

# MINUTES OF THE JOINT BOARD OF DIRECTORS AND COUNCIL OF GOVERNORS MEETING

15 March 2023

14:00 – 16:15

The Shaftesbury Room, Worthing Leisure Centre  
and MS Teams

<b>Present</b>	
Peter Horn (PH)	Trust Chair
Mike Jennings (MJ)	Interim Chief Executive
Diarmaid Crean (DC)	Chief Digital and Technology Officer
Hazel Foss (HF)	Associate Director – Human Resources and Inclusion
Donna Lamb (DL)	Chief Nurse
Kate Pilcher (KP)	Chief Operating Officer
Ed Rothery (ER)	Interim Chief Financial Officer
Mandy Chapman (MC)	Non-Executive Director
David Parfitt (DP)	Non-Executive Director
Lesley Strong (LS)	Non-Executive Director
Giles York (GY)	Non-Executive Director
Alan Sutton (AS)	Lead and Public Governor
Grainne Saunders (GS)	Deputy Lead and Appointed Governor
Ann Barlow (AB)	Appointed Governor
Pennie Ford (PF)	Appointed Governor – via MS Teams
Julie Fryatt (JF)	Appointed Governor
Rob Persey (RP)	Appointed Governor – via MS Teams
Janet Baah (JB)	Public Governor
Stella Benson (SB)	Public Governor – via MS Teams
Lilian Bold (LB)	Public Governor
Dave Collins (DCo)	Public Governor
Craig Gershater (CG)	Public Governor

Sue Morton (SM)	Public Governor
Tanya Petherick (TP)	Public Governor
Amber Villar (AV)	Public Governor
Harriet Clompus (HC)	Staff Governor – via MS Teams
Ngaire Cox (NC)	Staff Governor – via MS Teams
Shingai Ngwenya (SN)	Staff Governor – via MS Teams
Jessica Poulton (JP)	Staff Governor
Anita Sturdey (AS)	Staff Governor
Natalie McMillan (NMc)	AuditOne – via MS Teams
Zoe Smith (ZS)	Trust Secretary
Paul Somerville (PS)	Deputy Trust Secretary
Lisa Brown (LBr)	Executive/Committee Support Assistant
<b>Apologies</b>	
Caroline Haynes	Chief People Officer
Sara Lightowlers	Chief Medical Officer
Dipesh Patel	Associate Non-Executive Director
Mark Swyny	Non-Executive Director
Andrew Baldwin	Appointed Governor
Elaine Foster-Page	Appointed Governor
Sandra Daniells	Public Governor
Zara Grant	Public Governor
Anne Jones	Public Governor
<i>The first two items were held by the Council of Governors (CoG) only with the attendance of Lesley Strong in her role as Senior Independent Director.</i>	
<b>1.</b>	<b>Minutes of the Previous Meeting 7 December 2023</b>
	The draft minutes of the previous CoG meeting on 7 December 2023 were agreed as a true and accurate record.  <b>DECISION: The minutes of the previous CoG meeting were approved.</b>
<b>2.</b>	<b>Appointment of Trust Chair</b>
	Lesley Strong (LS) noted that the CoG had approved the recruitment process for the position of Trust Chair and the role's terms and conditions at the CoG meeting in December 2022. She reported that four applicants had been taken

	<p>through to the final interview stage which had taken place on Monday 13 March 2023. The interview process consisted of one main interview panel and two stakeholder panels. LS confirmed that all three panels had recommended the appointment of Giles York (GY), a current Non-Executive Director, as Trust Chair.</p> <p>Alan Sutton (AS) concluded that the recruitment process and interviews had been well run and robust and he recommended that the CoG approved the appointment with a commencement date of 1 June which would allow a period of overlap with Peter Horn (PH), the current Chair. PH thanked Zoe Smith (ZS) for ensuring the smooth running of the recruitment process.</p> <p><b>DECISION: The CoG approved the appointment of Giles York as the new Chair of the Trust with effect from 1 June 2023.</b></p>
<i>Board members joined the meeting.</i>	
<b>3.</b>	<b>Welcome, apologies, declarations of interest</b>
	<p>The Chair welcomed everyone to the meeting. Apologies are outlined on page two of the minutes. There were no new declarations of interest. PH explained that Natalie McMillan from AuditOne was observing the meeting on MS Teams as part of the Trust's Well Led review.</p>
<b>4.</b>	<b>Lead and Deputy Lead Governor Update</b>
	<p>Lead Governor, Alan Sutton (AS), noted that this would be the last Joint Board of Directors and Council of Governors meeting to be chaired by PH. He thanked PH for his support to himself personally and on behalf of the CoG as a whole. With regards to the Lead Governor update, AS acknowledged the involvement of the Governors at various meetings and events during the last few months, including the recruitment of a new Non-Executive Director (NED) and Chair. He recognised that there would be a period of change with the addition of four new Governors and the return of the substantive Chief Executive of the Trust from a period of secondment.</p> <p>AS informed the meeting that the Membership Engagement Group had been reinstated to improve the quality of mutual engagement and communication with members and the public, with a smaller task and finish group to refresh the Trust's three-year Membership Engagement Strategy and Plan. He reported that he had visited the Trust's Research Team with the Chair, and both he and Deputy Lead Governor Grainne Saunders (GS) had become Research Champions for the Trust. Their role would provide support such as engaging service users in research discussions, providing feedback to researchers on study materials and information, and participating in research strategy meetings and community events.</p> <p>GS reported that she had attended a successful transition day at the Crawley Child Development Centre which was a new initiative to support young people moving from children's services to adult services. She added that she had been invited to be part of a panel to support the Trust's Digital Innovation Conference that was taking place at the AMEX on 20 April 2023.</p>
<b>5.</b>	<b>Governor Feedback</b>

	<p>There was no further feedback. AS recommended that Governors continued to join service visits organised by the Trust with either a Non-Executive or Executive Director.</p>
<p>6.</p>	<p><b>Performance Update – Finance, Quality and Workforce: Month 9 (December 2022) and Latest Operational Update</b></p>
	<p>Ed Rothery (ER) introduced the performance report at month 9 (December) which covered quality, operational, workforce and financial performance.</p> <p>Donna Lamb (DL) reported that the quality metrics for December continued to be positive despite the challenging winter environment and she was assured that the overall quality of care provided by the Trust remained good. She acknowledged the three exceptions and explained that patient safety incidents were looked at in detail at a number of working groups, steering groups and other committees to identify the learning from incidents. She added that the hand hygiene audit was monitored closely and a quality improvement project had been set up to explore how to improve delivery against the metric which had led to some initial improvement.</p> <p>With regards to complaints, DL reported that all complaints had been responded to within the required timescales. AS asked for some context around the number of complaints and questioned whether the 16 complaints that were closed were all the current complaints. DL confirmed that the 16 were all that were due to be closed in December 2022. PH queried how many complaints the Trust received annually. LS quoted a complaint rate against the number of contacts as 0.009% which she explained was very low and on a par with other community trusts. Although he did not dispute the numbers, David Parfitt (DP) advised that it was healthy practice to question the numbers, in particular, if they were low, to ensure accurate reporting. PH agreed that it was important that the Quality Improvement Committee continued to scrutinise the figures and he took assurance that the Trust had an open complaints system. LS noted that complainants were asked for feedback following the process and none of them had asked to reopen their complaint that month.</p> <p>DP reflected how the Trust could encourage feedback from patients. DL explained that the vast majority of patients contacted the Patient Advice and Liaison Service (PALS) and declined to make a formal complaint as they were happy to deal with any issues through them. Mike Jennings (MJ) added that any queries that came to teams were encouraged to be redirected through PALS. Janet Baah (JB) was concerned that she had received reports from some constituents that PALS had not responded to their complaints. PH recommended that if JB came across any more incidents, she raised them with the Executive team for response.</p> <p>AS asked whether feedback from patient safety incidents were relayed to staff. DL explained that the reporting systems provided feedback to staff and the patient safety teams also met with services to discuss incidents and any identified learning. In reply to a query from AS regarding the number of incidents reported by staff, DL confirmed that the number of reported incidents was good and on a par with other Trusts and she was assured that the Trust had a good culture of reporting.</p>

Turning to the Trust's operational performance, Kate Pilcher (KP) highlighted that the average length of stay in its intermediate care units (ICUs) had been high due to the number of patients delayed and waiting for ongoing care, coupled with the increased complexity of patient care that was now being delivered in the ICUs. Medically ready for discharge (MRD) accounted for over one third of the occupied bed days, due to delays in onward care. The Trust opened additional beds during November and December 2022 to support patient flow through the Sussex health system which had led to the highest number of beds being provided by the Trust in four years.

KP reported that there had been a high level of activity at the Urgent Treatment Centres (UTCs) and Minor Injuries Units (MIUs) in December due to the impact of the invasive Group A Streptococcus (Strep A) infection and 1 in 5 Accident and Emergency attendances across Sussex had been through one of the Trust's urgent care points of access. This had led to the number of patients seen within four hours dropping to 88%, which had since improved. With regards to community waiting lists, KP reported that the Trust total had decreased by 1,040 in December 2022 and the number of patients waiting for more than 52 weeks had reduced to eight.

PH pointed out that a number of new services had been developed over the winter. KP reported that the virtual ward service had been launched with 75 virtual beds, where patients remain in their own home under the care of a consultant or a medic from one of the Trust's services. The service supported both the reduction of unnecessary admissions to hospital as well as discharges from acute beds. KP added that the occupancy rate had been good with a good rate of flow.

KP reported that the Urgent Community Response (UCR) service had been performing well against the two-hour target with a new UCR service in High Weald Lewes and Havens. In addition the Trust had been working in partnership with the South East Coast Ambulance Service NHS Foundation Trust (SECamb) to support non-injured fallers to avoid hospital admission. AS commented that he had had first-hand experience of this and whole system working appeared to be successful.

Craig Gershater (CG) suggested that a data audit would be useful to ensure the reliability of the Trust's data, which could in turn drive the strategic objectives. He asked whether Statistical Process Control (SPC) charts were used to inform day to day management. ER reported that the question of the validity of data had been raised at the March Audit Committee and he confirmed that a data quality audit and framework were used to ensure the Trust's data was accurate. He believed that one way to improve data quality was to encourage teams to scrutinise and question their data regularly and a priority 1 project had been set up to look at data quality and identify methods that could be put in place to take assurance that the data was valid. Diarmaid Crean (DC) explained that the Trust had invested in building its own data repository to avoid the use of different systems across the Trust. Once this was in place, it would be easier to analyse the data and he would be happy to discuss the project with CG. DP added that

pre-pandemic the performance team had scrutinised the data provided to the Board to ensure its integrity.

In response to the question about how the Trust uses SPC charts, MJ explained that the objective of using SPC charts was to avoid talking about variation that was not meaningful. To achieve this, rules had been set that were triggered when broken which would suggest that something fundamental had occurred that needed to be investigated. CG asked if there was a lack of metrics around the Trust's corporate objectives which would make it difficult for the Board to measure their effectiveness. MJ explained that the Trust had developed strategic ambitions which would act as measures and would include metrics and performance indicators with ambitious stretch targets.

GS asked for clarification around the definition of patients that were medically ready for discharge (MRD). KP explained that the terminology was changing and patients were increasingly being assessed for 'Criteria to Reside' which detailed clear criteria on whether the patient needed an appropriate bed. Within the same process, the reasons for any delayed discharge were identified and clinical conversations then took place to support patients to get them to the most appropriate place for ongoing care. KP added that clinical harm reviews took place to assess the level of harm that might occur as a result of delayed discharge and she was assured by the level of detail.

PH welcomed Hazel Foss (HF) to the meeting who was deputising for Caroline Haynes, the Chief People Officer. Referring to workforce performance, HF noted that the vacancy rate in December was slightly above the Trust's target and explained that a piece of work was taking place to ensure that the Trust had the right sized workforce to meet its current and future demands. With regards to the sickness rate, HF reported that a deep dive was currently taking place and any identified actions would be added to the People Strategy delivery plan. She added that Performance and Development Reviews (PDRs) compliance was at the highest level since March 2020.

Jessica Poulton (JP) asked why the target rate for PDR compliance was set at 80% rather than 100%. HF explained that some allowance had been made for staff on long term sick leave and career breaks or secondments, however the aspiration was that everyone that was in work would undertake a PDR. KP confirmed that it had been emphasised to teams that everyone currently at work should undertake an annual PDR. JP queried whether the quality of PDRs was only measured by the staff survey as she had experience of staff transferring with poor or non-existent PDRs. HF confirmed that the staff survey was the main method of measuring the quality of PDRs although it was also included in the shorter pulse surveys. Amber Villar (AV) suggested that it would be useful to include the percentage of those staff not currently in work within the slide to give more context.

Ngairé Cox (NC) asked whether the reasons for staff leaving within their first year at the Trust were being identified and whether there was any link with the quality of PDRs. MJ explained that a piece of work was taking place through the Workforce and People Committees to understand the reasons for leaving. Some

of the identified actions included stronger exit interviews and more regular development meetings, in addition to PDRs. HF added that the first few days of a new starter were key and the People Strategy Delivery Plan had a focus on induction.

JB asked whether the feedback from the staff survey results were followed up. KP explained that the results of the staff survey were broken down and each area took the feedback to their teams to identify priority areas for the year ahead. GY noted that within the national NHS staff survey 17% of respondents had stated that they were looking to leave their organisation, but not the NHS. He asked who was accountable for ensuring that PDRs took place. HF confirmed that it was ultimately the line manager's responsibility.

AS asked whether it was likely that the current industrial action would have any impact on future workforce metrics. HF did not anticipate any change although KP suggested that it would depend on the outcome. DL added that feedback from staff indicated that staff felt the Trust had been supportive during the action.

ER presented the slide on financial performance and reported that it was expected that the Trust would maintain a breakeven position by the end of the financial year 2022-23. He explained that the Trust's Cost Improvement Programme (CIP) had delivered significant savings. He added that this had involved an element of non-recurrent savings which was not ideal and would be factored into next year's planning.

ER acknowledged the increased agency spend which was monitored within the financial metrics due to its premium cost and the variability on quality. The aim was to keep the Trust's agency spend as low as possible which had been broadly successful. CG suggested that an increased level of staff satisfaction through PDRs might avoid vacancies and agency spend. MJ confirmed that there were targets for agency spend and a trajectory to bring the costs down. He explained that the increase was expected due to the rapid expansion of new services and the lack of available, suitably skilled staff. This had led to the development of a strategic objective under the People Directorate to offer clinical apprenticeships to aid career development and retention. JB queried the impact of international nurse recruitment on agency spend. ER confirmed that it had contributed to the decline in agency spend in the six months prior to winter 2022.

ER explained that the new financial year would commence from 1 April 2023 and would involve a Sussex wide approach. He explained that there was a collective financial pressure nationally due to a funding allocation gap, although Sussex fared better than others within the South East region and the Trust had the lowest financial gap across the Sussex Integrated Care System (ICS). He acknowledged that the Trust would need to work regionally and nationally to close the gap. ER confirmed that the efficiency ask would remain similar to the current year.

AS extended his thanks to ER for the financial performance of the Trust on behalf of the CoG.

The Joint Board of Directors (BoD) and CoG **noted** the report.

7.	<p><b>Corporate Objectives Setting 2023/24</b></p>
	<p>MJ explained that the paper described the process and progress in setting the Trust's corporate objectives for 2023/24. He added that the objectives were tangible deliverables, based on the Trust's vision and strategy, which were set annually through the Trust's Board following engagement with staff, patients and partners. Although the Trust's objectives for 2023/24 would link to the Trust's strategy and strategic goals, they would also take into account the Sussex ICS (SHCP) Strategy and the 2023/24 NHS England (NHSE) Planning Guidance, which set out the key deliverable priority areas for the Sussex system and the NHS nationally. PH added that the Board would have regular overview of the progress of the corporate objectives and would keep the CoG informed.</p> <p>GS suggested that it would be useful for the CoG to understand how health inequalities were measured. MJ explained that work so far had focused on waiting lists. Within the work on waiting lists, patients were broken down into demographic areas to ensure that there was correlation with the population and no areas were missing. A similar piece of work was due to take place with referrers.</p> <p><b>ACTION: An item on health inequalities to be brought to a future Governor seminar.</b></p> <p>The Joint BoD and CoG <b>noted</b> the process and progress in setting the Trust's corporate objectives for 2023/24.</p>
8.	<p><b>Staff Survey Results 2022</b></p>
	<p>HF explained that the paper included a summary of the Trust's survey scores mapped against the themes from the People Promise and compared them to other Trusts as well as the scores from the previous year. Although there were only 16 community providers, the Trust scored well in comparison and HF reported that there were no statistically significant changes to the scores since the 2021 results which she believed was positive, considering the recent challenging climate. She added that this static position had been experienced by other NHS providers.</p> <p>HF noted that the Trust's response rate was good compared with other Trusts, although it had decreased slightly from 2021. She reported that the number of staff who would recommend the Trust as a good place to work had dipped to 69% and this would be an area of focus going forward. Other priorities would include continued focus on supporting flexible working, respecting individual differences, understanding the needs of the workforce, and responding and learning from feedback. HF explained that as well as the high-level thematic scrutiny, there was a breakdown at team and service level with the creation and distribution of action plans. HF highlighted an example of the 'You Said, We Did' poster that was adapted for local teams.</p> <p>PH noted that the results of the national NHS staff survey were no longer under embargo and the results would be shared after the meeting.</p> <p><b>ACTION: A link to the National NHS Staff Survey to be circulated.</b></p>



	<p>AV encouraged the Trust to have a more ambitious response rate target and suggested that the true number of people in work could be checked to ensure a more accurate figure. CG suggested that the response rate might be improved if staff perception of their role was included as a PDR exercise. HF explained that the response rate had increased significantly over the years. MJ reported that the Board consistently challenged the response rate and the Executive team continued to encourage all staff to access and complete the Staff Survey and give their feedback. DP noted that according to the Health Service Journal (HSJ) there was a range of response rates among community care organisations from 55% to 75%. He believed that the Trust should be pleased with its response rate considering the challenging times and its geographical spread. KP added that the Executive team viewed this year's response rate positively as an indication of the number of staff who valued the survey, while also acknowledging an ambition to increase the number of responses. Diarmaid Crean (DC) believed that participation would increase as teams continued to be encouraged to own and control their results. PH suggested that learning could be taken from providers with higher response rates. Anita Sturdey (AS) reported that the People Directorate had worked on a solution for non-computer users and these members of staff were offered hard copy surveys which had driven up the completion rate.</p> <p>JP asked whether the Trust knew the reasons why 30% of staff did not respond. HF explained that due to the anonymity of the survey, this information could not be collected. PH reflected whether the vacancy rate could be factored into the results to give a truer picture although DP did not believe that this would change the percentage significantly.</p> <p>Following a query from CG about obtaining more focused information from staff, HF confirmed that the People Directorate ran targeted Pulse surveys which picked up internal trends. She added that the information from the Staff Survey was also triangulated with information from other Trust feedback.</p> <p>JB asked whether the Board had an overview of the feedback from service visits in the same way as the Staff Survey. MJ explained that a quarterly report was presented at the Executive Committee which identified the themes. The individual report was sent to the responsible Executive Director or senior manager following the visit and actions were taken as appropriate. GY recommended that it would be useful for a report to be shared with the Board and Governors which described the recommendations and associated actions and PH agreed.</p> <p><b>ACTION: Zoe Smith (ZS) to consider a way to share the recommendations and actions following service visits.</b></p> <p>The CoG <b>noted</b> the results of the 2022 Staff Survey.</p>
<b>9.</b>	<b>Update from Governor sub-committees</b>
	The CoG <b>noted</b> the updates.
<b>10.</b>	<b>Council of Governors Elections and Appointments</b>
	PS explained that elections had recently taken place for three public and two staff constituencies, administered by Civica Election Services, an independent organisation, on behalf of the Trust. He reported that applications had also been

	<p>received for the appointed role of Children and Young People Governor and an appointment had been made following an interview process led by an Appointments Committee. The conclusion of the elections and appointments meant that four new Governors would start their term from 1 April 2023 with an induction arranged to take place on 19 April.</p> <p>In addition, the two current Volunteer Governors, Elaine Foster-Page and Ann Barlow, had been reappointed to serve another term and Rob Persey had been reappointed in his role as Appointed Governor made on behalf of Brighton and Hove City Council. These new governor terms were also effective from 1 April 2023.</p> <p>AS reported that all new Governors had been allocated a buddy and would meet with the Lead Governor and Chair in March.</p> <p>The CoG <b>noted</b> the update.</p>
<b>11.</b>	<b>Appointment of Deputy Lead Governor</b>
	<p>PH recommended that Grainne Saunders be reappointed as Deputy Lead Governor to serve a second two-year term effective 1 April 2023.</p> <p>The CoG <b>approved</b> the reappointment of Grainne Saunders as Deputy Lead Governor effective 1 April 2023.</p>
<b>12.</b>	<b>Any other business</b>
	<p>GS noted the reduction in waiting lists as described in the operational performance update and suggested that it would be good to have some narrative about how this had been achieved. KP agreed to include this in the May CoG seminar.</p> <p><b>ACTION: Information on how the waiting lists were reduced to be included at the May CoG seminar.</b></p>
<b>13.</b>	<b>Date and time of next meeting</b>
	<p>Wednesday 21st June 2023 14:00 till 16:15 (CoG only), The Shaftesbury Room, Worthing Leisure Centre and MS Teams.</p>

## Action List

	Meeting Date	Owner	Action	Delivered By
1	15/03/23	Governor Steering Group	An item on health inequalities to be brought to a future Governor seminar.	2023
2	15/03/23	PS	A link to the National NHS Staff Survey to be circulated.	March 2023
3	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.	June 2023