

MINUTES OF THE COUNCIL OF GOVERNORS MEETING

21 June 2023

14:00 – 16:15

Worthing Leisure Centre/MS Teams

| Present | |
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| Giles York (GY) | Trust Chair |
| Lesley Strong (LS) | Non-Executive Director – items 1 to 8 only |
| Mark Swyny (MS) | Non-Executive Director – items 1 to 8 only |
| Alan Sutton (AS) | Lead Governor and Public Governor for Chichester |
| Grainne Saunders (GS) | Deputy Lead Governor and Appointed Governor – Children and Young People |
| Andrew Baldwin (AB) | Appointed Governor – West Sussex County Council – via MS Teams |
| Ann Barlow (ABa) | Appointed Governor – Volunteers |
| Gavin Deeble (GD) | Appointed Governor – Children and Young People |
| Pennie Ford (PF) | Appointed Governor – Integrated Care System (ICS) – via MS Teams |
| Elaine Foster-Page (EFP) | Appointed Governor – Volunteers – via MS Teams |
| Julie Fryatt (JF) | Appointed Governor – Higher Education – via MS Teams |
| Janet Baah (JB) | Public Governor for High Weald Lewes Havens – via MS Teams |
| Stella Benson (SB) | Public Governor for Brighton & Hove – via MS Teams |
| Lilian Bold (LB) | Public Governor for Horsham |
| Rita Garner (RG) | Public Governor for Worthing |
| Craig Gershater (CG) | Public Governor for Chichester |
| Imogen Makepeace (IM) | Public Governor for High Weald Lewes Havens – via MS Teams |
| James Roberts (JR) | Public Governor for Arun |
| Amber Villar (AV) | Public Governor for Crawley – via MS Teams |
| Harriet Clompus (HC) | Staff Governor – Doctors and Dentists – via MS Teams |
| Ngairé Cox (NC) | Staff Governor – Nurses and Healthcare Assistants – via MS Teams |
| Shingai Ngwenya (SN) | Staff Governor – Nurses and Healthcare Assistants |
| Anita Sturdey (ASt) | Staff Governor – Support Staff |
| Mary Hammerton (MH) | Quality Development Manager – item 8 only via MS Teams |
| Chris Walker (CW) | Associate Director of Communications and Engagement – via MS Teams |
| Zoe Smith (ZS) | Trust Secretary |
| Paul Somerville (PS) | Deputy Trust Secretary |
| Lisa Brown (LB) | Executive/Committee Support Assistant |
| Apologies | |
| Rob Persey | Appointed Governor – Brighton and Hove City Council |
| Dave Collins | Public Governor for Adur |
| Sandra Daniells | Public Governor for Arun |
| Zara Grant | Public Governor for Brighton & Hove |
| Sue Morton | Public Governor for Horsham |

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| Tanya Petherick | Public Governor for Brighton & Hove |
| Jessica Poulton | Staff Governor – Allied Health Professionals |
| 1. | Welcome, apologies, declarations of interest |
| | Giles York (GY) Trust Chair welcomed everyone to the meeting including new governors Gavin Deeble (GD), Rita Garner (RG), Imogen Makepeace (IM), James Roberts (JR) and Non-Executive Directors (NEDs) Lesley Strong (LS) and Mark Swyny (MS). Apologies for absence are noted on pages one and two of these minutes. No declarations of interest were declared for this meeting. |
| 2. | Minutes of the Previous Meeting 15 March 2023 |
| | <p>The minutes of the previous meeting were agreed as a true and accurate record. Regarding the actions Paul Somerville (PS) advised that the Trust’s Public Health Consultant Claire Turner had been lined up to deliver a presentation on health inequalities at the October Governor Seminar and the weblink to the National NHS Staff Survey 2022 had been shared to both the Board of Directors (BoD) and Council of Governors (CoG). These actions were closed. Zoe Smith (ZS) said that a full update on the development of service visits involving the BoD and CoG would be presented at the next meeting. RG expressed her interest in accompanying a service visit in Worthing and this would be organised. GY advised Governors to contact the Trust Secretariat team if they would like to attend a service visit with a member of the Board.</p> <p>DECISION: The minutes from the meeting on 15 March 2023 were approved.</p> |
| 3. | Lead and Deputy Lead Governor Update |
| | <p>Lead Governor Alan Sutton (AS) said that it had been an exciting quarter with GY taking on the role as Trust Chair from 1 June. AS welcomed the well-led review and said that it was helpful that NEDs were now attending CoG meetings to present on the performance report to support the CoG to hold the NEDs to account for the performance of the Board. AS and Deputy Lead Governor Grainne Saunders (GS) attended the NHS Providers Governor Focus conference in May and a summary of the day had been circulated to the CoG. AS said that the key focus was on diversity, inclusion, health inequalities and protected characteristics. AS mentioned the Polish community at Bognor and he was hopeful that the Bognor Hospital Fete on 28 July might be a route for engagement. AS said that he felt assured that the Trust was already doing many of the things that were highlighted as best practice at the conference, that there was good communication between the BoD and CoG, and that there were some areas for continuous improvement. AS reported that at the Horsham Hospital Fete on 20 May 28 people joined as a member and a good tactic was to network with other stallholders. Although on reflection the event at Wisborough Green was not suitable, it was good in terms learning/future planning and building collaborative relationships with Trust colleagues from the Charity and the Patient Advice and Liaison Service (PALS) who supported the stall. AS noted that the PALS team had received 2,280 compliments and 164 complaints in the financial year ended 31 March 2023. AS gave a presentation about membership and the CoG at the Bury Parish Annual Meeting in May and recruited four new members, obtained feedback about NHS services and obtained contact details of a member who wanted to be a Research Champion at the Trust. There had been a number of CoG meetings during the quarter including the CoG Nomination and Remuneration Committee.</p> <p>GS said that the slides at the NHS Providers Governor Focus conference had also been circulated to the CoG and the event had been good to bring together national</p> |

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| | <p>good practice. GS supported the review of service visits. GS said that she had recently attended two service visits, one at Arundel and District Community Hospital and the other with GY and Gavin Deeble (GD) at Chailey Clinical Services. GD said that he was impressed with the work at Chailey. GS said that it was a centre of excellence. GY said that awareness of the school was well-known, however, the public was not familiar with Chailey Clinical Services. GY had fed back to the Executive Directors to raise its profile as a national innovation centre.</p> |
| <p>4.</p> | <p>Governor Feedback</p> |
| | <p>Lilian Bold (LB) said that Hollie Poole, Area Director for West Sussex, gave a presentation at the Horsham League of Friends AGM on Trust services in the Horsham area. The Horsham Older People’s Forum had invited the Integrated Care System (ICS) to speak at its August meeting about accessing healthcare digitally.</p> |
| <p>5.</p> | <p>Well-Led Review Developmental Report: key findings and items related specifically to the Council of Governors</p> |
| | <p>GY introduced the paper by setting out why the Trust undertook a well-led review – it was good practice that this was undertaken every three years using the NHS England (NHSE) well-led framework; why it was important – to undertake an independent review of leadership and governance at the Trust; and what the Trust was going to do about the findings – a draft action plan to be discussed at the Trust Board meeting on 29 June. GY provided assurance that ConsultOne, the independent organisation appointed to undertake the review engaged with an extensive range of stakeholders including the BoD and CoG and triangulated data from various sources. Their assessment against the Care Quality Commission (CQC) well-led domain was that the Trust was ‘Good’ with elements of ‘Outstanding’. Against the eight well-led quality statements, GY summarised as follows:</p> <ul style="list-style-type: none"> • Shared direction, strategy and culture – to strengthen oversight and monitoring, improve benefits realisation and outcomes with a focus on health inequalities. • Capable, compassionate and inclusive leaders – NEDs demonstrated insight and curiosity. CoG to check/follow up how NEDs are seeking assurance from Executive Directors. All Executive Directors to contribute to discussions outside of their professional portfolios at meetings. The approach to risk was modern. Board development to maximise the effectiveness of the unitary Board. Development of GoG to ensure that it is holding NEDs to account and not Executive Directors. • Freedom to Speak Up (FTSU) – Arrangements are positive including the FTSU Guardian and Ambassadors. • Workforce Diversity, Equality and Inclusion (EDI) – Staff Networks are established with Chairs and named Executive Director sponsor. Robust reporting on equality, diversity and inclusion (EDI) to come to the People Committee. • Governance, management and sustainability – Good working relationships between the BoD and the CoG. A new structure introduced at today’s CoG meeting to better support the role and function of governors. • Partnerships and communities – Area for development is to build engagement with the membership. The refreshed membership strategy would support with this. • Learning, improvement and innovation – To reinvigorate quality improvement (QI) and celebrate achievements. • Sustainability – Strength of the Trust’s Care Without Carbon programme to deliver its Green Plan. |

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| | <p>The review also recommended that relationships with Sussex Primary Care (SPC), the Trust's wholly-owned subsidiary, wider primary care and the Trust should be strengthened to support system working and improve outcomes for patients. GY said that the BoD recognised many of the key findings from the report and that work on some of the actions had already started.</p> <p>Craig Gershater (CG) welcomed the focus to increase awareness of risk which could help formulate strategic goals and identify opportunities that were low risk that could create high reward. Zoe Smith (ZS) said that it was a priority of the BoD to refresh its approach to risk appetite and gave assurance from the report that the BoD regularly reviewed its strategic risks and that internal risk management processes were effective. CG said that awareness of the impact of risk was good practice. MS said that risk was multifactorial and for example, when making decisions on finances, the impact on quality of care and workforce were also considered. CG was heartened to hear this assurance from MS. GY said that the BoD was looking at risk appetite and that this could fluctuate risk scores during the year e.g. when there were significant pressures on services, risk scores could be reduced based on assurance that they were being managed effectively but in recognition of the environment it was operating in, until of remaining unchanged. AS said that through various sources of information the CoG was assured on patient safety at the Trust whilst managing the finances effectively. AS said the CoG had a role to play in supporting the Trust's aim to be 'Outstanding' by maintaining enthusiasm in the governor role, being passionate advocates for the Trust and that it would hold the NEDs to account for the performance of the Board. AS supported the Trust's commitment to EDI including protected characteristics and encouraged the CoG to continue its focus on membership. Janet Baah (JB) sought assurance on the Trust's work to mitigate falls. Lesley Strong (LS) said that the Trust had a Falls Lead and work in this area remained a priority and as reported through the Quality Account was improving.</p> <p>ZS said that prior to the external review the Board had undertaken its own well-led self-assessment and its findings had aligned with the ConsultOne report. GY thanked the CoG for their involvement in the review.</p> <p>DECISION: The CoG noted the key findings and items related to the CoG from the Well-Led Review Developmental Report.</p> |
| <p>6.</p> | <p>Performance Report – Month 12 (March 2023)</p> |
| | <p>LS presented quality and operational performance. LS reported that the Trust was a good reporter of patient safety incidents (SIs). Themes were regularly reviewed at the Quality Improvement Committee (QIC) and any learning was applied in practice. NEDs continued to look at the evidence. Pressure damage and falls were scrutinised at both QIC and the Board and the May QIC Chair's Committee report taken to the Board had been included in the papers. The number of SIs had reduced significantly and the QIC sought assurance that these were being reported. A deep dive with the Performance team was being undertaken to explore this. Nationally, there is a change in how incidents and SIs are to be reported appropriately. Quality improvement (QI) techniques had been developed to support work on early identification of pressure ulcers, to reduce falls and best practice for community nursing teams. LS said that community nursing was the largest service at the Trust and historically the Board had received limited performance information. This was being addressed with the Performance team to include metrics in future Integrated Performance Reports (IPR).</p> |

LB raised that the availability of equipment and its use by staff and access to training was important. LS gave an example discussed at QIC where improvements had been made. The use of syringe drivers at intermediate care units (ICUs) was not consistent, some staff had not been fully trained and therefore pain relief had been delayed. Consistent training had been put in place across all Trust ICUs to address this. Each ICU now had a Falls Champion.

AS asked if any patient harm had been caused by delays with the new equipment provider, commissioned by West Sussex County Council (WSSCC). LS said that mitigating actions had been put in place and over 1,000 patients had been contacted. GY added that this had been a priority for the Executive team and this assurance had been provided at the May Board meeting. Ngaire Cox (NC) said that the change of provider had impacted the Trust's teams. MS acknowledged that this was a critical supplier and good practice should include an early warning system when transitioning, however, this did not appear to be in place. The contract was with WSSCC and discussion would take place with their procurement team to take onboard the learning.

Andrew Baldwin (AB) asked why four of the 26 ICUs, urgent treatment centres (UTCs) and Minor Injuries Units (MIUs) had not reported hand hygiene data for the month of March, and if there were any concerns. LS said that there had been a poorer response from community nursing teams and assurance, however, assurance had been provided that it was not the same teams every month that had not submitted the data. LS said that the Deputy Director of Infection Prevention and Control was to report back at the next QIC with regard to community nursing teams hand hygiene audits.

Rita Garner (RG) asked if the items for escalation to the Board from the QIC Chair's Report were interrelated. LS said that although in some ICUs on occasions it was not meeting the Safer Staffing ratios when triangulating the data it did not appear to have an adverse impact on patient care. GD asked if the new safety incident reporting system would change the overall picture. LS said this was a major change to reporting which would no longer need to be reported nationally to NHSE. The Trust would continue to look at the themes and trends. New Patient Safety Advisors had been appointed at the Trust who were independent and would review complex incidents.

CG asked if the Trust had all the tools in place to be able to report and review its data. LS said that the Trust reported a significant amount of data and it was reviewing how best this could be used to provide an integrated and holistic view. CG suggested that the use of six sigma may be useful.

Shingai Ngwenya (SN) commented that with regard to Safer Staffing on the ICUs that patients being cared for had increased acuity and it was difficult to fill vacancies and sought assurance on how this was being managed. LS said a report went to both QIC and the Board and this had been scrutinised. It was recognised that there was an increase in acuity in patients and there had been an increase in bed occupancy which was currently at 95%. Assurances were provided by Executive Directors at the Board that a robust process was in place to manage this.

LS gave a summary of operational performance:

- Average length of stay at ICUs was increasing.

- Bed Optimisation Programme may look to increase the criteria for patients to remain in an inpatient bed.
- There was a strong focus on rehabilitation to reduce stays and this meant that reduced care was required when discharged.
- There were no patients on a waiting list for more than 52 weeks and waiting times were reducing.
- There were long waits for consultant-led services and in particular for children and young people would needed access to speech and language therapy. The Chief Medical Officer had provided assurance at the Board that this was being managed.

AS asked how the Trust was performing when benchmarked against other community NHS providers in England. LS said that this was difficult as services were different nationally, however, it was acknowledged that ICUs stays at the Trust were longer and this was being looked into. AS noted the increased attendance at the Trust's UTCs and MIUs. LS said that additional staff had been put in place to manage the increase in demand.

MS presented workforce and financial performance. MS said that he stood in to chair the May People Committee. Workforce was important and at the meeting NEDs sought assurance from the Executive Directors that they understood the current landscape and that action was being taken which had impact. It questioned whether hard-to-fill roles was important given that they had not been filled for some time. Recruitment opportunities were broad and included a focus on Healthcare Assistants, apprenticeships and overseas recruitment. The new People Strategy gave a real sense of what needed to be done now to address vacancies and MS gave assurance that the Trust was working in collaboration with the Sussex ICS and partners to tackle this. Sickness – both short and long-term was reviewed to identify key drivers, how much was stress and wellbeing related, what support was in place from the Trust whilst balancing what support was appropriate for the individual and the needs of the service. There was a review of some workforce policies and procedures. Compliance with Performance and Development Reviews (PDRs) had picked up after these had been suspended during COVID. The NEDs sought assurance not just on increasing the compliance further but the quality of the conversation that took place between the manager and the member of staff to support development opportunities and retention, and the difference PDRs were making.

MS chaired the Resources Committee which meets 10 times a year. It reviewed the financial position of the Trust and for 2022-23 the Trust reported a £47k surplus, slightly better than its breakeven plan, due to NHSE accounting rules which included an asset disposal – Worthing Central Clinic. 2023-24 financial year would be more challenging. Efficiencies had been identified within the Trust whilst considering the impact on quality through a quality impact assessment (QIA), and the broader impact on the health and care system. MS said that some agency spend was required. The Trust was looking at good and bad agencies, and the optimum use of substantive, bank and agency staff. The Trust was also looking at its estates for optimum use. Anita Sturdey (ASt) said that she was confident in the ability of the Chief Financial Officer, Deputy Director of Performance and Finance and of the Finance team.

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| | <p>MS said that NEDs challenged Executive Directors, brought back intelligence from service visits and looked at what other NHS organisations were doing with regard to recruitment and retention. The Trust was thinking more broadly including linking with local colleges and approaches to returning to work after periods of leave e.g. maternity and sickness. JB asked if the Trust was analysing feedback from leaver interviews and if any action/change had been put in place. MS said that this was an area for development at the Trust. ASt suggested that this should be approached as a retention interview. NC said that exit interviews were arranged too late in the process and managers should be aware sooner if a member of their team was unhappy, and mitigating conversations should happen earlier as some of the common issues could be resolved easily. It was acknowledged that some staff did not want to tell the Trust why they had decided to leave. Amber Villar (AV) said that exit interviews may be more useful to hold at the point when staff hand in their notice as the conversation was more likely to be honest and frank.</p> <p>Pennie Ford (PF) highlighted the work of the ICS and partners to recruit from the refugee and asylum-seeking population which could also address inequalities in recruitment. RG asked if the Sussex Primary Care (SPC) annual business plan had been approved by the Trust Board at its May meeting. MS said it had approved the plan subject to Resources Committee scrutiny at its July meeting about financial sustainability and any additional support that may be required.</p> <p>GY said that the Board Committees were cross-referencing and this had been noted as good practice as part of the well-led review. GY thanked governors for their effective questions to NEDs.</p> <p>DECISION: The CoG noted the performance report and sought assurance from the NEDs.</p> |
| 7. | <p>Corporate Objectives 2023-24</p> |
| | <p>GY said that the Trust's corporate objectives for 2023-24 had been approved by the Board. Delivery of these had started and the Board would receive a quarterly update on progress at its July meeting. The CoG was asked to note the corporate objectives and to ask the NEDs any questions. CG suggested that the Board could consider more metric-driven objectives.</p> <p>DECISION: Corporate objectives for 2023-24 were noted.</p> |
| 8. | <p>Quality Account 2022-23 and Quality Priorities 2023-24</p> |
| | <p>Mary Hammerton (MH) and LS delivered a presentation setting out the national requirements for the Trust to publish an annual Quality Account, its development and consultation with stakeholders, Trust quality priorities for 2023-24, approval processes and next steps. The CoG had been circulated by email the draft Quality Account 2022-23 to submit any comments/questions by 23 May. MH provided assurance that the quality priorities had been informed by a review of trends and complaints, and that a rigorous process was in place to assure data quality. The first three priorities: patient falls in ICUs, community rehabilitation and engagement with children and young people had started in 2022-23, however, there was further work to do and these still remained relevant. There were two new priorities for 2023-24: supporting people who experience delays, or extended waiting times to wait well and developing skills to deliver improved care to people with learning disabilities and/or autism. LS said that the QIC will</p> |

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| | <p>regularly monitor performance against the quality priorities including evidence from assurance and service visits.</p> <p>PF said that these were important priorities and suggested for next year's process to hold engagement with the ICS to allow for wider alignment with both the ICS and Trust's strategies and priorities. Harriet Clompus (HC) welcomed the priorities related to children and young people and autism as currently there were 500+ children and young people on the waiting list for a consultant-led appointment/autism diagnosis. MH said that this correlated with the increase in Patient Advice and Liaison (PALS) contacts that had been received from families about waiting times for autism services. GS said that autism services was a priority across the ICS and asked if the Trust had rolled out Oliver McGowan autism and learning disabilities mandatory training for staff which it had. GS asked if this could be shared with governors. PS said that the training was available via videos from the Electronic Staff Record (ESR) platform which governors did not have access to but would look to provide a summary of the training.</p> <p>ACTION: Paul Somerville to provide to the CoG a summary of the Oliver McGowan autism and learning disabilities mandatory training for staff.</p> <p>MH, LS and MS left the meeting.</p> |
| <p>9.</p> | <p>Report from the Council of Governors Nomination and Remuneration Committee – Thursday 18 May 2023</p> |
| | <p>GY said that the Council of Governors Nominations and Remuneration Committee (CoG NRC) met on 18 May 2023 and had four main items of business:</p> <ol style="list-style-type: none"> 1. To consider the appointment of Mark Swyny Non-Executive Director (NED) as Deputy Chair on 1 July 2023 as current Deputy Chair David Parfitt will step down from the Board on 30 June 2023. 2. To consider the reappointment of Dipesh Patel as Associate Non-Executive Director. Dipesh will have served his first two-year term on 31 July 2023. 3. To note the timeline of NED recruitment following the appointment of Trust Chair on 1 June 2023 which created a NED vacancy. 4. To ratify the CoG NRC Terms of Reference. <p>The CoG NRC recommended to the CoG:</p> <ol style="list-style-type: none"> 1. To approve the appointment of Mark Swyny as Deputy Chair. 2. To approve the reappointment of Dipesh Patel as Associate Non-Executive Director. 3. To note the recruitment and selection process of a NED. 4. To ratify the CoG NRC Terms of Reference. <p>GY thanked David Parfitt for his nine-year's service as a NED. ZS advised that recruitment for a NED would commence in July collaboratively with the ICS and University Hospitals Sussex NHS Foundation Trust, as they were also recruiting for a NED through the Trust's recruitment partner Hunter Healthcare. A webinar with the three organisations Chair's would take place in July for people interested in applying for one of the NED roles. ZS said that the Sussex system would continue to look at more opportunities to collaborate on recruitment.</p> <p>DECISIONS:</p> |

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| | <ul style="list-style-type: none"> • The CoG approved the appointment of Mark Sywny NED as Deputy Trust Chair from 1 July 2023. • The CoG approved the reappointment of Dipesh Patel as Associate NED for a second two-year term effective 1 August 2023 to 31 July 2025. • The CoG noted the emerging plan for the Trust to participate in a Sussex NED recruitment campaign. • The CoG ratified the CoG Nomination and Remuneration Committee's terms of reference. |
| <p>10.</p> | <p>Update from Governor sub-committees including Terms of Reference</p> |
| | <p>GY referred the CoG to the papers that had been circulated including:</p> <ul style="list-style-type: none"> • The minutes of the Governor Steering Group on 2 May and the updated Terms of Reference for ratification. • The notes from the Staff Governor Group on 3 May. <p>DECISION: The CoG noted the minutes and ratified the Governor Steering Group's Terms of Reference.</p> |
| <p>11.</p> | <p>Membership Engagement Strategy 2020-23 – Update on Year Three Plan</p> |
| | <p>PS provided an update on the delivery of the Year Three Plan (August 2022 to May 2023), including the following metrics:</p> <ul style="list-style-type: none"> • Since the launch of the strategy in August 2020, 731 new public members had been recruited, primarily through the COVID mass vaccination sites, events held in the community and governor nominations. • 254 new public members want to be involved with the Trust (69 to take a lead). • 216 public members had died or left. • Overview of membership solus email sent in March and the Members' Newsletter in May including metrics was shared within the paper. <p>The Governor Membership Group (MEG) was reinstated in March 2023 (it has held three meetings to date) with a focus on membership engagement. This has included sharing feedback from the public and members to the CoG and Trust Board e.g. through the feedback form following face-to-face and virtual engagement. Actions relating to public and membership engagement from the Governor Development Day held on 27 October 2022 has been a key focus for delivery. A new QR code had been set up to support feedback from members and the public via a new online feedback form available from the Trust website launched in April. MEG has developed a calendar of events where it will share information about membership and encourage feedback. It is working closely with the Engagement Lead at the Integrated Care System (ICS), including events marking the NHS 75th birthday in July. Evaluation from events held in May at the Horsham Hospital Annual Fete and Bury and West Burton Annual Parish Meeting was provided at the meeting and included in the paper. PS thanked the MEG for their continued proactive work.</p> <p>Feedback from Staff Governors is shared with the Chair at the Staff Governor Group (it meets three times a year) and items raised may be followed up with Executive Directors where a response/action is required. Staff Governors have held additional virtual lunch sessions with staff via MS Teams, the latest on 19 April, to increase awareness of Staff Governors, their role and to encourage staff feedback. Two questions were raised. A further session is being held on 6 July with Trust Chair during the NHS 75th birthday week.</p> |

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| | DECISION: The CoG noted the update on the Membership Engagement Strategy 2020-23 Three Year Plan. |
| 12. | Draft Membership Engagement Strategy and Plan 2023-26 |
| | <p>PS said that the current three-year Membership Engagement Strategy and Plan will come to an end in August. A Task and Finish Group of the MEG had been set up to lead the work to refresh and update the strategy and plan for 2023-26. Its membership included the Lead and Deputy Lead Governor, other Governors who expressed interest in supporting the strategy refresh (Stella, Tanya, Janet and Jessica), the Associate Director of Communications and Engagement and the Deputy Trust Secretary.</p> <p>Feedback from the Task and Finish Group had been incorporated into the refresh which has been reviewed and agreed by the Associate Director of Communications and Engagement and the Trust Secretary.</p> <p>The Membership Engagement Strategy and Plan 2023-26 was presented to the CoG to note, to provide any additional feedback and to endorse it. AS said that the work of the Task and Finish Group was focused and constructive and thanked governors for their contribution.</p> <p>DECISION: The CoG endorsed the refreshed Membership Engagement Strategy and Plan 2023-26.</p> <p>PS advised that the strategy would now go to the Executive Management Group for review/final comment before being taken to the July Board meeting for approval, so that it can be launched at the Annual Members' Meeting on Wednesday 20 September.</p> |
| 13. | Plans for Wednesday 20 September |
| | <p>PS advised that prior to the Annual Members' Meeting from 1pm the Trust would be holding a Marketplace to include an array of stalls for the public and members to visit and obtain information. A draft agenda for the afternoon including the Annual Members' Meeting was shared for the CoG's information.</p> <p>DECISION: The CoG noted the draft plans on Wednesday 20 September including the Marketplace and Annual Members' Meeting.</p> |
| 14. | Any other business |
| | There was no other business. The meeting closed at 16:18. |
| 15. | Date of next meeting |
| | PM Wednesday 20 September 2023 at Worthing Leisure Centre, Shaftesbury Avenue, Goring-by-Sea, Worthing BN12 4ET. Final details to be confirmed with the Board and CoG in due course. |

Action List

| | Meeting Date | Name | Action | Delivered By |
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| 1 | 15/03/23 | ZS | To consider a way to share the recommendations and actions following service visits to the Board and the Council of Governors. | Next CoG meeting |

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| 2 | 21/06/23 | PS | To provide to the CoG a summary of the Oliver McGowan autism and learning disabilities mandatory training for staff. | July |
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