

MINUTES OF THE COUNCIL OF GOVERNORS MEETING

10th December 2019

16:30 – 19:00

J1 Boardroom, Jevington Building, Brighton General Hospital

Present	
Peter Horn (PH)	Trust Chair
David McGill (DMG)	Lead Governor and Public Governor for Arun
Tara Dean (TD)	Appointed Governor – Higher Education
Elaine Foster-Page (EFP)	Appointed Governor – Volunteers
Rob Persey (RP)	Appointed Governor – Brighton & Hove City Council
Stella Benson (SB)	Public Governor for Brighton & Hove
Ian Blackmore (IB)	Public Governor for Arun
Lilian Bold (LB)	Public Governor for Horsham
Carolyn Costello (CC)	Public Governor for Chichester
Christine Hearn (CH)	Public Governor for Brighton & Hove
Richard Norrie (RN)	Public Governor for Chichester
Stan Pearce (SP)	Public Governor for Brighton & Hove
Jane Richardson (JR)	Public Governor for Mid Sussex
Anne Walder (AW)	Public Governor for Horsham
Anita Sturdey (AS)	Staff Governor – Support Staff
Emma Swarbrick (ES)	Staff Governor – Nurses and Healthcare Assistants
Griselda Wireko-Brobby (GWB)	Staff Governor – Doctors and Dentists
Susan Marshall (SMa)	Chief Nurse
Ed Rothery (ER)	Director of Finance and Performance
Claire Turner (CT)	Consultant in Public Health
Zoe Smith (ZS)	Trust Secretary
Paul Somerville (PS)	Senior Communications Manager
Apologies	
Jacob Bayliss	Appointed Governor – Children and Young People
Joy Dennis	Appointed Governor – West Sussex County Council
Rachel Harrington	Appointed Governor – NHS Clinical Commissioning Groups
Grainne Saunders	Appointed Governor – Children and Young People
Colin Lyall	Appointed Governor – Volunteers
Martin Ensom	Public Governor for High Weald Lewes Havens
Ratnam Nadarajah	Public Governor for Crawley
Martin Osment	Public Governor for Adur
Tanya Procter	Public Governor for Worthing
Tim Sayers	Public Governor for High Weald Lewes Havens
Ngairé Cox	Staff Governor – Nurses and Healthcare Assistants
Richard Gorf	Staff Governor – Allied Health Professionals
1.	Welcome, apologies, declarations of interest
	The Chair welcomed everyone to the meeting.
	PS provided apologies as outlined above.

	<p>PH advised that RG had decided to stand down as a Governor due to health reasons. PH said RG had been a Governor for three years, that he had enjoyed the role and wished the Council the best for the future.</p> <p>DMG added that RG was an excellent colleague on the Council. He worked hard to represent the views of his staff constituency and will be missed.</p> <p>No declarations of interest were declared for this meeting.</p>
2.	Minutes of the Previous Meeting 11 September 2019
	<p>PH asked PS to provide an update on three actions.</p> <p>PS confirmed that Time to Talk and Time to Talk Health psychological therapies services provided by the Trust could be part of the Care Quality Commission (CQC) core services inspection, and that these services were part of the Trust's Peer Quality Review Visits which are currently taking place to help prepare teams for the inspection. Action closed.</p> <p>PS advised that the Trust Board is currently working on a more straightforward performance report for future Board meetings and this new report will be available from the January 2020 Board meeting. Action closed.</p> <p>PS confirmed that he has circulated the minutes from the August Governor Steering Group meeting to all Governors. Action closed.</p> <p>The minutes of the previous meeting were agreed as a true and accurate record.</p>
3.	Strategic Goals: Focus on Population Health
	<p>PH invited CT to provide a presentation on Population Health.</p> <p>CT introduced herself and gave an overview of her career in public health. CT said she had been with the Trust for six months and prior to that worked for East Sussex County Council.</p> <p>CT said that she has particular interests in looking at a population's health and identifying patterns of disease, and championing voices of unheard groups who suffer from poorer health outcomes.</p> <p>The presentation covered the following areas:</p> <ul style="list-style-type: none"> • Explanation about what public health is and where it sits in the system. • Understanding what health is and why health inequalities exist, their impact and why it is important to address them. • Introduced the concept of population health and the role of NHS provider organisations in population health. <p>CT said there had been several national public health campaigns that have had a huge impact to change behaviours and can evidence the impact of interventions</p>

e.g. campaigns to encourage people to stop smoking. And the impact vaccines has had on public health has been huge – both in children and adults.

The approach of the local health and care system is moving towards promoting the health and wellbeing of people and not just focusing on treating illness. This holistic approach not just covers physical health but also the social, emotional and the cultural wellbeing of the whole community. The determinants of health on an individual are as follows:

- The lives people lead – 35%
- The health service people use – 15%
- The conditions people live in (housing, education, employment, social and community contact, money etc.) – 50%

CT highlighted what inequalities in health look like. For example every one pound of income a White British household earns a Bangladeshi household earns 52p. Since 2009 pay for top company directors has increased by 40% whereas the average UK workers has experienced a 9% real terms pay cut. CT shared information on life expectancy. The most deprived communities are living with more long-term conditions at a younger age (in some cases 25 years earlier than the least deprived communities) and their life expectancy on average is 10 years less.

CT then went on to discuss what inequalities look like in the NHS for patients including examples of barriers to access, poor outcomes and poor experience. CT then shared examples of inequalities in the NHS for staff including:

- Discrimination in the workplace – 15% reported by black and minority ethnic versus 7% of white origin. 37% of all senior roles are held by women.
- Stonewall Report 'Unhealthy Attitudes' 2015 evidenced discrimination and unfair treatment of the LGBT+ community (staff and patients).

The most effective approaches to reduce health inequalities include:

- Structural changes to the environment, legislation, regulatory and fiscal policies.
- Income support, reduced price barriers.
- Accessibility of public services, prioritising disadvantaged groups and individuals.
- Intensive support for disadvantaged population(s).
- Start intervening, educating and supporting when people are young.

The NHS acts as an anchor organisation within its community. Through its size and scale, the NHS can positively contribute to local areas in many ways beyond providing healthcare:

- Purchasing more locally for social benefit.
- Using building and spaces to support communities.
- Widening access to quality work – the NHS is the UK's biggest employer.

	<ul style="list-style-type: none"> • Working more closely with local partners – learning from others and sharing good ideas/work. • Reducing its environmental impact. <p>CT concluded by advising that Population Health balances the intensive management of individuals with greatest need, with preventative and personal health management for those at lower levels of risk.</p> <p>PH thanked CT for her excellent presentation. Many Governors also commented that the presentation was very interesting and thought provoking.</p>
<p>4.</p>	<p>Corporate Objectives 2020-21: process, timetable and engagement with Governors</p>
	<p>PH invited ER to present this item.</p> <p>ER started by describing what corporate objectives are at the Trust – they are targets set by the Trust as specific, quantifiable outcomes that it commits to deliver in order to realise its vision, values and strategic goals.</p> <p>ER gave an overview of the Trust’s current 2019-20 corporate objectives covering:</p> <ul style="list-style-type: none"> • Population Health. • Quality Improvement. • Patient Experience. • Thriving Staff. • Value and Sustainability. <p>In developing the Trust’s 2020-21 corporate objectives ER advised that the process is informed by both top down and bottom up approaches:</p> <ul style="list-style-type: none"> • Top down – Trust vision and goals translating into key objectives at an organisational level (Trust Board – Non-Executives and Executive Directors, Council of Governors). • Bottom up – Operational and corporate services business plans translating strategic goals into operational plans at a local level (Trust services). <p>ER confirmed the role of the Council of Governors with regards to corporate objectives as follows:</p> <ul style="list-style-type: none"> • In preparing the NHS foundation trust’s forward plan, the Board of Directors must have the regard to the views of the Council of Governors. • The Council of Governors have an important role in holding the Board to account through the Non-Executive Directors for the successful delivery of strategy. <p>ER shared a timetable so the Council of Governors is aware of its role in the development of the Trust’s corporate objectives:</p> <ul style="list-style-type: none"> • 2020-21 corporate objectives being drafted until February 2020. Initial

	<p>views from the Council of Governors encouraged and welcomed.</p> <ul style="list-style-type: none"> • Early March 2020 – Draft corporate objectives shared with the Council of Governors. • Tuesday 17 March – Review final corporate objectives for 2020-21 at Joint Board of Directors/Council of Governors Meeting. • Thursday 26 March – Final corporate objectives to be approved at Board Meeting. <p>It was agreed that if any Governors had any questions or views to feed into the corporate objectives setting process they should make direct contact with ER and PS.</p> <p>PH thanked ER for his presentation.</p>
<p>5.</p>	<p>Quality Report – Local Indicator Testing</p>
	<p>PH invited SMA to present this item.</p> <p>SMA advised that a paper had been circulated to the Council of Governors setting out this item as part of the papers for this meeting.</p> <p>SMA confirmed that preparations of the Trust’s Quality Report 2019-20 is now underway. As in previous years and as part of the audit review of the Quality Report, the Trust’s new auditors, Grant Thornton, are required to undertake substantive sample testing of two mandatory indicators and one local indicator to provide assurance on data quality.</p> <p>SMA started to discuss the mandatory indicators of which there are four provided at a national level for all NHS Trusts. SMA confirmed that the Trust had selected the following mandatory indicator:</p> <ul style="list-style-type: none"> • Percentage of incomplete pathways within 18 weeks for patients at the end of the reporting period. <p>SMA stated that the nature of services provided by the Trust as a community provider means that the data for only one mandatory indicator is available and collected by the Trust. In mitigation, our Trust auditors suggest that the use one of the mandatory indicators used for acute trusts is used instead. The indicator selected is:</p> <ul style="list-style-type: none"> • Patients waiting four hours or less before being seen and treated in the Trust’s Minor Injury Units and Urgent Treatment Centre – person-centred/responsive care. <p>SMA confirmed this was selected because the Trust collects this data and it is readily available to provide to the Trust Auditors.</p> <p>SMA said that NHS foundation trusts also needs to get assurance through substantive sample testing over one local indicator in the Quality Report, as selected by the Council of Governors of the Trust.</p>

	<p>SMA highlighted that the exercise is data-led rather than a quality improvement initiative. SMA stated that last year the Council of Governors selected:</p> <ul style="list-style-type: none"> Medication incidents causing harm to patients as a percentage of all medication incidents – as the local indicator for testing. <p>SMA recommended that the Council of Governors should agree to use this local indicator again for 2019-20, as this will give readers of the Quality Report an opportunity to see how the data has moved on from 2018-19.</p> <p>There was discussion with the Council of Governors about the local indicators. Other options, for example falls were discussed as the Trust has demonstrated significant improvement in this area to avoid falls. After discussion and debate with the Council of Governors and SMA, the Council of Governors agreed to approve the local indicator for 2019-20 as:</p> <ul style="list-style-type: none"> Medication incidents causing harm to patients as a percentage of all medication incidents. <p>PH thanked SMA and asked the Council of Governors if they were happy to change the order of the agenda to bring forward Item 11 – Update on the Trust’s CQC inspection as Executive Lead, SMA, was available now at the meeting to provide an update. The Council of Governors agreed.</p>
11	Updated on our CQC Inspection 2020
	<p>SMA advised the Council of Governors that the Trust was continuing to build an effective working relationship with the new CQC inspectors and the Trust was preparing for an inspection of core services in February/March 2020, with a separate Well-led inspection likely to take place in March.</p> <p>SMA advised that the Provider Information Request had been received from the CQC – an in-depth range of questions that the CQC ask providers for information about the Trust and its services before the unannounced CQC inspection starts.</p> <p>SMA said a CQC Project Team had been set up and is meeting twice a week now and throughout the full inspection programme, to support teams to be prepared as possible for the inspection.</p> <p>SMA informed the Council of Governors of current, known engagement that is to take place with CQC inspectors at the Trust:</p> <ol style="list-style-type: none"> To attend Trust-Wide Clinical Governance Group (TWGG) Meeting – Thursday 9 January Engagement Visit – Wednesday 15 January Trust Board – Thursday 30 January Joint Board of Directors and Council of Governors Meeting – Tuesday 17 March <p>SMA said that a brand name ‘Good to Great’ had been launched to support teams to showcase all the great work they have been doing and to support them to</p>

	<p>prepare for the CQC inspection. PS had been working on a range of materials to support teams across the Trust and invited him to present and update this to the Council of Governors.</p> <p>PS presented a number of slides highlighting the materials developed to support teams including:</p> <ul style="list-style-type: none"> • Good to Great Staff Handbook – one for each member of staff • Quality Improvement Booklet Guide – one for each member of staff • Book of Good Stuff – one per team to continue recording their good stuff/everything they are proud of. • Updated Welcome Pack for patients, relatives and carers at our inpatient wards. • New supply of thank you cards – to recognise colleagues for their work, linked to delivering a Trust value. • New, updated generic patient leaflets for frontline facing services. <p>PS also advised that eight Good to Great Staff Engagement Drop-in Events will be taking place in January and February to support teams to prepare for the inspection and a new Good to Great section on the Pulse (Trust intranet) will be available for all colleagues to view to access all materials and support online.</p> <p>ACTION: PS advised that he will send a set of the core Good to Great materials to each Governor in the post before Christmas to read and engage with, before specific work begins with the Council of Governors to prepare for the Well-led inspection, expected in March.</p> <p>PS commented that there was a lot that the Council of Governors could be proud of regarding what it has achieved in the past 12 months and mentioned to the Lead Governor, DMG, that the Council of Governors should start to record what it is proud of in its own Book of Good Stuff.</p>
6	<p>Update from Governor sub-committees including Terms of Reference for endorsement</p>
	<p>PH advised that minutes and terms of reference for the following Council of Governors sub-committees had been circulated prior to the meeting for comment and sign off:</p> <ul style="list-style-type: none"> • Governor Staff Group – Wednesday 18 September • Governor Strategy Group – Thursday 19 September • Governor Steering Group – Tuesday 22 October <p>All were signed off subject to the following two amendments to the minutes of the Governor Steering Group:</p> <ul style="list-style-type: none"> • AS confirmed that she was present at the meeting and her attendance to be recorded on page 1. • DMG confirmed that on page 6 that nominations and elections of Governors roles in January and February should state 'Adur' instead of

	<p>'Arun'.</p> <p>ACTION: PS advised these two amendments will be made to the minutes of the Governor Steering Group will be re-circulated to the membership.</p>
7	<p>Report of the Council of Governors Nomination and Remuneration Committee (CoG NRC) on Thursday 21 November</p>
	<p>ZS, Trust Secretary, advised that at its recent meeting the CoG NRC had three main items of business:</p> <ol style="list-style-type: none"> 1. To consider the reappointment of Non-Executive Director, Maggie Ioannou, who will have served six years as a NED on 30 November 2019, one year before her current term of office expires on 30 November 2020. 2. To consider the proposed process for the reappointment of Trust Chair, Peter Horn. 3. To note NHS England and NHS Improvement guidance on aligning remuneration for chairs and NEDs of NHS Trusts and NHS Foundation Trusts and the NHS provider chair competency framework. <p>1. To consider the reappointment of Non-Executive Director, Maggie Ioannou</p> <p>DMG and ZS advised that Maggie was appointed for a first three-year term on 1 December 2013 and was reappointed for a second four-year term on 1 December 2016. By the end of her current term, Maggie will have served seven years as a NED.</p> <p>Maggie will have served six years as a NED on 30 November 2019, although her current term runs until 30 November 2020. The CoG is therefore asked to approve this legacy arrangement to cover the final year of her current term.</p> <p>The Chair confirmed at the CoG NRC meeting that Maggie continues to be independent in character and judgement and that her performance as a NED continues to be effective and to demonstrate commitment to the role. A copy of Maggie's most recent appraisal was made available to provide further assurance to CoG NRC members of her ongoing effectiveness.</p> <p>DMG advised that CoG NRC recommendation to CoG is to approve the formal reappointment of Maggie Ioannou for the final year of her current term of office (in line with the requirement of the Code of Governance for annual reappointment where a NED term exceeds six years). CoG approves the formal reappointment.</p> <p>2. To consider the proposed process for the reappointment of Trust Chair, Peter Horn</p> <p>DMG advised that Chair, Peter Horn, will reach the end of his first three-year term on 31 May 2020, and subject to CoG approval and satisfactory performance in post, Peter is eligible for reappointment to this role for a further three-year term, which he has indicated to DMG that he would like to be considered for</p>

	<p>reappointment.</p> <p>DMG said in line with the CoG NRC's delegated authority from the CoG, it proposes that the CoG NRC makes a reappointment recommendation to the full Council of Governors at its meeting on 17 March, following its next meeting on 5 March. The CoG NRC's March report to the full Council of Governors will summarise the CoG NRC process, describe how the Chair continues to meet the specification for the role and recommend how the CoG should proceed.</p> <p>DMG advised that CoG NRC recommendation to CoG is to approve the proposed process for the reappointment of Peter Horn as Trust Chair. CoG approves the proposed process for reappointment.</p> <p>3. To note NHS England and NHS Improvement guidance on aligning remuneration for chairs and NEDs of NHS Trusts and NHS Foundation Trusts and the NHS provider chair competency framework.</p> <p>ZS advised that new guidance had been published in September 2019.</p> <p>The first aspect 'A structure to align remuneration for chairs and non-executive directors of NHS trusts and NHS foundation trusts' aims to address longstanding issues associated with significant disparities between the remuneration of chairs and non-executive directors of NHS trusts and NHS foundation trusts, and in the levels of remuneration in the foundation trust sector. ZS advised that Trust remuneration for non-executive directors is being reviewed against the guidance and the CoG NRC will be informed of any implications for future NED pay awards.</p> <p>The second aspect of the new guidance 'The role of the NHS provider chair: a framework for development' sets out the core competencies for the chair's role, in the context of the NHS principles and values when recruiting and appraising the chair and will inform the Chair's reappointment process as well as the appraisal process for the Chair in 2020.</p>
8	NHS Providers Development Day – Evaluation
	<p>PS advised that a paper had been circulated with the agenda setting out the evaluation following its bespoke Governor development day with NHS Providers on Tuesday 5 November.</p> <p>PS said that the aims of the development day had taken into account feedback from the Chair, Lead Governor as well as feedback from Governors, whilst also being aware of preparations for an upcoming Care Quality Commission (CQC) inspection. The theme was 'How to be an effective Governor' to support Governors to carry out their key statutory duties, including:</p> <ul style="list-style-type: none"> • Holding Non-Executive Directors to account for the performance of the Trust Board. • Representing the interests of the public and members. <p>PS advised that Governors had also been sent both an electronic and hard copy of the '<i>Care Quality Commission and Foundation Trust Councils of Governors</i></p>

	<p><i>working together: A guide for Council of Governors about the CQC</i> published in September 2019. This was referenced at the Governor Development Day and will become a helpful document when preparing the CoG for the CQC Well-led inspection.</p> <p>Attendance 23 of 28 Governors attended, including the Lead Governor. The Trust Chair, Non-Executive Director David Parfitt and the Senior Communications Manager also attended.</p> <p>Evaluation 18 attendees completed an evaluation form at the end of the development day.</p> <p>PS said scores range from 1 (poor) to 5 (excellent).</p> <p>Key scores include:</p> <ul style="list-style-type: none"> • Overall satisfaction – 4.6. • Programme content – 4.6. • Session – Effective questioning and challenge – 4.6. • Session – NHS finances and business skills – 4.6. • Session – Governance and the role of Governor – 4.4. • Session – Quality matters: an insight – 4.2. • Session – Sources of support for Governors – 4.2. • 100% of respondents would recommend the development day. <p>PS said that the feedback highlighted two areas for on-going development to support Governors in their role:</p> <ul style="list-style-type: none"> • Information that comes to CoG and how it enables Governors to hold NEDs to account for the performance of the Board. • How Governors can become a representative voice of their constituency to feedback to the Board. <p>Governors commented that they found the development day “excellent” and “clearly set out the role as a Council of Governors”.</p> <p>ES said she was unable to attend due to another work commitment and requested that notice of three months for any work for the Council of Governors is given. PS advised that this will be at the forefront of his mind when planning further work to give as much notice as possible to all Governors to maximise attendance.</p>
9	<p>Lead Governor Update</p>
	<p>DMG said that in early 2020 the Council of Governors will be looking for a Governor, who is in their first term, to consider putting themselves forward to support David as Deputy Lead Governor.</p> <p>Although there is no national guidance for a Deputy Lead Governor role, the role is to support the Lead Governor in a number of tasks that the Lead Governor has to carry out.</p> <p>Expressions of interest in the first instance should be made to the Chair, Peter</p>

	<p>Horn, and/or the Lead Governor, David McGill.</p> <p>The intention is to have a Deputy Lead Governor in place by Spring 2020.</p> <p>DMG said that preparations for the 2020 Sussex Governors Network Meeting are still in the planning stage but is hopeful to share confirmed arrangements in early 2020. All Governors are welcomed to attend.</p>
10	Governor Feedback including Service Visits
	<p>RN gave an update on behalf of him and CC – both Public Governors for Chichester. They have both completed an initial series of meetings with the following Practice Managers at GP surgeries : Lavant Road Surgery; Southbourne Surgery; Tangmere Medical Centre and Selsey Medical Centre. They have also both attended the Midhurst Hub open meeting on 8th October and will seek to be updated on developments towards launching a new hub. RN said he had observed a Community staff meeting at Durrington-on-Sea. CC said she had joined a service meeting at Bognor Regis Minor Injuries Unit and a service meeting at Chichester Children Services, both with PH. Both RN and CC fed back that the services visits were really interesting and were impressed with the quality of care and compassion provided by the teams.</p> <p>JR said that she enjoyed the recent service visit she had accompanied with PH and that she had joined her local patient and participation group.</p> <p>GWB said that she presented at the recent Medical and Dental Team Meeting so this staff constituency now know that she is their Staff Governor. GWB provided information to them about the Council of Governors.</p>
11	Any other business
	<p>PS advised that the next round of CoG nominations and elections will start on Friday 3 January 2020 for the following Governor roles:</p> <ul style="list-style-type: none"> • One Public Governor – Adur • One Public Governor – Crawley • One Public Governor – High Weald Lewes Havens • One Staff Governor – Allied Health Professionals (including Therapists). <p>A communication and engagement plan is in place to contact members directly, in addition to promotion on social media via the Trust and local Clinical Commissioning Groups (CCGs), via local press releases and targeted coaching conversation with relevant Allied Health Professional staff.</p> <p>Action: Governors are also encouraged to support with raising awareness of the roles and PS encouraged them to share information with their colleagues, friends, family who would be suitable to submit a nomination.</p> <p>Nominations close Monday 20 January. Elections are planned to start from Friday 14 February. Any elections held will close on Thursday 27 February.</p> <p>The meeting closed at 19:00.</p>

Action List

	Meeting Date	Name	Action	Delivered By
1	10/12/19	PS	To send a set of the core Good to Great materials to each Governor to read and engage with, before specific work begins with the Council of Governors to prepare for the Well-led inspection, expected in March.	End December 2019
2	10/12/19	PS	Two amendments to be made to the minutes of the Governor Steering Group and to be re-circulated to the membership.	End December 2019
3	10/12/19	CoG	Governors are encouraged to support with raising awareness of the Governor roles during the nomination stage and encouraged to share information with their colleagues, friends and family.	By Monday 20 January 2020