changing work environments, temporary redeployments and new equipment.

- 4.4 Characterised as the ‘heartbeat of the hospital’, the Portering Team at Worthing Hospital was by nominated patient experience and patient safety colleagues for the important role they played supporting the Emergency Department during and after the ambulance strikes when they created and supplied additional space where patients could be cared for. Their nomination credited their ‘willingness, solution-focus and understated excellence’ as well as the way in which their work ‘makes a huge difference to patient dignity, experience and care’.
- 4.5 Star of the Month winners receive a £100 gift voucher, two runners up each receive a £25 gift voucher, and everyone nominated receives some recognition. The monthly scheme is currently paused ahead of the launch of our annual staff recognition Patient First Star Awards.

5. STROKE IMPROVEMENT PROGRAMME

- 5.1 For the past two years, we have been working with NHS Sussex and partner organisations on a comprehensive review of stroke services in the coastal area of West Sussex, which covers the population of Adur, Arun, Chichester, Worthing and south of Horsham. The review has been led by clinicians from our stroke services, general practice and the ambulance service and has helped to identify improvements we need to make to provide the best care to the people who live, work and visit our communities. The improvements are needed to also ensure we are meeting national guidelines for the treatment of stroke.
- 5.2 As a result, we have developed a proposal to create an Acute Stroke Centre (ASC) for the coastal area of West Sussex and locate it at St Richard’s Hospital in Chichester. We have recently begun carrying out a public consultation to involve and seek the views of people living locally on our preferred option and proposed service change. We are confident our proposal would bring many benefits, including improved access to specialist stroke services 24 hours a day, seven days a week; a reduction in disabilities and death caused by strokes; and shorter hospital stays for people who have a stroke.
- 5.3 To make the changes, and realise these benefits, it would mean Worthing Hospital would no longer receive people who are experiencing a stroke. This would lead to an increase in the number of people with a stroke going to the proposed Acute Stroke Centre at St Richard’s Hospital in Chichester and the Comprehensive Stroke Centre at Royal Sussex County Hospital in Brighton. Working together, the two stroke centres would ensure everyone in the coastal area of West Sussex would live well within a 60-minute ambulance journey to a stroke centre staffed by the right specialists, 24 hours a day, seven days a week.
- 5.4 The public consultation is running for 12 weeks, and we are encouraging our Trust members, patients and families, staff and stakeholders, and anyone living locally to share their feedback with us via the consultation questionnaire. As governors you will also receive a specific briefing on the topic. Further information is available on the NHS Sussex website at www.sussex.ics.nhs.uk.

6. PRAISE FOR MATERNITY CARE

- 6.1 Our maternity teams have been praised by new mums in the CQC’s Maternity 2022 survey, with results ranking us as the ninth best-performing hospital trust in the country. The annual survey asks women and people from across the country about all aspects of their maternity care, including ante-natal, labour and birth, to post-natal. The results showed we performed better than most of the 121 participating Trusts in a number of questions, while in no area was the Trust rated below average.
- 6.2 In particular, the feedback from our service-users shows they felt listened to, treated with dignity and respect, and any concerns they had were taken seriously and acted upon. Nearly 330 women and people at University Hospitals Sussex participated in the annual survey in February

2021. The full results were published on 11 January and are available on the CQC and NHS Surveys websites.

7. PATIENT FIRST, PLANET FIRST

- 7.1 The Royal Sussex County Hospital is one of the first Accident & Emergency (A&E) departments in the country to trial using reusable suture instruments to improve the service's environmental impact. The pilot started on 20 January and removes the use of single-use suture kits which are designed for stitching wounds. These kits include scissors, needle holds, toothed forceps and untoothed forceps, and once used, are put into a sharps bin and incinerated.
- 7.2 It is estimated that switching to reusable suture instruments will save at least 2,240 kits from the incinerator every year and will save one kilo of carbon per use. The high-quality reusable instruments are sterilised on site and stored in special boxes to protect their 15-year life span. The trial is expected to last around four months and the team are looking forward to talking to patients about the switch.
- 7.3 These measures support our Trust-wide target to reduce our carbon footprint by 57% by 2025, as outlined in our Patient First, Planet First Green Plan that was published in January 2022. This plan was developed in response to the climate crisis and sets out our long-term commitment to become Net Zero by 2040 (based on emissions we control). We have also committed to reduce our carbon footprint plus (carbon emissions we influence) to Net Zero by 2045.
- 7.4 Since we launched the plan, we have made great inroads to achieving our goals through the efforts of our ten workstreams - including clinical, buildings and utilities, travel and transport and reduce, re-use and recycle. Later this month (February), we are showcasing many of the improvements introduced by our workstreams during our second UHSussex Environment Week.

8. LOUISA MARTINDALE BUILDING

- 8.1 In November, we were proud to announce that our new building at the Royal Sussex County Hospital is named after a pioneer in medicine and medical education for women, Dr Louisa Martindale CBE, who was a general practitioner and surgeon in Brighton and London, before becoming a world-renowned gynaecologist. The announcement marked a significant milestone in the project, as the new building was handed over from the contractor to the Trust.
- 8.2 More than one hundred thousand patients a year will be treated in the Louisa Martindale Building and, as the new main entrance for the hospital, we estimate more than one million people will pass through the Welcome Space each year. The eleven-storey building is currently being equipped with more than 14,000 pieces of equipment and staff are being trained and familiarised with their work environments. I know that many of you were able to see the new facility for yourselves on January 30/31, and I hope you were impressed with what you saw.
- 8.3 When the Louisa Martindale Building first admits patients this Spring, it will take people from the Barry Building - the oldest NHS building still in use in the country - to the newest. Stage 2 of the 3Ts development will see the Barry Building demolished to make way for a brand-new Cancer Centre for Sussex. Meanwhile, bringing the Louisa Martindale Building into operation will provide wider benefits as well. For example, it allows us to look again at our Emergency Department at RSCH where there is the potential to expand and improve the department, making use of space vacated by services moving into the new building. We are currently exploring the options and the practicalities of change in such a busy department.

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 February 2023.

Agenda Item:	7	Meeting:	Council of Governors	Meeting Date:	16 February 2023
Report Title:	Capital Programme 2022/23				
Sponsoring Executive Director:	Karen Geoghegan				
Author(s):	James Millar				
Report previously considered by and date:	n/a				
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					
Patient	<input checked="" type="checkbox"/>				
Sustainability	<input checked="" type="checkbox"/>				
People	<input checked="" type="checkbox"/>				
Quality	<input checked="" type="checkbox"/>				
Systems and Partnerships	<input type="checkbox"/>				
Research and Innovation	<input type="checkbox"/>				
Link to CQC Domains:					
Safe	<input checked="" type="checkbox"/>	Effective	<input type="checkbox"/>		
Caring	<input type="checkbox"/>	Responsive	<input type="checkbox"/>		
Well-led	<input type="checkbox"/>	Use of Resources	<input checked="" type="checkbox"/>		
Communication and Consultation:					
The capital plan has been developed in conjunction with all Divisions, clinical and non-clinical, and agreed by the Capital Investment Group and Sustainability Committee, before finally being ratified by the Trust Board.					
Executive Summary:					
This presentation demonstrates the breadth and diversity of the Capital Plan with new services being provided, new equipment replacing old, and existing areas being refurbished. Whilst the Trust delivers major new schemes such as 3Ts stage 1, there are many other schemes which are guided from conception to delivery with suitable governance and oversight. In this financial year there is a significant spend on the projects as part of the Operational Capital but also Public Dividend Capital.					
Key Recommendation(s):					
The Council is asked to NOTE this report.					



University Hospitals Sussex
NHS Foundation Trust

Capital Development & Property

Council of Governors

Wednesday, 8 February 2023

Capital Development & Property

Completed Projects



3Ts - Stage 1 (RSCH)



- ▶ **Value of Investment**

£485m

- ▶ **Completion:**

November 2022

- ▶ **Project overview:**

Combining the latest in Trauma, Teaching and Tertiary care in a modern facility at the heart of the Royal Sussex County Hospital.

Amberly Unit (WH)

- ▶ **Value of Investment:**

£7.5m

- ▶ **Completion:**

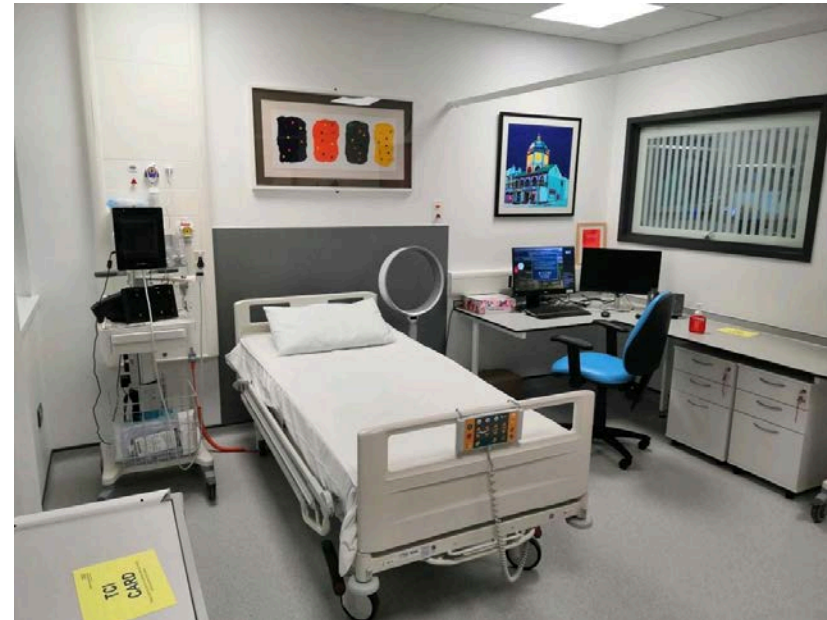
November 2022

- ▶ **Project overview:**

A new chemotherapy unit in an extensively refurbished part of Worthing Hospital. This is a significant improvement on the environment providing a light and colourful area for patients whilst having their procedure. Also refreshing an adjacent courtyard.



Amberly Unit (WH)



Laundry (SRH)



- ▶ **Value of Investment:**

£6m

- ▶ **Completion:**

August 2022

- ▶ **Project overview:**

Refurbishment and expansion of the existing laundry at St. Richard's Hospital. Includes state of the art machinery and equipment throughout. Provides significantly greater capacity for the whole Trust, reducing the Trust's reliance on external providers.

Radiotherapy CT Scanner (RSCH)

- ▶ **Value of Investment:**

£0.5m

- ▶ **Completion:**

November 2022

- ▶ **Project overview:**

Replacement of an existing planning CT in the Sussex Cancer Centre at RSCH. Will enable a higher level of treatment and patient throughput.



Mortuary: Post Mortem Room Refurbishment (WGH)

- ▶ **Value of Investment:**

£0.9m

- ▶ **Completion:**

January 2023

- ▶ **Project overview:**

Refurbishment of the existing Post Mortem room and installation of new tables and ventilation equipment.

Meets the standards required by the corners office to enable the continued delivery of the facility.



Capital Development & Property

Projects in design or construction



3Ts - Stage 2 & 3 (RSCH)

- ▶ **Value of Investment:**

£171m

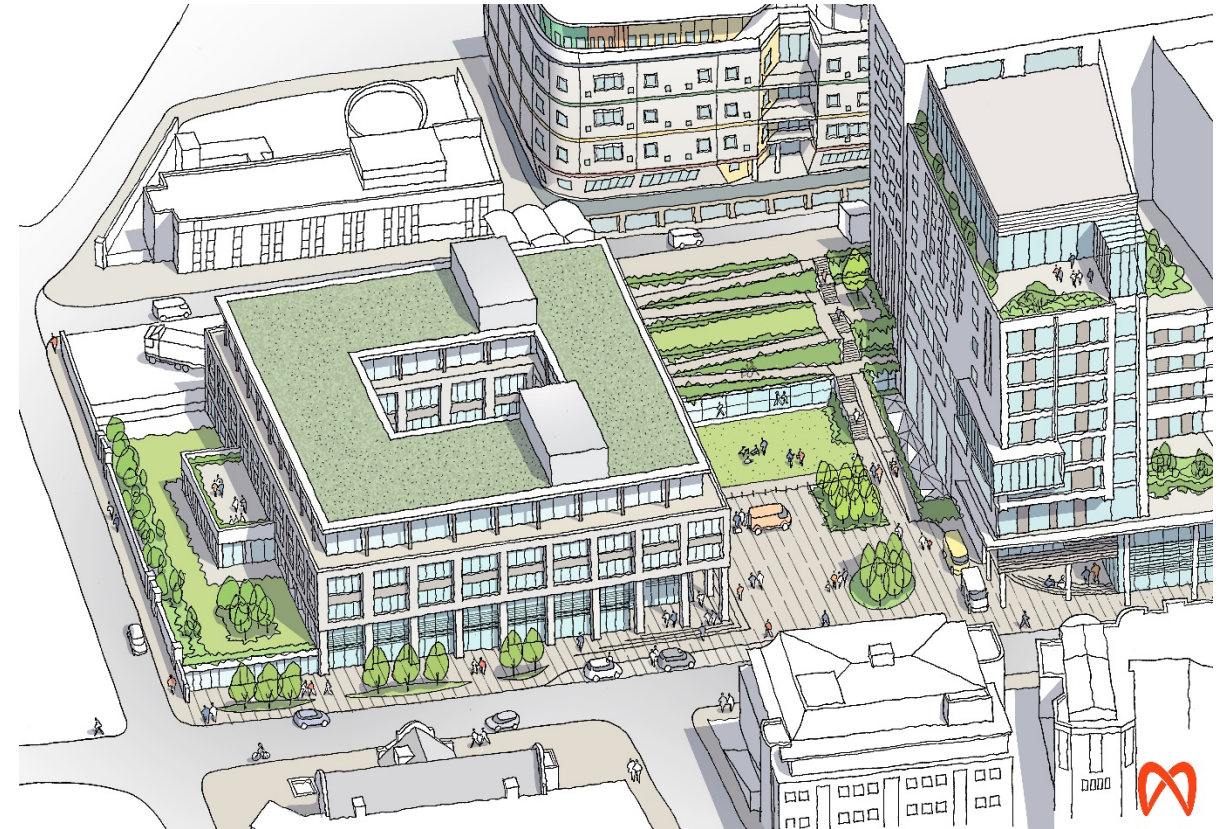
- ▶ **Completion:**

Estimated 2026

- ▶ **Project overview:**

Stage 2 - Construction of the new Sussex Cancer Centre to centralise and improve cancer services on the RSCH site.

Stage 3 – A new Facilities Yard for the RSCH site.



Endoscopy Procedure Rooms (PRH)



- ▶ **Value of Investment:**

£18.2m

- ▶ **Completion:**

Q4 – 2023/2024

- ▶ **Project overview:**

Creating a new 4 room Endoscopy unit at PRH with teaching facilities and an innovative pod model for patients, in a highly sustainable new build extension.

Acute Floor Reconfiguration (RSCH)

- ▶ **Value of Investment:**

£48m

- ▶ **Completion:**

2027

- ▶ **Project overview:**

Expansion of the Emergency Department at RSCH including expanded Majors and Resus, a new Urgent Treatment Centre, and new imaging facilities. Will greatly improve patient flow and separate ambulatory patients from those arriving by ambulance.



Community Diagnostics Centre (SH)

Value of Investment:

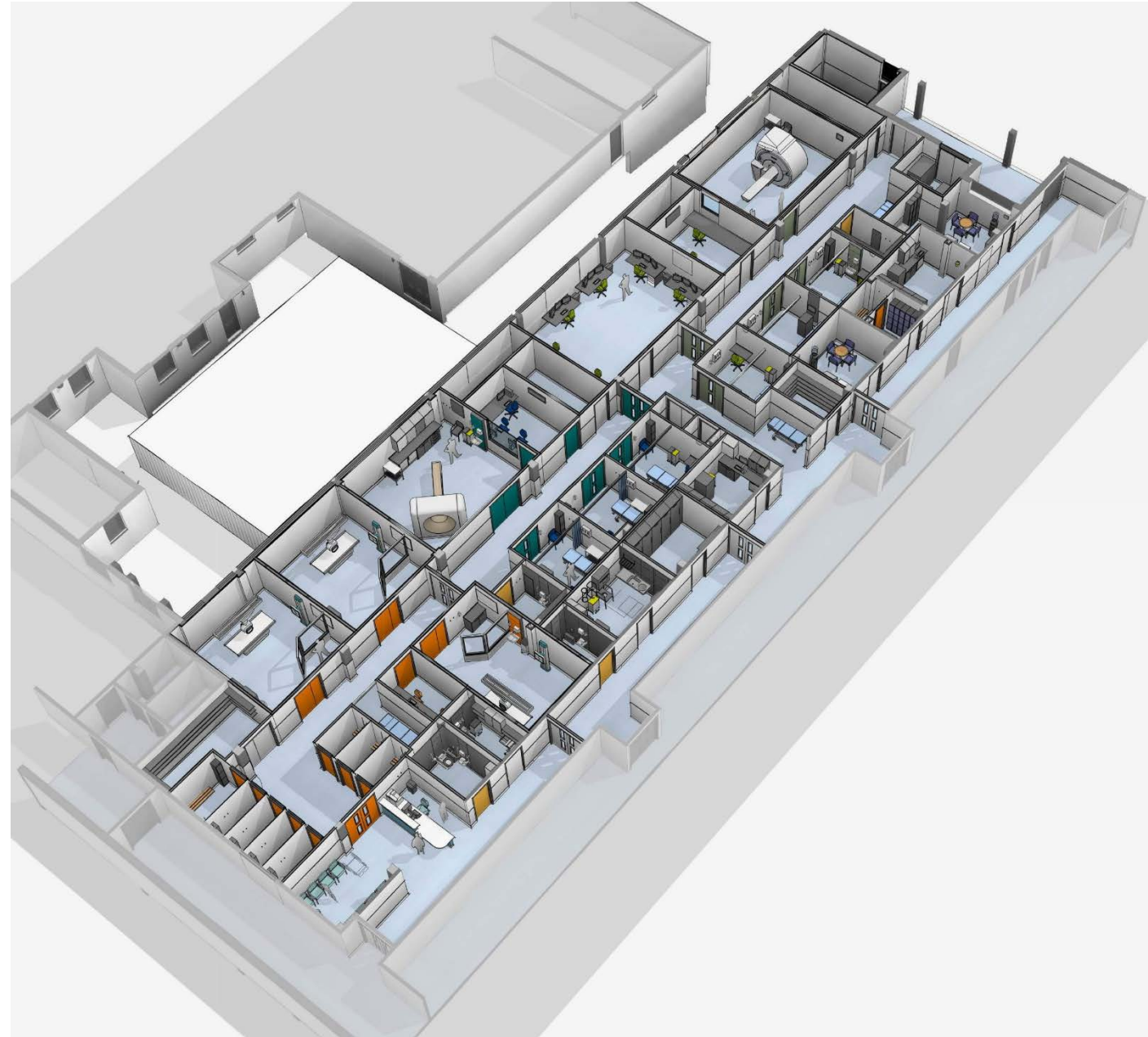
£14.5m

Completion:

March 2024

Project overview:

Construction of a new centre with MRI, CT, X-Ray and Ultrasound imaging services. Also includes a therapies unit. Will decrease diagnostic and treatment times with a far better patient experience outside of the tertiary hospitals.



Urology Investigation Unit (PRH)



- ▶ **Value of Investment:**

£7m

- ▶ **Completion:**

August 2023

- ▶ **Project overview:**

Refurbishment of an existing space and a new extension, bringing together various diagnostic and treatment services for a one stop solution. A far superior patient experience.

HTHW Upgrade (RSCH)

- ▶ **Value of Investment:**

£5.9m

- ▶ **Completion:**

Q4 – 2023/2024

- ▶ **Project overview:**

Replacement of HTHW pipework from the energy centre focussing initially on Thomas Kemp Tower, but expanding to the RSCH estate. Currently in design phase.



Paediatric Audiology Service Relocation (RACH)



- ▶ **Value of Investment:**

£3.6m

- ▶ **Completion:**

May 2023

- ▶ **Project overview:**

Construction of a new Paediatric Audiology department comprised of 4 acoustic booths, a vestibular room and ancillary spaces. An enabler for the Barry Building decant and 3Ts Stage 2.

SPECT CT – Nuclear Medicine (SRH)

- ▶ **Value of Investment:**

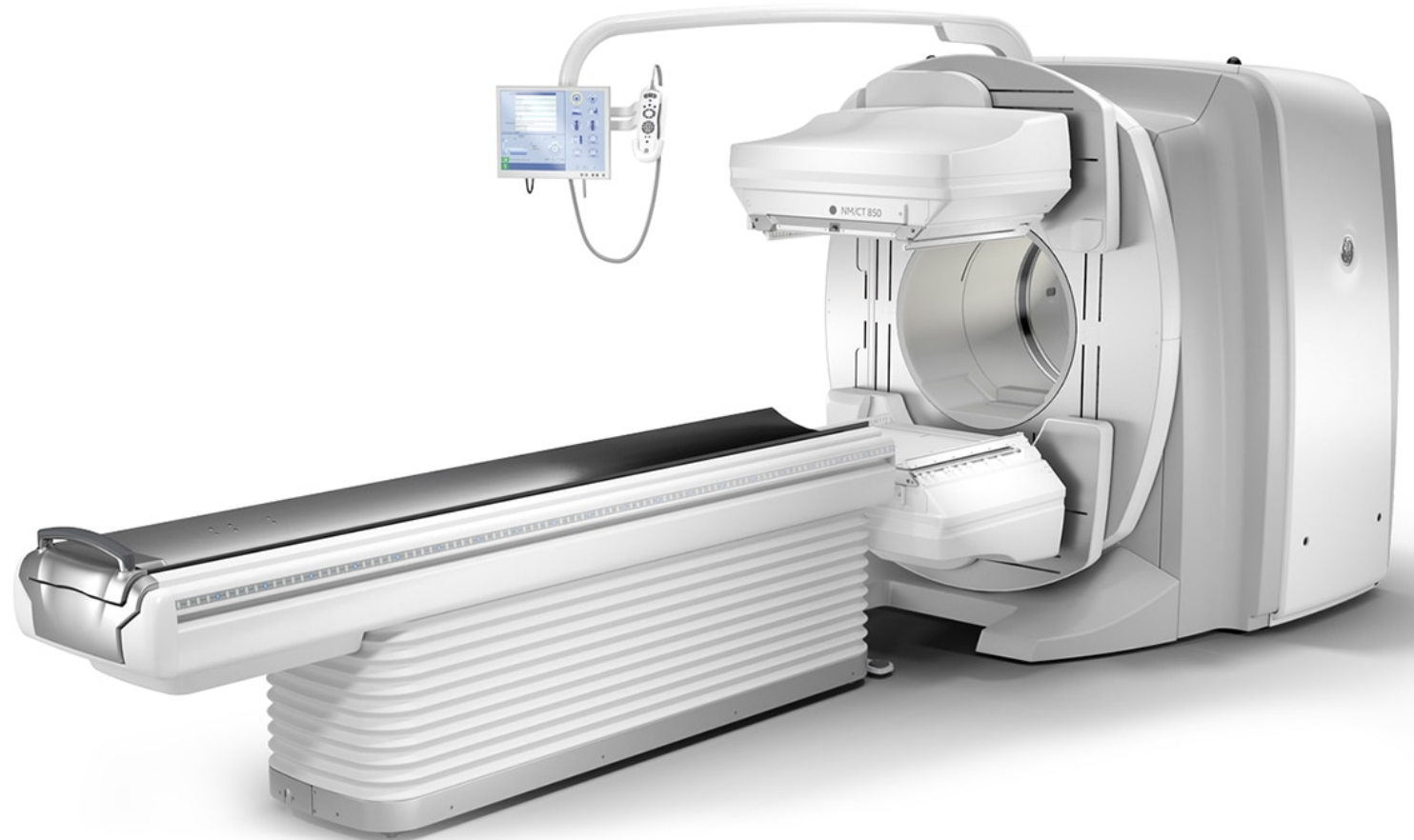
£1.2m

- ▶ **Completion:**

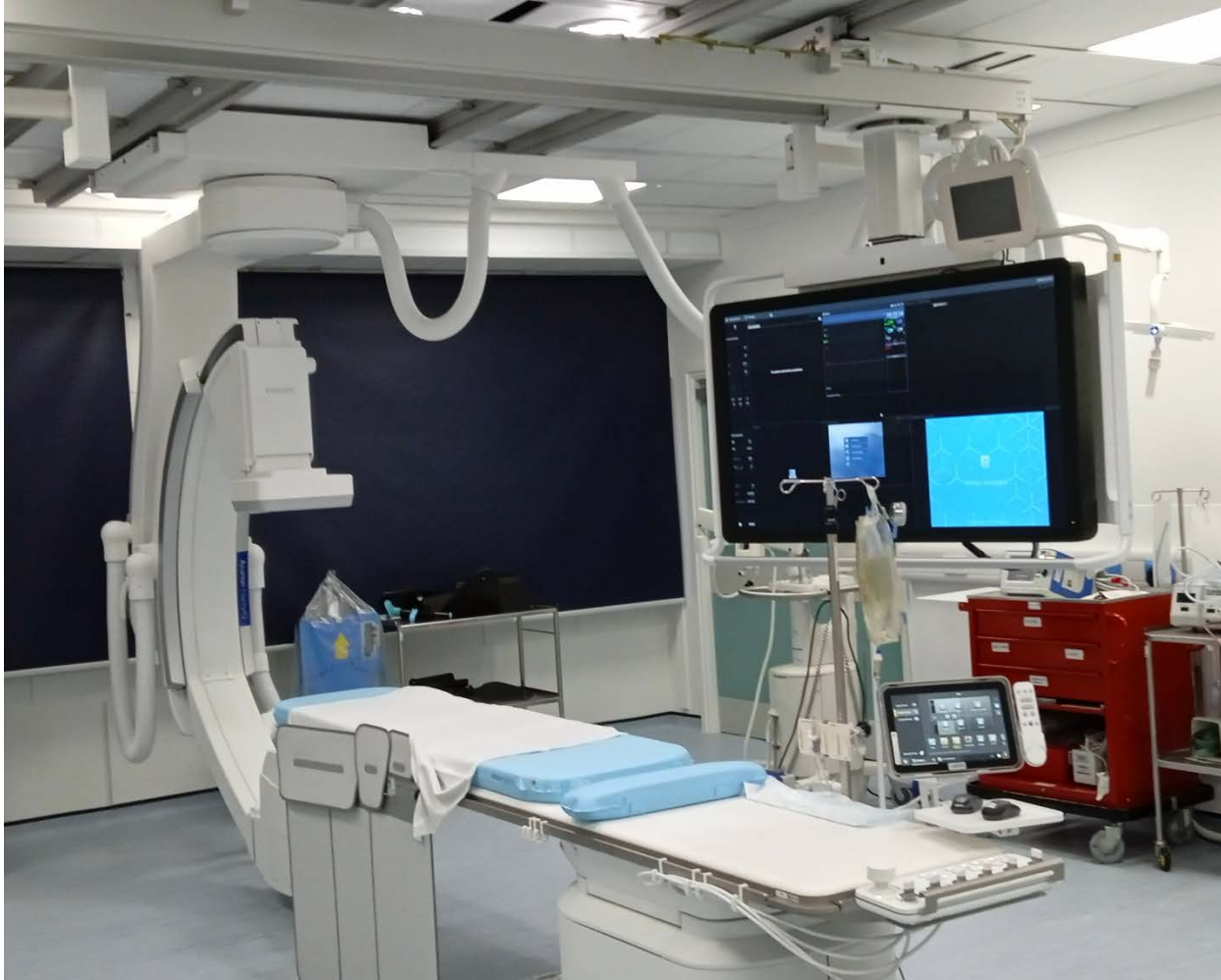
July 2023

- ▶ **Project overview:**

Replacement of an existing imaging system, able to provide Gamma camera and CT capability for faster patient diagnosis. Also ensures services offered in differing parts of the Trust are mirrored.



Cath Lab 2 Replacement (WH)



- ▶ **Value of Investment:**

£1.2m

- ▶ **Completion:**

June 2023

- ▶ **Project overview:**

Replacement and refurbishment of an existing cath lab. Final of 4 replacements at Brighton and Worthing sites. This is providing staff with the most modern equipment to provide the best experience to patients.

Stillman House Reconfiguration (SRH)



► **Value of Investment:**

£1m

► **Completion:**

March 2023

► **Project overview:**

Provision of an additional 60 desk spaces in an existing building at St. Richard's. Will co-locate currently disparate administrative staff, so enabling further clinical expansion.

Antenatal Unit Refurbishment (PRH)

- ▶ **Value of Investment:**

£0.9m

- ▶ **Completion:**

April 2023

- ▶ **Project overview:**

Refurbishment of Maternity Antenatal Outpatient unit at PRH. Provides a far superior environment and also addresses ventilation issues.



Agenda Item:	8	Meeting:	Council of Governors	Meeting Date:	February 2022
Report Title:	Report from Patient Engagement and Experience Committee Meeting Chair				
Committee Chair:	Francis 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 December 2022 and was quorate. It was attended by four public governors, two staff governors, the Director of Patient Experience, Engagement and Involvement as well as a representative from Heathwatch. Apologies were received from the NHS Sussex Health and Care Partnership representative.</p> <p>The Committee received the Trust's Quarter 2 Patient Experience Report and information relating to the Trust's principal sites at Brighton, Chichester, Haywards Heath, Worthing and Southlands and those areas where the Trust had performed well for patients as well as concerns and complaints received and the satisfaction feedback levels for the Friends and Family test.</p> <p>The Committee also received an update on the Learning and Actions element of the Patient Experience Strategy with a demonstration of the Friends & Family Test data analysis portal with which Divisions were engaged for the identification of improvement work. The Committee were also updated by Heathwatch on their patient and community engagement projects.</p> <p>The Governors received a presentation on the Patient Knows Best portal giving Sussex patients access to their hospital information including letters, test results and appointments. The Committee were advised of arrangements to publicise access to the portal through Trust clinical contacts and via the NHS App while assurances were received of safeguards against a presumption of digital access.</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	
Patient Engagement & Experience Committee	14 December 2022	Frances McCabe	yes	no
			✓	<input type="checkbox"/>

Declarations of Interest Made

There were no declarations of interest

Assurance received at the Committee meeting

Patient Experience Report

The Committee **RECEIVED** the Trust's 2021/22 Quarter TWO Patient Experience report. This report included information for the period to the end of September 2022 and covered all the Trust's principal 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 had increased considerably over the summer period. The Committee was informed that the main themes of negative patient feedback continued to relate to waiting, either on site or for treatment, followed by communication. The increase in complaints combined with sickness in the Patient Experience team had challenged the ability to respond within expected timescales. The Committee were advised of the implementation of the new structure arrangements to enhance: timely responses to complaints, the alignment of complaints to Divisional leadership, and the development of a clinically led response to complaints. The number of open complaints were reported to have stabilised.

The Committee **NOTED** the profile of complaints reflected the pressures associated with beds occupied by patients medically ready for discharge and there had been a recent theme identified around the transfer of patients between Trust sites. Communication with patients around discharge and transfers and how those impact on their experience was identified as a topic for the meeting's focussed discussion around Strategy Objective 1 (better engagement and experience).

The Committee **NOTED** the sample method applied and the range of ways in which the Friends and Family Test (FFT) provider invited feedback on experiences of Trust services including text messaging; a mobile phone is not required.

Patient Experience Strategy - Learning and action on patient experience

Following the previous meeting's spotlight on the Customer Care programme, the Committee **RECEIVED** an update from the Director of Patient Experience, Engagement and Involvement on the Trust's approach to learning and action in response to patient feedback; Objective 4 of the Strategy. Governors received a demonstration of the Friends and Family Portal available to staff and management in which the eight clinical divisions were receiving training. The Committee were shown how the portal enabled feedback to be used to enable focus on the specialties or sites where learning can have the greatest impact and heard about the targeted Gemba visits to emergency departments.

The Committee **NOTED** the governance reporting for management and executive consideration of patient experience data from the patient experience (officers’) engagement group through to the Patient Committee and Trust Board.

Patient Knows Best

The Governors **RECEIVED** a presentation on the Sussex portal giving patients access to their hospital information including letters, test results and appointments also known as ‘My health and care record’. The Committee were advised of arrangements to publicise access to the portal through Trust clinical contacts as well as being available through the NHS App which many people had downloaded during the Covid pandemic. The Committee were **ASSURED** that there were safeguards to ensure communications with patients at risk of being digitally excluded as well as to enable clinician prior contact for sensitive test results.

Healthwatch feedback

The Committee **RECEIVED** an update from Healthwatch Brighton & Hove and **NOTED** that there was a programme of work in respect of maternal mental health to identify, through in-depth interviews, issues during the perinatal period. In early 2023 there would also be a review of dementia services, in particular the period after diagnosis. The Committee noted the imminent retirement of the Healthwatch Chairs in both Brighton & Hove and East Sussex and thanked David Liley and John Routledge for their contributions.

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 previous minutes.

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

Sussex Integrated Care System
 As the ICS were not represented, the agenda item for update on the work of the Sussex Integrated Care System and learning from their health inequality project from the pilot with the Crawley Community was deferred to the next meeting.

Patient Engagement in Pathway Changes
 This discussion was also deferred to the next meeting.

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:	9.	Meeting:	Council of Governors	Meeting Date:	February 2023
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.			
Research & Innovation					
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 18 January 2023. The Committee was NOT QUORATE. While three public Governors; one staff Governor plus one appointed Governor were present, no senior manager representing the communications team could attend due to operational pressures on a day of industrial action. Consequently, decisions for approval could not be taken in the meeting and subsequent approval would be sought virtually or taken to the next meeting.</p> <p>The Committee received a report on the Trust's membership and recruitment activities undertaken during the third quarter of 2022/23 and discussed the planning of future agendas, informed by approaches to engagement from the NHS Sussex Health and Care Partnership and UH Sussex Communications colleagues.</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	18 January 2023	John Todd	<input type="checkbox"/>	<input checked="" 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 are above the minimum levels of membership per constituency as set out 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 second and third quarters of 2022/23. Due to continued data management of member lists which includes removing details of members who cannot be reached, there was a net decline in member numbers in quarter 3 despite new members being recruited. Recruitment activities on our hospital sites had been limited in quarter 3 due to the considerable operational pressures in winter. This followed a net increase in new members from considerable recruitment in quarter 2.</p> <p>The Committee NOTED the results of a members survey to identify areas of the Trust they would wish to know more about in order that events to engage prospective members can be arranged. The Committee recognised the continued support the governors can give to cascading messages into our communities and the winter messaging was noted to acknowledge staff working in the extremely busy emergency departments. The Committee NOTED likely public interest in Stroke Reconfiguration in West Sussex and that Governors had received a briefing ahead of the full public consultation that was about to commence.</p> <p>While the member report was NOTED to show diversity in the Trust's membership reflective of the Sussex demographics, the Committee NOTED learning from our ICB system partners in reaching seldom heard groups in other parts of Sussex that the Trust's membership team plan to use to inform future member recruitment activity.</p> <p>The Committee DISCUSSED areas they would wish to receive at future meetings including continued focus on how the Trust could improve its member representation of the communities we serve. The Committee also NOTED the theoretical risk of membership falling below a constitutional minimum in one or more constituency and while this risk has been confirmed to be negligible, future reports will highlight any emerging risk areas.</p> <p>Benchmarking our work with that of other Trusts remains work in progress and it was NOTED that work towards cooperative arrangements with other Foundation Trusts in Sussex is underway.</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)				

Within the Member Engagement Report (received at each meeting) the Committee will monitor the theoretical risk of membership falling below a constitutional minimum in any one of the Trust's governor constituencies.

This will also include benchmarking our member recruitment work with that of other Trusts

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

Item	Referred to
The Committee referred no matters to the Council of Governors, Board or other Committee for action.	

Agenda Item:	10	Meeting:	Council of Governors		16 February 2023
Report Title:	Lead Governor's Report				
Sponsoring Executive Director:	Lindy Tomsett, Lead Governor				
Author(s):	Lindy Tomsett, Lead Governor				
Report previously considered by and date:					
Purpose of the report:					
Information	<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"/>		
Link to Trust Strategic Themes:					
Patient Care	<input type="checkbox"/>	Sustainability	<input type="checkbox"/>		
Our People	<input type="checkbox"/>	Quality	<input type="checkbox"/>		
Systems and Partnerships	<input type="checkbox"/>				
Any implications for:					
Quality					
Financial					
Workforce					
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:					
Executive Summary:					
This report provides the Council with an update of activities up to February 2023					
Key Recommendation(s):					
The Council is asked to NOTE this report.					

Lead Governors Report February 16th 2023

This Trust and the NHS nationwide, has experienced the toughest and most demanding winter in its history. Not only are we and similarly all NHS Trusts seeking to find more resourceful ways to get through the backlog of appointments and surgery due to the pandemic, but there has also been the added burden of the Nursing and Ambulance strikes. These challenges mean there is a significant burden on staff but also on Trust finances.

It has been very reassuring for the Governors to learn via the Staff , Chief Nurse and CEO weekly Briefings that the Trust fosters a very respectful approach to the right to strike and encourages an admirable approach to ensure colleagues are treated with empathy and understanding regardless of whether they have chosen to strike or not, whilst also continuing to provide care to the Patients even during the 'Critical Incidents and Business Continuity' We commend and applaud the Trusts ethos.

Throughout these very difficult times the Trust continues where possible to maintain its restoration and recovery plans. The Governors were very pleased to hear that a new temporary Outpatients Unit has been built at St. Richards to alleviate the unprecedented pressure on the hospital.

The Sussex Health and Care Integrated Care System is trialling a new data tool. This new initiative is designed to free up Sussex hospital beds and assist in the quicker turnaround of ambulances, The Governors will be seeking more information on how this is proving to be operationally successful to the Trusts performance and Patients alike.

The Briefing Seminars continue to be of great benefit to the Governors and gives us the opportunity to question and where necessary ask for more clarification. In particular the most recent seminar on the Stroke Reconfiguration Services has provide considerable debate and the Governors are very keen to continue with a watchful eye to understand its progress through the Public Consultation period.

The Governors continue to be active in many areas of the every day functioning of the Hospitals. The Peer reviews and the Place Audits to name but a few. Unfortunately, they have had to be cancelled at times due to the relentless pressures the Hospitals have been under and it is has just not been appropriate for us to be around.

However, such activities by the Governors can provide extremely useful and pertinent feedback for the continuing operational strategy of the Trust. This includes the Governors involvement with the present project of the Retail Steering Group and the future of the Restaurants and Cafe's at Worthing and SRH.

Also, several Governors are attending an organised Tour of the new Louisa Martindale Building at Brighton and its future performance capabilities is very exciting for everyone.

The NHS Providers Workshops which many Governors are attending, gives a great opportunity to network with other Trust Governors and share information that continues to enhance the Governors knowledge base.

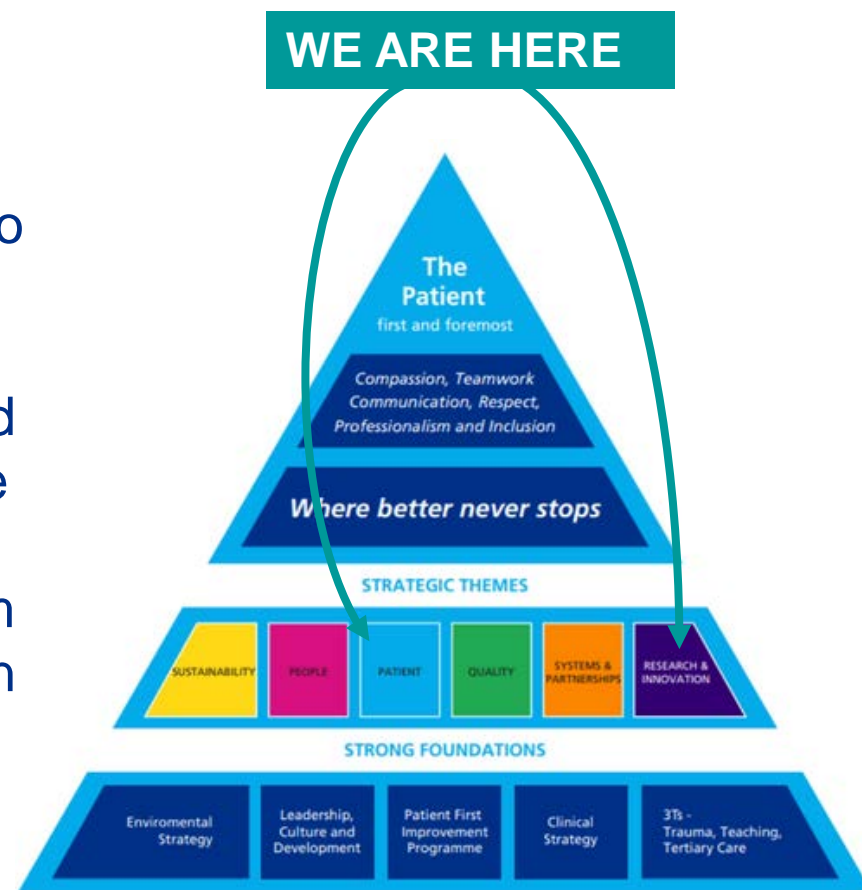
The Governors Coffee Mornings have been recommenced, and these sessions gives all the Governors the opportunity to raise any topics they feel haven't been discussed at the formal meetings. Such as the Helipad at RSCH and we have asked and received some feedback on several topics and made suggestions for further briefings. There has only been one coffee morning so far, but I think it will prove to be very beneficial for all of us to have an opportunity for an informal chat.

Finally, the Governors wish to acknowledge the Trusts forward planning strategy under the leadership of the CEO in advance of the next strike days to assist with the process of continuing with the operational activities of all the Hospitals within the trust. This has proved to be an exacting task for all those involved, however, it has shown how well this Trust can come together and continue to care for its patients despite such adverse situations.

Patient Committee: 2022-23

Remit includes:

- ▶ Strategy deployment for:
 - ▶ Patient true north – all patients to have an excellent experience of care
 - ▶ Patient breakthrough – improved communication and staff attitude
 - ▶ Patient strategic initiative – Patient first improvement system
 - ▶ **NEW** – Research and innovation true north and breakthrough objective
 - ▶ Performance against ‘patient’ metrics and improvements
 - ▶ Risk review and management

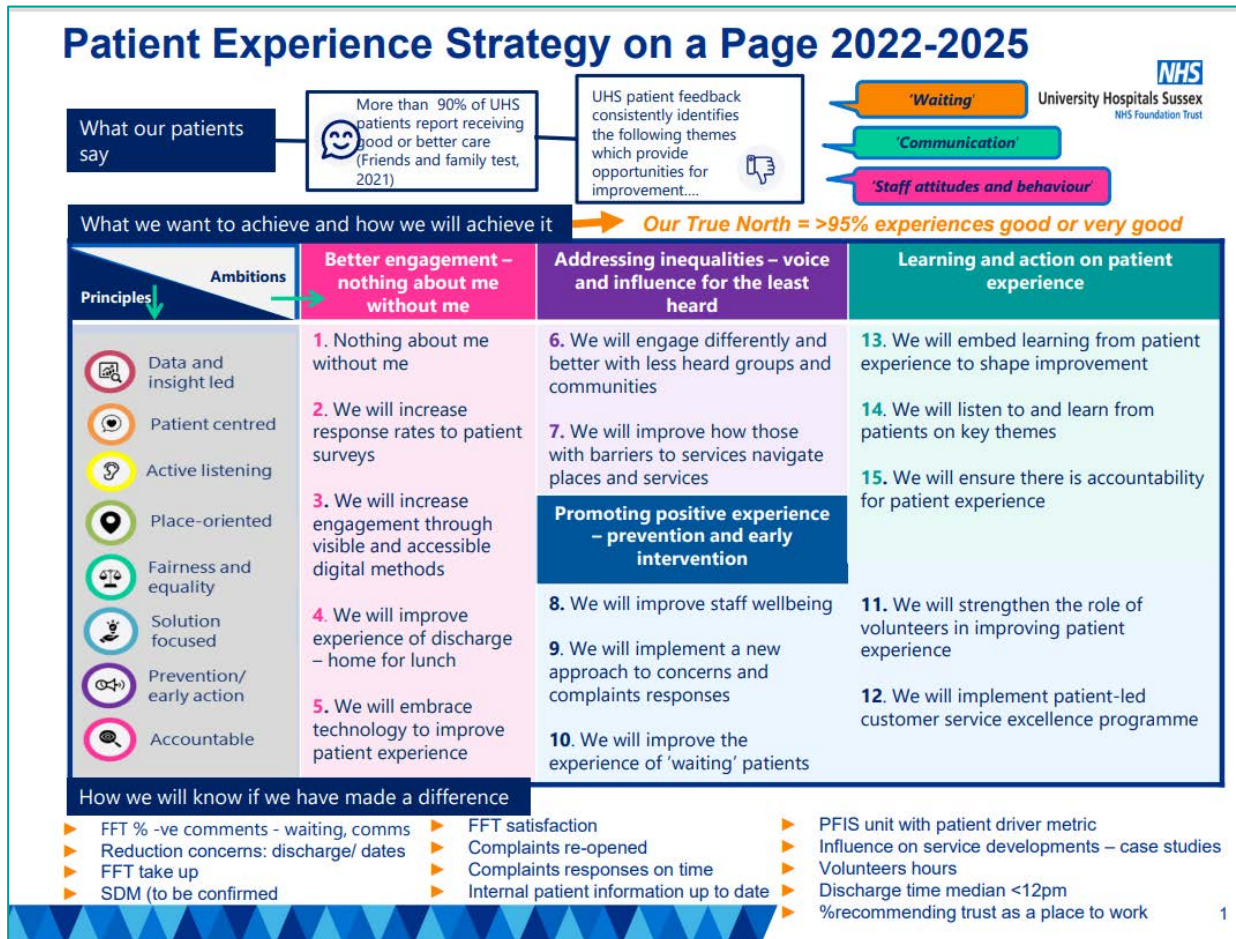


Standard Work for Patient Committee

- ▶ Patient and Research & Innovation Strategy Deployment Reviews (SDRs) – seven per year, focused on the true norths, breakthroughs objectives, strategic initiatives and corporate projects
- ▶ Full committee meetings – four per year including:
 - ▶ Patient experience performance report
 - ▶ Deep dives into key issues and opportunities for ‘patient’
 - ▶ Patient surveys results and action plans
 - ▶ Patient first improvement reports
 - ▶ Patient risk report and BAF
 - ▶ Partnership and ICS working
 - ▶ Updates/ reports from Quality Governance Steering Group and Patient Experience and Engagement Group
 - ▶ Patient experience annual report

Patient Committee: Progress in the last year

- ▶ Shaped and approved the Patient Experience Strategy



Patient Committee: Progress in the last year

- ▶ Welcomed the new Research and Innovation pillar of the patient first strategy into the committee's operations
- ▶ Approved the patient experience annual report
- ▶ Incorporated health inequalities thinking into the support, challenge and oversight of the committee
- ▶ Aligned our performance review to the new structure of the clinical operating model (COM)
- ▶ Undertaken deep dives into:
 - ▶ New friends and family test system
 - ▶ Maternity survey results
 - ▶ Inpatient survey results

Agenda Item:	15	Meeting:	Council of Governors	Meeting Date:	16 February 2023
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 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 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>This report provides the Council of Governors with an update on matters aligned to the Trust's constitution or other regulatory requirements.</p> <p>NED appointments</p> <p>The Council of Governors Appointment and Remuneration Committee met on the 1 February to consider the appointment of a Brighton and Sussex Medical School NED as Jackie Cassell has left the employment of the medical school. The Committee agreed to the appointment of Professor Malcolm Reed to this position from the 1 March 2023 for a period of 3 years to 28 February 2026</p> <p>At the same meeting the Committee considered the request of the Chair to retain Jackie Cassell for a period to the 30 June 2023 to allow Jackie to coach and support the transition of the People Committee chair to Claire Keatinge. The Committee agreed to the appointment of Jackie Cassell as a NED for the period of 1 March 2023 to the 30 June 2023</p> <p>Staff Governor Elections</p> <p>We have commenced our election process for the Worthing and Southlands staff governor following the retirement from that position of Amelia Palmer as Amelia has secured a different role, one within the ICB. The nomination process ended on the 15 February with the election process then following in March 2023.</p>					

2021/22 LYH and BSUH Charities Annual Reports

The Board acting as corporate trustees for both LYH and BSUH Charities approved the annual report for both Charities, these have been submitted to the Charity Commission and placed on the Trust's website at

www.uhsussex.nhs.uk/charity/about/

Both annual reports detail the generous support given by our communities and highlight some of the amazing individual and group fundraising activities undertaken along with key highlights on how those donations have made a difference to our patients and staff.

Key Recommendation(s):

The Council of Governors is recommended to

- **ENDORSE** the Appointment and Remuneration Committee's decisions to appoint
 - Professor Malcolm Reed as the Brighton and Sussex Medical School appointed NED for a period of three years from 1 March 2023 to 28 February 2026 and
 - Jackie Cassell as NED for a period from 1 March 2023 to 30 June 2023.
 - That the remuneration of these NEDs is made in accordance with the Trust's Council of Governors' approved NED remuneration policy.
- **NOTE** the ongoing election process for the Staff Governor for Worthing and Southlands.
- **NOTE** that the publication of the Charities Annual Reports