

MINUTES OF THE COUNCIL OF GOVERNORS MEETING

8 December 2021

14:00 – 15:30

MS Teams

Present	
Peter Horn (PH)	Trust Chair
Martin Ensom (ME)	Lead Governor and Public Governor for High Weald Lewes Havens
Grainne Saunders (GS)	Deputy Lead Governor and Appointed Governor – Children and Young People
Andrew Baldwin (AB)	Appointed Governor – West Sussex County Council
Elaine Foster-Page (EFP)	Appointed Governor – Volunteers
Julie Fryatt (JF)	Appointed Governor – Higher Education
Stella Benson (SB)	Public Governor for Brighton & Hove
Janet Baah (JB)	Public Governor for High Weald Lewes Havens
Lilian Bold (LB)	Public Governor for Horsham
Christine Hearn (CH)	Public Governor for Brighton & Hove
David McGill (DMG)	Public Governor for Arun
Richard Norrie (RN)	Public Governor for Chichester
Stan Pearce (SP)	Public Governor for Brighton & Hove – via telephone
Anne Walder (AW)	Public Governor for Horsham
Ngaire Cox (NC)	Staff Governor – Nurses and Healthcare Assistants
Jessica Poulton (JP)	Staff Governor – Allied Health Professionals
Anita Sturdey (AS)	Staff Governor – Support Staff
Emma Swarbrick (ES)	Staff Governor – Nurses and Healthcare Assistants
Lesley Strong (LS)	Non-Executive Director
Mike Jennings (MJ)	Chief Financial Officer
Donna Lamb (DL)	Chief Nurse – Left after item 6
Janet Parfitt (JP)	Quality Development Lead (Assurance) – Item 5 only
Zoe Smith (ZS)	Trust Secretary
Paul Somerville (PS)	Deputy Trust Secretary
Vicky Rings (VR)	Executive/Committee Support Assistant
Apologies	
Ann Barlow	Appointed Governor – Volunteers
Rob Persey	Appointed Governor – Brighton & Hove City Council
Pennie Ford	Appointed Governor – Clinical Commissioning Groups (CCGs)
Rebecca Cooper	Public Governor for Worthing
Carolyn Costello	Public Governor for Chichester
Sandra Daniells	Public Governor for Arun
Anne Jones	Public Governor for Mid Sussex
Amber Villar	Public Governor for Crawley
Griselda Wireko-Brobby	Staff Governor – Doctors and Dentists
1.	Welcome, apologies, declarations of interest

	Peter Horn (PH) Trust Chair welcomed everyone to the meeting. Apologies for absence are noted on page one of these minutes. No declarations of interest were made for this meeting.
2.	Minutes of the Previous Meeting 22 September 2021
	<p>Martin Ensom (ME) queried on page 3 of the minutes if the Trust had been fully funded for the NHS pay award and that there was some money for inflation. Mike Jennings (MJ) confirmed this was correct. Grainne Saunders (GS) confirmed that she did not attend the previous meeting. Subject to this minor change the minutes of the previous meeting were agreed as a true and accurate record.</p> <p>PH asked Ngaire Cox (NC) if the action from the previous meeting had been completed. Paul Somerville (PS) said that a response had been issued by Diarmaid Crean, Chief Digital and Technology Officer, and that PS would share this with NC outside of the meeting.</p>
3.	Lead and Deputy Lead Governor Update
	<p>Lead Governor Martin Ensom (ME) said that the Governor Development Day was very good and had provided an opportunity for the Council of Governors (CoG) to meet face to face. He said that there were two items for the CoG to implement:</p> <ol style="list-style-type: none"> 1. To hold pre-meets ahead of CoG meetings to discuss the papers and to agree questions that the CoG would like to ask Board members and to seek assurance on the performance of the Board. 2. An online platform that the CoG could use to communicate with each other outside of meetings. <p>ME said that the first pre-meet had good attendance and had helped the CoG to formulate and agree questions. PS said that a new CoG Team on MS Teams had been set up for the pre-meets and that an email would be sent to the CoG after the meeting with details to change local settings on MS Teams to enable real-time chat notification.</p> <p>ME said that meetings of Sussex Lead Governors were still taking place and that all local Trusts were facing similar issues.</p> <p>ME asked PH what were the current top challenges that the Trust was facing. PH said supporting the wellbeing and resilience of SCFT people, recruitment and retention, the mass vaccination programme, the ability to recover services most affected by the pandemic, to reduce waiting lists and to provide support to pressured services. MJ said that the Trust held regular Incident Response meetings that looked at the ongoing pressure on staff and to support their wellbeing, and that the Trust had to remain agile to respond to the complex and ever-changing nature of the pandemic. Donna Lamb (DL) added that the Trust continued its messaging to staff on infection prevention and control measures to protect against COVID-19, flu and norovirus. The Trust was prioritising time to look at the future needs of the workforce and to encourage as many people to choose the NHS as a career.</p> <p>Deputy Lead Governor Grainne Saunders (GS) said that it was a privilege and honour to be at the Staff Awards in November to celebrate achievement across the Trust.</p>
4.	Governor Feedback
	Janet Baah (JB) said that she would attend the COVID-19 vaccine pop up site at Newhaven Youth Centre, Denton Island on Tuesday to support membership

	recruitment and asked if the Trust was providing this. MJ said that the Trust provided about 30% of total vaccinations in Sussex and the vaccination programme was also supported by GPs, pharmacies and local community groups, and that the Newhaven vaccine pop up site was not provided by the Trust.
5.	<p>Quality Account 2020/21 and Local Indicator Testing for Quality Account 2021/22</p> <p>Donna Lamb (DL) said that as part of the audit review of the Quality Account, the Trust's external auditors were required to undertake substantive sample testing of two mandatory indicators and one local indicator to provide assurance on data quality. The CoG was asked to note the two mandatory indicators in the Quality Account 2021/22 which were the same as in 2020/21. DL said that the CoG was being asked to approve substantive sample testing of the following local indicator recommended by the Trust: Looked After Children (LAC) – Initial Health Review in 16 working days from receiving consent (Brighton & Hove and West Sussex). The rationale for recommending this local indicator was that the Trust was already collecting the data, that in recent years the local indicator had focused on adult services and that LAC was a particularly vulnerable group that had been adversely impacted by the pandemic.</p> <p>Janet Parfitt (JP) provided a helpful overview of the Quality Account to inform the CoG's understanding. Lesley Strong (LS), Chair of the Quality Improvement Committee (QIC), provided assurance that review of the local indicator took place during the year at QIC to ensure it was on track.</p> <p>ME asked if data could be benchmarked with data in East Sussex as LAC in this area was not provided by the Trust. DL said that the Trust benchmarked data with other similar sized organisations that provided similar services. The Trust also looked at data across the South East region. GS said she supported the recommendation. Andrew Baldwin (AB) asked if LAC covered unaccompanied asylum seekers and DL confirmed that it did. JB asked how the Trust triangulated its data with local authorities. DL said that local authorities were the statutory responsible organisations for LAC and that the Trust undertook the initial health assessment.</p> <p>The CoG approved the recommended local indicator.</p> <p>Decision: The CoG approved the local indicator for the Quality Report and Account 2021/22 as: Looked After Children (LAC) – Initial Health Review in 16 working days from receiving consent (Brighton & Hove and West Sussex).</p> <p>The CoG noted the Quality Account 2020/21.</p>
6.	<p>Performance Report – H1 2021/22</p> <p>Mike Jennings (MJ) presented the report and started by highlighting the operational key performance indicators (KPIs) that were being impacted by the pressures felt nationally by the pandemic: increased demand for services as a result of several lockdowns and sometimes reduced capacity due to COVID related absence and adhering to infection prevention and control measures. This meant it was challenging to maintain target waiting times, as well as managing the increase in volumes of those patients waiting. MJ said the Trust had implemented a number of initiatives to address this including digital/telephone appointments and to access new sources of funding to increase capacity in its services and to increase its workforce. MJ said that diagnostic waiting times were improving but was not at the level pre-pandemic. The Trust had reduced its average length of stay at its intermediate care units (ICUs) during the pandemic but this</p>

had started to increase due to demand and challenges to capacity in social care. This meant the Trust was finding it harder to discharge patients from health to care services, and therefore the number of patients who were medically ready for discharge was increasing at both the Trust's ICUs and its Responsive Services.

MJ said the workforce was a priority for the Board. The Trust had attracted new staff, both to support the set-up of new services such as the mass vaccination programme, as well as to existing teams, helping to reduce its vacancy rate. The Trust was being asked to set up new services, such as a team to support those suffering from Long COVID, and this required the Trust to attract and recruit staff across different professions. The Trust was prioritising staff health and wellbeing with additional support and resources for teams, including the Healthy Teams Checklist, in recognition of the huge effort staff had made to tackle COVID, to meet the rise in demand and the subsequent strain that this could have on its people. Where possible, staff in the mass vaccination programme who were on temporary contracts were being offered employment either at the Trust or in the local NHS. MJ acknowledged that staff turnover had reduced during the pandemic when things were uncertain but that staff were now looking at their future careers and the turnover rate had started to increase. Sickness had periodically been impacted by COVID but overall had not seen levels higher than before the pandemic. Absence peaked in January and February which reflected the period with most significant infection levels in the local community.

MJ added that managing budgets had been more straightforward than in previous years but was not without effort. When the Trust was asked to provide the mass vaccination programme the money was readily made available and for the first half of the 2021/22 financial year the Trust had reported a £90,000 surplus, £90,000 favourable to plan. For the full financial year the Trust was working to achieve a break-even position. There were a number of financial risks that were being managed and that a number of successful bids in the second half of the year amounted to approximately £6m revenue (plus £1.8m capital) that would help to reduce waiting lists and support patient flow through the health and care system. Agency spend had been increasing and where possible the Trust used its own bank staff rather than using agency. The Trust had a larger than normal planned capital investment programme for the year of just under £11.5m which included £3m of external funding for digital investment as well as significant values for the Brighton General redevelopment and the Trust's wider estate to improve the environment for staff and patients.

MJ highlighted that the report had provided the changing make up of the vaccination programme (first, second and now booster doses) across locations (Brighton, Crawley, Chichester, Eastbourne and also at schools) for the Trust-run mass vaccination programme since its commencement in January 2021. The Trust was working together with system partners in Sussex including local communities, GPs/primary care, pharmacies, local authorities, public health and commissioners as part of the wider vaccination programme and that the Trust was vaccinating vulnerable household patients via its roving vaccination teams. The Trust had delivered over 770,000 vaccinations. Vaccinations for 12 to 15 year olds were primarily delivered through the schools by the Trust's immunisation service and extra work was being done to maximise vaccination rates.

Lesley Strong (LS) said that the Board discussed performance at each Board meeting

	<p>and that the Executive team gave robust assurance that operations, workforce, finances and the mass vaccination programme were being managed effectively.</p> <p>NC asked why Piper Ward at Crawley Hospital was excluded from the average length of stay figures at its ICUs. MJ replied that the cohort of patients cared for was different as it was a stroke rehabilitation ward and therefore was not comparable with other ICUs. NC said that she had raised at the earlier Workforce Committee about the capacity of the Trust's Occupational Health team to support the number of staff who had been off sick long-term and to support them back to work. MJ replied that he was aware of this along with the staff flu vaccination programme, and that these two areas were being picked up immediately by Caroline Haynes, Chief People Officer, to look at both the immediate and long-term support that was required.</p> <p>GS commented that the report was very helpful in explaining the complex environment that the Trust was working in and said that she had been assured that the Trust was planning ahead to manage workforce. GS commented about the nationally mandated vaccine for frontline health workers by April and the potential impact this might have on recruitment and retention of staff, and that good communication to those staff impacted would be needed. DL said that it would have been preferable that the national message had focused on the benefits of being vaccinated and that the Trust was supporting staff to get vaccinated. DL said that conversations would take place with each individual to ensure that the most appropriate decisions were taken that were kind and compassionate.</p> <p>JB asked for some assurance that the Trust was delivering the national People Plan. PH said that the Trust's Workforce Strategy dovetailed the People Plan and that the Board received a regular series of reports that provided updates on its delivery including the Integrated Performance Report (IPR), corporate objectives and Board Assurance Framework (BAF).</p> <p>AB asked if the Trust was experiencing delays to access therapy services. MJ replied that there were some waiting time pressures for physiotherapy and musculoskeletal (MSK) services, however, patients were prioritised based on clinical need. Jessica Poulton (JS) added that therapy services were doing innovative things to keep patient flow going e.g. carrying out a mix of both face-to-face and virtual appointments where appropriate.</p> <p>David McGill (DMG) praised the work of the Trust but was concerned whether the Trust was doing too much and if it could sustain the work of the mass vaccination programme over the longer-term. MJ said the Board was looking at how the nationally mandated programme was organised so that it could continue to deliver the ask, whilst being agile to implement national changes very quickly.</p> <p>The CoG noted the strong performance.</p>
7.	<p>Strategic Direction from 2022 – Timeline, Approach and Integrated Care System (ICS) Update</p> <p>PH said that the current Trust strategy ran until 2022 and the aim was to have a completed refresh of it by the summer of 2022, with publication of a new strategy document by September. The Trust Board was to have an opening discussion on strategic priorities in January and that this would be followed by an engagement</p>

	<p>process with staff, governors, patient groups and wider stakeholders. At the end of the process there would be an agreed set of strategic goals, each with a set of deliverables to establish where the Trust would want to be at the end of the strategy's term. There would be a set of service plans setting out how the strategic goals would be implemented at service level. PH said that the direction of travel and approach of the ICS would have a significant bearing on the development of the Trust's strategic priorities. PH reported that the national incident level was currently at level 3 and the extent of central control would also be a major factor. Operational pressures were very high and if these did not relent into 2022 they would have some bearing on the Trust's ability to do things outside of national, mandated requirements.</p> <p>PH gave an update on the Sussex ICS which was due to go live in April 2022 but noted that it could be delayed. PH said that both Chair and Chief Executive designates had been appointed and that a current advert was out for independent, Non-Executive Directors. PH reported that the new Chair designate, Stephen Lightfoot, was concentrating on ICS priorities and governance. The Trust's approach to the ICS remained as a constructive partner, and that the Trust was in a good position to increase its contribution to the development of integrated working for the benefit of patients/service users. The Trust would attempt to both influence the development of the ICS and take guidance from it as appropriate.</p> <p>GS asked what route there would be for patient representation across the ICS. PH said that the ICS was proposing that this would form part of the new Health and Wellbeing Assembly which would include representation from the three local Healthwatch organisations and the Chairs of the Health and Wellbeing Boards.</p> <p>The CoG thanked PH for the helpful update.</p>
8.	<p>Self-Assessment of the Governor Strategy Group – Recommendation</p> <p>PH said that he had asked PS earlier in the year to lead an effectiveness review of the CoG sub-committee structure that had been put in place in 2018 and to report findings to the Governor Steering Group. At the August Governor Steering Group it was agreed that both the Governor Steering Group and CoG Nomination and Remuneration Committee remained effective and that it should review the membership of the Governor Steering Group to allow opportunities for more recent governors who had joined the CoG to get involved. The membership of Governor Steering Group had already been reviewed and new governors had joined from the October meeting.</p> <p>PH said that the Governor Steering Group at its August meeting agreed that the Governor Strategy Group was the least effective sub-committee and following discussion that it would endorse the following recommendation to the CoG at its December meeting:</p> <ul style="list-style-type: none"> • Option C – Stand down the Governor Strategy Group ensuring that all strategic items should be on the agenda of future CoG meetings. In place of the Governor Strategy Group a number of CoG Seminars would be held, open to all governors, to help improve its understanding of the Trust, its strategy and strategic goals; the role of governor, as well as engaging governors on topical issues affecting the Trust. These would be organised when required with a maximum of three seminars held each year.

	<p>Decision: The CoG approved option C to stand down the Governor Strategy Group and to enable all governors to participate in CoG Seminars from 2022.</p> <p>PH suggested that the topic for the February CoG Seminar could focus on the services that the Trust provided and the links that they had with system partners. The seminar would be presented by either Kate Pilcher, Chief Operating Officer or Lloyd Barker, Deputy Chief Operating Officer. Later seminars could focus on the development on the ICS and Trust strategy. PS said that dates for future CoG Seminars would be circulated.</p>
9.	<p>Minutes from Governor Sub-Committees</p> <p>PH referred the CoG to the papers that had been circulated including:</p> <ul style="list-style-type: none"> • The notes from the Staff Governor Group on 13 October. • The minutes of the Governor Steering Group on 19 October. <p>Discussion was had following the circulation of the notes following the Staff Governor Group about how the Trust could recognise staff that had died in service that was appropriate and in line with the wishes of their families. It was acknowledged that there was no simple solution and that there were different points of view. DMG asked if notes from the Staff Governor Group could be shared with the full CoG shortly after their circulation. This was agreed by the CoG.</p> <p>The notes/minutes of the meetings were noted.</p>
10.	<p>NHS Providers Governor Development Day – Evaluation</p> <p>PS took the paper as read and highlighted that the purpose of the Governor Development Day was to support the CoG to carry out its key statutory duties, including:</p> <ul style="list-style-type: none"> • Holding the NEDs to account for the performance of the Trust Board. • Representing the interests of the public and members. <p>14 out of the 17 Governors who attended had responded. Feedback had been positive with 100% of respondents recommending the development day and the programme content was scored 4.7/5 – with a score of 5 being excellent. PS said that the full NHS Providers evaluation report had been included to give full transparency on feedback that had been provided.</p>
11.	<p>Governor Nominations and Elections – January to March 2022</p> <p>PS said that Governor Nominations and Elections would start in early January for 12 seats – nine public constituencies and three staff constituencies. The Trust was working with partner Civica, the independent organisation appointed, to run the process. PS added that PH had spoken with governors whose terms were due to complete and that the majority had said that they would make a nomination to stand for a further term. PS said that a comprehensive communication plan was being enacted. Some interest had already been sought in historically difficult constituencies through proactive work. All members in relevant constituencies would be communicated with by email or letter, and where elections would take place these members would be asked to vote. A social media plan to promote the seats was underway for the nomination period (Friday 7 to Monday 24 January). PS encouraged governors to spread the word and to share information to their networks, contacts, family and friends to promote the governor seats. A public announcement confirming the outcome of the nominations and</p>

	elections would be made available from w/c Monday 7 March.
12.	Membership Engagement Strategy – Year One Summary and Update on Delivering the Year Two Plan
	<p>PS introduced the paper which provided a summary of the Year One Plan where good progress had been made and updated the CoG on the delivery of the Year Two Plan (August to November 2021). PS said since the inception of the new Governor Membership Group in June over 300 new members had been processed onto the database. Biggest increases were in the following public constituencies: Brighton & Hove, Crawley, High Weald Lewes Havens and Worthing. A few younger members aged 12 to 21 had been recruited as well as more members who were of Asian and/or Black ethnicity.</p> <p>PS acknowledged and thanked the Governor Membership Group for its proactive work in membership recruitment. In 2022 the Group would also look at opportunities to communicate and engage with the membership. PS said that a meeting had recently taken place with the Trust's Patient Experience team and that it was agreed that short emails focused on specific patient experience initiatives would be sent in 2022.</p> <p>The CoG noted the Membership Engagement Strategy: Year One Summary and the update on delivering the Year Two Plan.</p>
13.	Any other business
	<p>GS said that she had established contact with the West Sussex Youth Cabinet to look at opportunities to provide information about the Trust, how they can get involved and also look for individuals to join the Trust as a member.</p> <p>PH wished everyone a Merry Christmas. The meeting closed at 15:40.</p>
14.	Date of next meeting
	Wednesday 16 March 2022 14:00 to 15:30 (Joint Board of Directors and Council of Governors) via MS Teams.