

**MINUTES OF THE ANNUAL MEMBERS' MEETING OF
SUSSEX COMMUNITY NHS FOUNDATION TRUST**

13 SEPTEMBER 2023

14:00 – 16:30

**The Shaftesbury Room, Worthing Leisure Centre, Shaftesbury Avenue,
Goring-by-Sea, Worthing BN12 4ET
MS Teams and Live Stream**

Present	
Giles York (GY)	Trust Chair
Siobhan Melia (SM)	Chief Executive
Caroline Haynes (CH)	Chief People Officer
Mike Jennings (MJ)	Chief Financial Officer
Donna Lamb (DL)	Chief Nurse
Sara Lightowlers (SL)	Chief Medical Officer
Kate Pilcher (KP)	Chief Operating Officer
Gill Gilliano (GG)	Non-Executive Director (left at 15:30)
Lesley Strong (LS)	Non-Executive Director
Grainne Saunders (GS)	Deputy Lead Governor and Appointed Governor
Ann Barlow (AB)	Appointed Governor
Gavin Deeble (GD)	Appointed Governor
Pennie Ford (PF)	Appointed Governor
Rob Persey (RP)	Appointed Governor
Lilian Bold (LB)	Public Governor
Sandra Daniells (SD)	Public Governor
Rita Garner (RG)	Public Governor
Craig Gershater (CG)	Public Governor
James Roberts (JR)	Public Governor
Amber Villar (AV)	Public Governor
Ngairé Cox (NC)	Staff Governor
Shingai Ngwenya (SN)	Staff Governor
Anita Sturdey (AS)	Staff Governor
Sophia Brown (SB)	Director, Grant Thornton (External Auditor) – via MS Teams for item 6 only
Hollie Poole (HP)	Area Director – West Sussex
Chloe Rogers (CR)	Area Director – Brighton & Hove and High Weald Lewes Havens
Dana Cooper (DCo)	Senior Nurse – Hospital at Home Worthing
Ria Evans (RE)	Advanced Clinical Practitioner – Urgent Community Response Worthing
Polly Jeffs (PJ)	Operational Lead – Hospital at Home Chichester
Lucy Keys (LK)	Clinical Nurse Lead – Urgent Community Response Worthing
Zoe Smith (ZS)	Trust Secretary
Paul Somerville (PS)	Deputy Trust Secretary
Apologies	
Diarmaid Crean	Chief Digital and Technology Officer
Mandy Chapman	Non-Executive Director

Mark Swyny	Non-Executive Director
Dipesh Patel	Associate Non-Executive Director
Alan Sutton	Lead Governor and Public Governor
Julie Fryatt	Appointed Governor
Elaine Foster-Page	Appointed Governor
Janet Baah	Public Governor
Stella Benson	Public Governor
Dave Collins	Public Governor
Imogen Makepeace	Public Governor
Sue Morton	Public Governor
Tanya Petherick	Public Governor
Harriet Clompus	Staff Governor
Jessica Poulton	Staff Governor

In attendance via the live stream

Members of the public, staff and stakeholders.

AMM23 / 001 Welcome, apologies, declaration of interest

The Chair, Giles York (GY), welcomed members of the Council of Governors (CoG), Trust Board, Trust members and staff, guests and the public to the meeting. Apologies are noted on pages one and two of these minutes. There were no declarations of interest. The meeting was livestreamed for people who were unable to attend in person.

GY thanked the marketplace stallholders for their hard work and energy. The marketplace gave an insight into the variety of services, innovation and engagement that was taking place across the Trust. GY thanked senior leaders and the Executive team for their energy and emotional engagement in creating a great place for people to work.

AMM23 /002 Minutes of the previous meeting 21 September 2022

The draft minutes of the Annual Members' Meeting held on 21 September 2022 were agreed as a true and accurate record.

AMM23 /003 Matters arising

There were no matters arising from the previous meeting.

AMM23 /004 Annual Report and Accounts 2022-23 and Quality Account 2022-23

Siobhan Melia (SM) Chief Executive introduced the Annual Report 2022-23. SM said that the Trust lived by its values of compassionate care, working together, delivering excellence and achieving ambitions and had been particularly important in the 2022-23 financial year. Introducing the breadth of the Trust's services, 96% of patients had said that their experience of care had been good or very good and urgent care

services had treated 96.4% of people within the four-hour target. The Trust had played a massive role in the delivery of the Covid vaccination programme in Sussex and by February 2023 had delivered just under one million vaccinations. It had been a busy and successful year for the Trust. On every NHS England (NHSE) metric it had been the busiest and most challenging for the NHS. SM thanked staff who have been phenomenal in the current context including winter pressures, the pandemic backlog whilst adopting new digital methods. The Sussex Integrated Care System (ICS) had been in place for a year with an increased focus on meaningful collaboration across patient pathways amongst local authority and health partners. The Trust was proud of its 5,000 staff and 250+ volunteers and in the year there had been a focus on wellbeing, morale and making people feel connected. The Trust was recognised externally and won a Health Service Journal (HSJ) award for Freedom to Speak Up (FTSU), never losing focus on ensuring that people feel comfortable and confident to speak up. The Trust's Care Without Carbon programme was named Climate Champion by Healthcare Without Harm. SM said that she was excited by the continued good work of the Trust's charity, that had invested in staff wellbeing initiatives that are not covered by core funding including standup desks, improved staff rest areas and electric bikes for clinical colleagues. The four Staff Networks continued to thrive. SM highlighted her own ambition for year-on-year improvement in the Staff Survey results as they reflected how staff felt about working for the Trust. Over 70% of staff responded, reflecting positively on staff engagement, and there was a continued need to evidence that the Trust acted on that feedback. Headline metrics included 81% of staff said that care was the Trust's top priority, 71% would recommend care to family and friends, and 69% would recommend the Trust as a place to work. These metrics benchmarked positively within the Sussex ICS, the Southeast region and nationally. The highest scores were in the domain of being compassionate and inclusive as an employer. The Trust was good across all the people promise elements, however, the strongest message was that SCFT is a team. Team working is valued at the Trust and there had been investment in term working.

Mike Jennings, Deputy Chief Executive and Chief Financial Officer, gave an overview of the Trust's annual accounts. Health and care organisations cared about money because taxpayer's money needed to be managed well and used to best effect to get the best outcomes for patients. The Trust spent nearly £1 million a day, despite no large buildings or equipment, and the majority was invested in the staff. Confidence in community services reflected an income growth of £9 million despite ending Covid vaccination services. The national NHS strategy recognised the role of community services in supporting a healthy population and being an effective NHS. It had been a challenging year for the whole health service financially. Covid funding had been withdrawn and service had returned to business as usual, despite backlogs. The Trust had reported a £47k surplus. Balancing income and expenditure was important for service delivery. Capital funding had taken place – £2.3m had been invested in digital to upgrade systems and infrastructure. Further investment in digital would continue. £1.4m was invested in physical infrastructure including upgrading facilities at Morley Street Special Care Dental Clinic, bases for Urgent Community Response teams, Talking Therapies and Children and Young People Services.

MJ gave an overview of key performance indicators (KPIs). New birth visits within 14 days from Healthy Child teams were above target, 58.6% of patients accessing Talking Therapies were moved to recovery against a target of 50%. Intermediate

Care Units (ICUs) length of stay had been much higher against the 24-day target, and this was symptomatic of problems across health and care services and constant conversations took place with partners to look to reduce it. Maximum time of 18 weeks from referral to treatment was not meeting the national target and was reflective of waiting lists post-pandemic. It was better than the national average but still not good enough and continued conversations were taking place to reduce waiting times.

Donna Lamb (DL), Chief Nurse, presented the Quality Account noting the important relationship of finance and quality. Priorities delivered in 2022-23 were just a snapshot of the work done to improve the quality of care to patients and more information was available in the Quality Account published by the Trust at the end of June. Nationally there were three areas for priorities set and included safe care, effective care and quality of care. A safe care priority was hydration in ICUs. The Trust had implemented a number of actions and had exceeded targets in these areas. A patient centred care priority was the introduction of falls champions to improve the assessment and management of patients at risk of falls across its ICUs. There had been a reduction in significant harm from a fall of 31% compared to the previous year. An effective care priority was to improve engagement with children, young people, parents and carers to deliver service improvements. In the year there had been 3,500 responses to improve engagement with this cohort. DL said that she was delighted to present a positive picture, as in recent years the focus had been on infection prevention and control during the pandemic, and that staff had been able to think about and deliver service improvements.

DL said that the Trust was committed to continuous improvement, and it was one of the Trust's five strategic goals. The Trust was using a consistent methodology that encouraged staff to thinking about the problem, how to capture and measure data, evaluate improvements and share and celebrate learning. The programme is known as 'Our Community Way' and recent examples included the reduction of the community phlebotomy and ME/chronic fatigue waiting lists. DL encouraged people to make contact with the Trust's Quality Improvement team and thanked them for their commitment, enthusiasm and energy to promote continuous improvement. GY thanked SM, MJ and DL for their presentations and invited questions from the audience.

Craig Gershater (CG), Public Governor for Chichester, asked how adverse KPIs were analysed so that corrective action could be taken. MJ said that a quality improvement programme had been implemented to reduce length of stay at ICUs. It was analysing the data to understand where improvements could be made and was continuously reviewing the outcomes to see where further action may need to be taken. DL said that reducing length of stay was complex, multi-factorial, and there were clinically led workstreams in place that were engaging with patients and families. MJ said that this improvement project included system partners working together and that Sussex was one of the national frontrunners on hospital discharge. GY added that the Trust's bed optimisation programme was an example of a multidisciplinary approach that reflected the complexity of this work.

GY said in the light of the Countess of Chester case in relation to data, what should the Board talk more about in the year head. SM said the emphasis on data and

	<p>trends over time has been something that the Trust has developed on over the past few years. The Trust used statistical process charts (SPC) to look at trends and variances over time to maintain quality and patient safety. Also, there was a number of committees and groups including the Quality Improvement Committee, Trust Wide Governance Group and at Finance, Performance and Quality meetings where senior leaders looked at and triangulated data from multiple sources. Quality data was paramount at the Trust and was continuously scrutinised. The Board would ensure that it would focus both on inpatient care as well as how many people it supported to remain independent and avoid hospital admission by its multidisciplinary, advanced clinical practice teams in the community. The Board would also ensure that children and young people services were discussed regularly whilst maintaining regular updates on its response to winter pressures.</p> <p>Rob Persey (RP), Appointed Governor for Brighton and Hove City Council, said that he was assured by the presentations and that no partner in the Sussex ICS was complacent. Demand and challenge was huge, it was continuing to increase and system partners would need to continue to raise their game. In Brighton and Hove there were particular challenges for mental health and children and young people. System working had started to show gains and hospital discharge was an example. GY said that there was no complacency at the Trust and it was committed to continuously improve. GY said that community health services were often seen as avoiding admissions and getting people out of hospital and did not recognise the breadth and the scale of SCFT services that were extraordinary. Community health held long-term relationships with partners including ambulance, acute, mental, primary and social care services and Board discussions would debates their interactions. GY added that prevention teams at the Trust were small but were making a significant contribution to the system.</p> <p>GY asked MJ whether the Trust had any buildings that it operated out of that had aerated concrete. MJ confirmed that the Trust had provided a zero return to NHSE. The Trust had taken over ownership of Bognor Regis War Memorial Hospital, Zachary Merton and Arundel and District Community Hospital from NHS Property Services in August 2023.</p> <p>DECISION: The Annual Report and Accounts 2022-23 and Quality Account 2022-23 were noted.</p>
<p>AMM23 /005</p>	<p>External Auditors' Annual Report 2022-23</p>
	<p>GY introduced Sophia Brown (SB), Director from Grant Thornton UK LLP, to present the External Auditor's Annual Report 2022-23.</p> <p>GY said that the executive summary within the report confirmed that there were no risks or significant weakness identified as part of the financial statement audit or the value for money (VFM) work for 2022-23. The Trust had been rated green overall. There were three improvement recommendations for financial sustainability. These included the pipeline of cost improvement programmes (CIPs), to receive a regular report of in-year ICS financial performance and its implications for the Trust and to develop and update the medium to longer-term financial plan. There was one improvement recommendation in relation to governance related to consideration of</p>

	<p>aligning committee and board meeting cycles so that the Board could receive more up-to-date integrated performance reports, data models and training requirements.</p> <p>GY thanked the Trust for its work in supporting the financial statement audit and VFM and the breadth of the work was detailed in the report.</p> <p>MJ said that the Trust was working with the Integrated Care Board (ICB) on the principles for medium-term financial plan and was actively reviewing its pipeline of cost improvement plans. MJ concluded that the work of the external auditor had been helpful and the recommendations were being acted on.</p> <p>SB confirmed that Grant Thornton had issued an unqualified opinion on the Trust’s financial statements for the year ended 31 March 2023 and had completed its review of the Trust’s arrangements for securing economy, efficiency and effectiveness in its use of resources.</p> <p>DECISION: The External Auditor’s Annual Report 2022-23 was received.</p>
<p>AMM23 /006</p>	<p>Lead Governors’ Report</p>
	<p>Grainne Saunders, Deputy Lead Governor and Appointed Governor for Children and Young People, said that she was standing in for the Lead Governor, Alan Sutton (AS) and read his report. It stated how proud the CoG were of the work of the Trust. Following the vaccination programme, it was working hard to tackle waiting lists and was embracing new technologies. Thanks were provided to all staff and volunteers, including governors and those who had stood down and joined as new governors during the year (listed names).</p> <p>Since the end of the pandemic there had been a renewed focus on membership engagement, feedback and member recruitment. The Membership Engagement Group had been reenacted and now met every two months. There had been active participation in community events during the spring and summer and the group was working together with the ICS Engagement team to maximise engagement opportunities across Sussex. From this work, 60 new members had been recruited and 15 feedback forms had been received and shared with relevant teams including Patient Advice and Liaison Service (PALS) teams.</p> <p>The CoG was working with the Trust’s Research team and had recruited several Research Champions through public engagement, and their role would support obtaining the patient and public voice. The refreshed Membership Engagement Strategy would officially be launched later at the meeting by the Deputy Trust Secretary.</p> <p>Change was a constant. The CoG was keen to support the work of the Trust and to collaborate with the ICS and partners, to share good practice and share ideas for the benefit of everyone. The Lead Governor would continue to meet with partners, ensure that all governors had a voice and would continue to build effective working relationships. The CoG would continue to hear from and encouraged members and local people to share their views/feedback.</p> <p>GY thanked GS for stepping up and to AS as an active and engaged Lead Governor. GY said that SM was ‘steering the ship’ supported by the Executive Directors and the</p>

	<p>Non-Executive Directors (NEDs). The NEDs were held to account by the CoG for the performance of the Board. There had been one CoG meeting with just NEDs present which had been a success. GY said that the Board undertook service visits, sometimes accompanied by governors, the reports of which were shared. The CoG played an important role in the governance of a foundation trust in ensuring public accountability.</p> <p>DECISION: The Lead Governors' Report 2022-23 was noted.</p>
<p>AMM23 /007</p>	<p>Membership Engagement Strategy and Plan 2023-26</p>
	<p>Paul Somerville (PS), Deputy Trust Secretary introduced the Membership Engagement Strategy and Plan 2023-26. Work had taken place over the spring and summer to support the CoG to get out into the community to engage with the public to seek their feedback and to recruit new members. The new strategy and plan was formally launched at the meeting. Its aims are to create a diverse and engaged membership community with a real voice in shaping the future of the Trust and its services. Also, to maintain and where possible build membership recruitment which a focus to drive membership in underrepresented areas such as black, Asian and ethnic minority (BAME) and children and young people. The strategy and plan had been approved by the Board in July. Its development had been led by a task and finish group of the Membership Engagement Group and had been approved by the CoG. PS thanked the CoG for their support and involved in the development of the strategy and plan which was publicly available from the Trust website.</p> <p>GY noted the importance of hearing the staff, public and the patient voice in the context of Freedom to Speak Up (FTSU) – not just a duty to speak up but also a duty to listen. Membership was an important voice into the Trust.</p>
<p>AMM2 3/008</p>	<p>Service Presentation: Urgent Community Response and Virtual Wards</p>
	<p>Hollie Poole (HP), Area Director – West Sussex said that Urgent Community Response (UCR) teams provided nursing, therapy and reablement to adults to help them stay in their own home by avoiding hospital admission and to return home (hospital discharge) as soon as possible. UCR had a single point of access and teams worked closely with South East Coast Ambulance Service NHS Foundation Trust (SECAmb). On average the service was now supporting 120 patients a month and teams were excited about the positive impact on patients. A facilitated phone conference took place with the referrer, UCR and the One Call team to discuss each patient and to identify appropriate care. 19 Raizer chairs had been purchased to help patients who had fallen to help them get back up, when safe to do so, and avoid the need to call an ambulance. UCR were multidisciplinary teams and included Advanced Clinical Practitioners (ACPs) and paramedics. There were consistent job titles across teams which focused on clinical competencies.</p> <p>Raizer chairs were introduced in November 2022 to help with winter pressures. All UCR staff had been trained to use the chair and a standing operating procedure (SOP) had been developed.</p> <p>There was a demonstration of the use of the Raizer chair.</p>

Non-injured patients were assessed and lifted within two hours by UCR. UCR ensure that the procedure is safe for the patient. They check for any injuries, check medication and any potential tissue/muscle injury from a long lie (1 hour plus) which would require follow up the next day. The demonstration was well received. The team were congratulated on the use of the equipment and the benefit to fallers.

RP asked if the chair could be used for patients receiving bariatric care. It was confirmed that a pre-assessment would be done and patients had to be within the weight limit of the chair.

Rita Garner (RG) asked about long liers as one hour was classified as a long lie but the UCR time was within two hours. A check would be done to identify if there were any signs of kidney damage as part of next day blood test results. RG asked if care homes were using the chair. It was confirmed that some did. RP asked if care home staff could be trained to use the chair. It was confirmed that this could be possible. The SOP included a physical top-to-toe assessment to ensure that there were no injuries. Trust Care home Matrons had worked with care homes that had implemented use of the Raizer chair. It was suggested that a conversation should take place at the ICB about how the car could be rolled out to domiciliary care.

Lilian Bold (LB) referred to an older model which raised patients to bed height rather than chair height (hover jack) as used at Horsham Hospital. HP confirmed that this was still in use and a Raizer chair was only 20 minutes away from any clinical team at the Trust.

Shingai Ngwenya (SN) asked if the SOP included guidance should the patient deteriorate following use of the chair. HP confirmed that there was a direct referral back to SECamb including if the use of the Raiser chair was not suitable.

GS said that clinical input was invaluable and asked how much the chair cost. HP confirmed it cost £3.5k per chair.

GY reflected that community defibrillators were unknown a few years ago and asked if community Raizer chairs could be in place in the future. The response was that ongoing clinical assessment was required and needed two people to use the chair.

HP shared a case study of an 87-year-old gentlemen who pressed careline following a fall at home. The son was unable to help so called 999. It was raised in a touchpoint call with the ambulance service. As the patient was known to the community nursing team, a Nurse and a Health and Therapy Support Worker attended and used the Raizer chair following assessments. There was a suspected urinary tract infection (UTI) so a specimen and bloods were taken, and also to rule out rhabdomyolysis. The son agreed to follow up visits so that the patient could stay in their own home.

HP said that UCR teams had cared for more than 8,200 patients. Referrals from emergency services had increased. In the last 12 months the service had delivered 90,000 hospital admission avoidances/supported discharges from hospital. 110 category ¾ patients had been supported since June. Although this number seemed

small the service was looking to build support for patients in these categories. UCR teams worked closely with the ambulance service and had access to their live portal so that it can pull in direct referrals. The service was to increase contact with care/nursing homes.

HP gave another case study. This gentleman said that his wife went into hospital, never came back and that he wanted to stay in his own home. The GP had concerns, there had been an exacerbated lung condition. A referral was made to the UCR team who have a 4–8-hour response time. The UCR paramedic collected the medication and visited the patient who was up in bed, short of breath, which was usually indicative for hospital admission. The patient was adamant that he did not want to be admitted. UCR practitioner referred the patient to the Hospital at Home Virtual Ward team. This meant that the patient was able to be cared for at home, with regular clinical visits, and avoided admission to hospital.

Chloe Rogers (CR), Area Director – Brighton & Hove and High Weald Lewes Havens gave a presentation on Virtual Wards (VW). The difference between UCR and VW was that patients in VW were under the care of a doctor. The expectation was that care was the same as that in hospital, including a daily ward round, access to diagnostics, daily input from a multidisciplinary team but that patients would be supported by remote monitoring devices. Existing Hospital at Home teams in Brighton and Hove had been expanded to meet the requirement for the model across the county, to support early discharge and avoid admissions to hospital. The initial ask from the commissioner was to provide 100 VW beds by April 2024, however, in light of anticipated winter pressures this date had now been moved forward to the end of September 2023. Most funding had been allocated to respiratory beds. Crawley and Worthing Hospital at Home teams had recently been mobilised. A targeted recruitment campaign was carried out with 89% of posts being recruited to. Staff and patient feedback had been overwhelmingly positive. The service had created closer, collaborative working relationships with acute colleagues at University Hospitals Sussex NHS Foundation Trust, Sussex and Surrey Healthcare NHS Trust and East Sussex Healthcare NHS Trust.

CR shared a case study of a 67-year-old patient with chronic obstructive pulmonary disease (COPD) who had been in hospital for 24 hours. The acute consultant deemed it safe for her to be cared for under the VW. The patient was assessed by a Clinical Nurse Lead within two hours of being at home and was set up with a virtual monitoring device that recorded saturations, walking, temperature and all vitals except blood pressure which was monitored by a separate device. Data from the devices goes to an i-Pad held by the patient which is used for video calls. The data is shared on the VW dashboard. The need for home visits is reduced and remote reviews are undertaken by the pharmacy team. Patients are supported by VW for seven days and then they are discharged back to their GP. Previously, patients would have been in hospital for that time. Patients have fed back that remaining in their own homes had been a better experience and conducive to faster recovery than being in hospital.

CR said that the Trust was continuing the expansion of VW. The Chichester team would be mobilised in the next couple of weeks and there would be new, developing

admission avoidance pathways for the VW model. The target was to provide 100 VW beds at 80% occupancy rate. A clinical evaluation of the service was due to take place to learn, adapt and evolve to ensure the best outcomes for patients.

RP congratulated on the presentation of these services and commented on the link to telecare. RP asked if a GP was assigned to VW or if it was the patient's own GP. He said that he thought one of the main limitations of VW was the capacity for daily ward rounds. CR said that virtual care, of which virtual wards was the step up from, was something being explored. KP agreed that there was huge potential for this noting that virtual wards was a step up from virtual care and that there was also potential for the involvement of community geriatricians.

GY asked about GP-led care. CR said that the vast majority of virtual care was still delivered by nurses. GY clarified that his question was about limiting factors. Sara Lightowlers (SL) said that because of the nature of care in hospital was acute it was doctor-led.

CG congratulated on the outstanding presentation and asked for a copy of the slides. It was confirmed that this would be shared to the Council of Governors after the meeting and had been made available to the public via the Trust website.

Sandra Daniels (SD) commented on limited staffing resources across health and care and asked if these services were attracting staff from other services. CR said that the Trust was acutely aware of workforce challenges across the system, however, UCR and VW were an attractive proposition for staff. SD asked if IV therapy was available in VW. CR said that this was a development that was currently being worked on. HP said that 24-hour pumps were currently being trialled.

Lesley Strong (LS) asked if patients without any domestic support would be suitable to access these services. HP confirmed they were and often extra services were put in place to meet their individual needs i.e. dietician. It was suggested that the development of voluntary services to support people who lived on their own could be considered. RP noted that potentially in two year's time there could be discussion on how Integrated Community Teams were working on this. There was huge potential for a simplified pathway linking up different system partners to work together to increase capacity and improve services. HP said that the Link Champion at Age UK was to meet with UCR to see how other partners could support the service. HP referred to the West Sussex trial of Community Link Workers aligned to integrated care units (ICUs) that were working with Hospital at Home and Age UK. This had been funded by the Trust's charity for a two-year pilot and it would be evaluating outcomes.

GD asked if the iPhone relied on Wi-Fi. It was confirmed that everything the patient needed was included in the box, including use of free Wi-Fi. GD asked if there was any learning regarding older peoples' use of the technology. The response was that older people had proved to be remarkably tech-savvy and the technology was easy to use.

Pennie Ford (PF) Appointed Governor for the ICB and Executive Managing Director for West Sussex and Lead for Community Services said that she was hugely excited to hear from clinical teams and to see use of the chair in practice. There were huge opportunities for technology-enabled care and the ICB was keen to pursue conversations. Seeing the chair in practice was a great opportunity to address potential fear of supporting fallers in this way.

GY reflected that the afternoon had been a real opportunity to understand the breadth of community services, and it was not just about keeping people out of hospital. The Trust had solid financial, operational and quality performance and it looked forward to exciting opportunities for the development of community services in the future. The passion and compassion of Trust staff was evident.

LB thanked Hollie for attendance at a recent Horsham Older Peoples Forum to talk about VW and UCR and the reassurance given.

GY thanked all presenters and people who asked questions or provided their reflections. The meeting closed at 16:30.