

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

16 March 2022
14:00 – 15:30
Microsoft Teams

Present	
Peter Horn (PH)	Trust Chair
Siobhan Melia (SM)	Chief Executive
Caroline Haynes (CH)	Chief People Officer
Mike Jennings (MJ)	Chief Financial Officer
Donna Lamb (DL)	Chief Nurse
Sara Lightowlers (SL)	Chief Medical Officer
Kate Pilcher (KP)	Chief Operating Officer
Rebecca Crook (RC)	Non-Executive Director
David Parfitt (DP)	Non-Executive Director
Dipesh Patel (DPa)	Associate Non-Executive Director
Lesley Strong (LS)	Non-Executive Director
Mark Swyny (MS)	Non-Executive Director
Giles York (GY)	Non-Executive Director
Martin Ensom (ME)	Lead and Public Governor
Grainne Saunders (GS)	Deputy Lead and Appointed Governor
Andrew Baldwin (AB)	Appointed Governor
Elaine Foster-Page (EFP)	Appointed Governor
Julie Fryatt (JF)	Appointed Governor
Rob Persey (RP)	Appointed Governor
Janet Baah (JB)	Public Governor
Stella Benson (SB)	Public Governor
Lilian Bold (LB)	Public Governor
Christine Hearn (CH)	Public Governor
Anne Jones (AJ)	Public Governor
David McGill (DMG)	Public Governor
Richard Norrie (RN)	Public Governor
Stan Pearce (SP)	Public Governor – via the telephone
Amber Villar (AV)	Public Governor
Anne Walder (AW)	Public Governor
Ngaire Cox (NC)	Staff Governor
Jessica Poulton (JP)	Staff Governor
Anita Sturdey (AS)	Staff Governor
Zoe Smith (ZS)	Trust Secretary
Paul Somerville (PS)	Deputy Trust Secretary
Observers	
Craig Gershater (CG)	Public Governor Designate
Alan Sutton (ASu)	Public Governor Designate
Benjamin Irvine-Capel (BIC)	Member of the West Sussex Youth Cabinet
Anah Zakeer (AZ)	Vice Chair of the West Sussex Youth Cabinet
Apologies	
Diarmaid Crean	Chief Digital and Technology Officer

Ann Barlow	Appointed Governor
Pennie Ford	Appointed Governor
Beccy Cooper	Public Governor
Carolyn Costello	Public Governor
Sandra Daniells	Public Governor
Emma Swarbrick	Staff Governor
Griselda Wireko-Brobby	Staff Governor
1.	Welcome, apologies, declarations of interest
	Peter Horn (PH) welcomed everyone to the meeting and in particular to the following two new Governors who had been elected unopposed following recent governor elections: Craig Gershater and Alan Sutton, both Public Governors for Chichester. PH also welcomed Benjamin Irvine-Capel and Anah Zakeer from the West Sussex Youth Cabinet who were observing the meeting. Apologies are outlined on pages one and two of these minutes. No declarations of interest were raised for this meeting.
2.	Minutes of the Previous Meeting 8 December 2021
	The minutes of the previous meeting were agreed as a true and accurate record. There were no outstanding actions.
3.	Lead and Deputy Lead Governor Update
	<p>Martin Ensom (ME) said that recent governor elections and an appointment had just concluded which meant that there were 10 new governors starting in April. Several long-standing governors, including himself, would be departing at the end of March. ME also noted that a Governor Steering Group had been held.</p> <p>Grainne Saunders (GS), Deputy Lead Governor, said that she gave a presentation to the West Sussex Youth Cabinet in January. It was an opportunity to engage with young people about the work of the Trust and membership. Anah and Benjamin had expressed their interest in finding out more about the Trust and the Council of Governors (CoG), and were observing the meeting to further their knowledge. GS said that a representative from Sussex Police had contacted her to help signpost children and young people to relevant Trust services. PH thanked ME and GS for their updates.</p>
4.	Governor Feedback
	Anne Jones (AJ) expressed positive feedback after recently accessing Trust services and was impressed how well they worked together. There was no further feedback.
5.	Performance – Finance, Quality and Workforce Month 9 and Operational Update
	<p>Siobhan Melia (SM) Chief Executive gave a presentation on the performance on the Trust as at month 9 (December 2021). The Trust had invested £13.1m in capital assets in the year which included clinical and digital equipment, and premises. There had been an expansion in services as the Trust had received more resources to grow. An important addition to the Trust's services was the Post COVID Assessment Service (PCAS). The Trust was focused on tackling waiting lists as a result of the pandemic. SM highlighted the resource intensity during the year to run the vaccination centres which had resulted in a major increase in temporary staff, primarily through the Trust's staff bank (StaffDirect). The turnover rate had remained positive over a period time but over the past few months had been increasing. The vacancy rate was positive against historical standards. The Trust had increased the number of new roles available and acknowledged that it was difficult to find new staff.</p> <p>SM said that sickness rates were reviewed frequently by the Executive team and COVID absence had remained stubborn. At the peak in January 2021 there were 300 staff absences – currently there were 118. SM said that the Trust was incredibly proud of the</p>

efforts of all staff during the pandemic including the mass vaccination programme. At its peak months in March and June 2021 over 5,000 vaccinations were given each day. Vaccination sites had changed during the year. In response to the Prime Minister's mandate that everyone be offered vaccination by 31 December, the Trust was providing up to 4,000 vaccinations each day. The school immunisation service started COVID vaccinations in the autumn.

There were no exceptions to report in relation to clinical quality. Infection Prevention and Control (IPC) remained paramount to keep patients and staff safe. The Trust had experienced several COVID outbreaks at its intermediate care units (ICUs). Effective and collaborative work across the Sussex system had ensured alignment on IPC and had provided good assurance on mitigating risk through good hand hygiene, use of PPE and clean environments. SM highlighted that IPC rules were different in NHS settings compared to elsewhere. There was a favourable upward trend in incident reporting which was a positive sign that the Trust had a culture of transparency and speaking up.

PH thanked SM for the presentation and asked for an update on current operational pressures. SM said that there had been a brief respite in the number of COVID patients but that community infection rates were currently high. The Trust was currently caring for 35 patients with COVID at its ICUs, and although these patients were not acutely unwell, it had impacted on operational services. Staff at ICUs were having to manage areas of the ward where patients had been exposed to or had COVID, as well as patients who had not had COVID. SM reflected on the fact that it had been two years into the pandemic, that the workforce was tired, and on the added operational complexity resulting from dealing with COVID.

PH invited questions from governors. ME thanked SM for the summary and congratulated everyone involved in the vaccination programme. ME asked what impact it would continue to have on the Trust and its staff, if there was any news on delivering a fourth vaccine, if there would be any cost to the Trust and what arrangements would continue to be in place for staff testing. SM said that the NHS was waiting to hear from the government about testing of NHS staff from 1 April. The vaccination programme was now being managed by the operations directorate and would be required to flex in response to any surges in demand. The next part of the programme was scheduled in April for the over 75's booster. There were no planned booster for anyone else, however, the next surge of vaccination was being planned for August, prior to the winter. This would include health and care staff. SM acknowledged that it was challenging to manage peaks and troughs both in terms of staff and buildings, and that the Trust had been asked nationally to look for more affordable premises and to prioritise use in the following order: NHS, other public sector premises and lastly the private sector. However, if a particular site had good accessibility to support the uptake of the vaccination this would be considered. Kate Pilcher (KP) said that the national booking system for over 75's would go live the last week of March and children aged 5 to 11 from 2 April would be able to access it vaccination sites. Mike Jennings (MJ) added that the Trust would continue to be reimbursed for providing the mass vaccination programme, however, there would likely be closer scrutiny over expenditure in the financial year 2022-23.

Janet Baah (JB) asked what were the top recurring incidents at the Trust and sought assurance on how the Trust dealt with them. KP said that emergency planning and business continuity were key at the Trust to address staff shortages and to manage other events including recent storm activity, IT outages and exceptional incidents. Donna

	<p>Lamb (DL) said that there were two key areas in relation to patients including pressure damage and falls. These were key quality indicators, part of a broader range of aspects of quality of care, in particular for elderly, frail and complex patients. DL provided assurance that clinical leads looked closely at national policy changes, that the Trust followed best practice, managed good performance and invested in training programmes. Regular clinical audits were undertaken and any findings were implemented to improve practice.</p> <p>Rob Persey (RP) said that community testing would finish on 31 March but the current mood music was that NHS and social care testing would still receive free testing from 1 April and a decision in Parliament would be made next week. RP said that boosters from April would also apply to anyone in a care home aged 65+.</p> <p>Lesley Strong (LS) added that the Quality Improvement Committee was provided with information on incidents involving moderate harm, which was very low at the Trust in comparison with similar organisations, that there was a high rate of incident reporting which supported an open culture, and the Trust was focused on delivering its quality improvement priorities.</p>
6.	Corporate Objectives Setting 2022-23
	<p>MJ talked through the presentation that had been circulated with the papers. MJ said that the Trust's current three year strategy was coming to an end in 2022. MJ set the current context – that the Trust was still operating in a pandemic, that there were treatment backlogs with a focus to tackle waiting lists, and that the NHS Long Term Plan was still relevant and focused on more care being provided in the community. The Integrated Care System (ICS) was in the process of setting up an Integrated Care Board (ICB) which would replace the current three clinical commissioning groups in Sussex. It would also provide an assurance function for health and care in Sussex and would also take on some commissioning that had previously been carried out by NHS England. The way of working across Sussex was of collaboration and the Trust had a key role to influence, inform and help shape it. MJ said that the 2022-23 operational plan across the ICS was due on 28 April, it was still being developed and that the Trust's corporate objectives would need to align to these plans. The Trust had also put in place a process to develop a new Trust strategy.</p> <p>MJ said that the existing three-year strategic goals were currently being reviewed by the Trust to make sure that they were fit for purpose. Some needed to be refreshed and a draft version would be shared with the Board for discussion later in the month. MJ said that the Trust was at the start of the strategy creation process with engagement with key stakeholders, including the CoG, from April, with an expectation that the final strategy and plan would be approved by the Board in September. In reviewing the strategic goals, discussions had already taken place with the Board and the Executive team. Current feedback was that the high-level strategic goals remained relevant but some required development. For example, Population Health was relevant across all communities in Sussex, however, the Trust only had influence over health inequalities for the demographics related to the services that it provided. There needed to be more focus on partnerships and this might become a new strategic goal. There would also be more emphasis on quality of care, digital aspirations and broader sustainability covering both financial and environmental, to include the work of the Trust's Care Without Carbon programme and in line with the national policy to deliver a net zero carbon NHS by 2040.</p> <p>MJ said that the Board would keep the CoG informed of the outputs, and seek feedback,</p>

	<p>initially in April in order to obtain support for the draft strategic goals and the corporate objectives for 2022-23, prior to the April Board meeting. PH said that MJ and he would put in place a separate briefing session for the CoG in April in order that it could provide feedback.</p> <p>DECISION/ACTION: PH/MJ to arrange a Council briefing session in April to review draft strategic goals and corporate objectives for 2022-23.</p> <p>PH thanked MJ for the presentation and invited questions.</p> <p>AJ welcomed the engagement timetable and fed back that there appeared to be gaps in the provision of the podiatry service. MJ said that the Trust was investing in its podiatry services and that engagement of the strategic goals and strategy would be at a high level. Engagement on service frameworks from May would look at key services and their links with other Trust services, and those provided by others across the health, social care and voluntary/third sector. DL provided assurance that the Trust followed NICE guidance for the services that it was commissioned to provide. JB said that the strategy should build on the work of the Trust during the pandemic when dealing with significant complexities. David McGill (DMG) said that the Trust had managed itself extremely well during the pandemic and that the Trust had made the right decision to invest in digital. MJ said that the plan would flex to meet the evolving environment which would make the Trust more resilient, responsive and adaptive. This would include building a stronger workforce, and investing more in leadership and digital development. The plan would be ambitious.</p> <p>Lilian Bold (LB) advised that the ICS was developing its own Patient and Public Involvement Strategy and that it was important that the Trust and other partners were involved in that as part of evolving the community in the design and development of services. DL said that the Trust's Quality and Safety team looked at the experience of care and the population of Sussex, that local Healthwatch sat on its Patient Experience Group, which fed into the ICS. SM added that the Trust was aligned with the ICS and would consider the best way to keep the CoG and Trust members involved in the Trust's strategy. Craig Gershater (CG) suggested that the Trust should put in place metrics so that it could measure its critical success factors. MJ said that measures would be put in place, and acknowledged that this would be easier for some strategic goals than others, and that the Trust would be focused on delivering several objectives which were ambitious but realistic and achievable.</p>
7.	<p>Staff Survey Results 2021</p> <p>Caroline Haynes (CH) delivered a presentation on the Staff Survey 2021 results. This had not been shared in advance as the results were under national embargo until 30 March. SM provided perspective to the response rate. SM said that prior to her taking up the role as Chief Executive in September 2016 the previous Executive team sampled just a small percentage of the total workforce. On her appointment the Executive team took the decision that all staff would be included in the staff survey. The initial response rate was 49%. The response rate now stood at 73% which was considered a very successful result. SM said that staff had given positive feedback but that there were always areas to improve. CH explained that for the 2021 survey and onwards, the questions in the survey were aligned to the NHS People Promise, which sets out the things that would most improve their working experience. It is made up of the following seven elements: compassionate and inclusive, recognised and rewarded, a voice that counts, safe and healthy, always learning, work flexibly and work as a team. It would therefore make it</p>

	<p>harder to compare results from previous years. CH provided an overview of the main results and provided assurance that the Trust was doing well, in particular in response to the extra focus that had been put in place over the past 18 months around compassion, being inclusive, and supporting a culture of openness. CH also gave an overview of work pressure stating that the Trust would do more work in this area. Priorities for the Trust included reducing work pressures and creating careers in the NHS, through education and training. Both of these priorities aimed to increase morale. CH invited questions.</p> <p>Giles York (GY) said that the People Committee, a sub-committee of the Board, had just been established and met for the first time in March, and was focused on improving the experience of staff. It would agree metrics that it would measure to ensure that improvements were being made. There would be a particular focus on the workforce for the future and to make more use of apprenticeships.</p> <p>Andrew Baldwin (AB) asked if survey questions were the same each year. CH said that new questions were introduced in 2021 in relation to the People Promise. Feedback had been provided to the national team to avoid double negatives and to ensure that staff understood the questions they were being asked. JB said that the Trust was showing transparency through the results and provided a good balance of what was good and where things needed to improve. CG asked if historical data was available. CH said that this was publicly available. SM said that the Trust was developing a data strategy which was being led by Diarmaid Crean, Chief Digital and Technology Officer, and the Trust wanted to be more ambitious in becoming a data driven organisation, to enable it to make better informed decisions.</p> <p>Julie Fryatt (JF) asked if temporary staff via StaffDirect were included in the survey and if the data was cut by different protective characteristics, to see if some segments of staff's experience at work was worse. CH said that StaffDirect staff were not included in the NHS Staff Survey but that StaffDirect did run its own regular survey to monitor and evaluate their experience at the Trust. CH said that to support the work of the future workforce that the experience of students on placement would be captured early on.</p> <p>Anita Sturdey (AS) said that significant improvements had been made in recruitment and thanked CH and the Recruitment team for their work in this area. DMG said that he was encouraged by the increase in the response rate but that a quarter of staff had still not responded, and suggested that the Trust could look outside of the NHS at other sectors for continued learning. CH said that the Trust was keen to continue to increase the response rate. CH noted that the quarterly Pulse surveys also surveyed bank and agency staff, and volunteers. CH said that the Trust would continue to look at other sectors and always looked to support staff to complete the Staff Survey and Pulse surveys e.g. by making the surveys available in print for those staff that did not have access to a work device etc.</p> <p>PH thanked Caroline and her team for the work that they had done to support improvements at the Trust.</p>
8.	Update from Governor Sub-Committees
	The draft minutes of 3 February Governor Steering Group had been circulated for information.
9.	Council of Governors Elections and Appointment
	PH said that the paper circulated provided confirmation to the Board and CoG that all nine public and three staff governor seats were filled either uncontested or following elections that concluded on 3 March. In addition, a new Children and Young People

	Governor was appointed by the Trust. All new Governor terms were effective from 1 April.
10.	Arrangements for Interim Lead Governor
	<p>PH said that following the outcome of the March elections, ME had not been re-elected by the High Weald Lewes Havens membership to serve a second three-year term. As ME term finished on 31 March, the CoG would be without a Lead Governor. The Trust's Constitution states that the CoG shall select a Public Governor to undertake the role. Due to the timings and the number of recent elections, it was not possible to hold a vote on behalf of the CoG to elect a new Lead Governor straight away. It was therefore recommended that arrangements were put in place for an Interim Lead Governor to be appointed, to give an opportunity for a process to be put in place to enable the CoG to identify a new Lead Governor. PH said that he had given all Public Governors the opportunity to express an interest in the interim role. The previous Lead Governor, David McGill, had indicated willingness to act as Interim Lead Governor until the CoG identified a substantive successor. The CoG approved David McGill to be appointed Interim Lead Governor.</p> <p>DECISION: The CoG approved David McGill to be appointed Interim Lead Governor from 1 April.</p> <p>In due course expressions of interest for the substantive role of Lead Governor would be invited from all 15 Public Governors. It was hoped that this process could be concluded at the Council of Governors meeting on 22 June.</p>
11.	Acknowledgement to Governors leaving the Council of Governors
	<p>On behalf of the Board and Council of Governors, PH thanked and acknowledged the following governors that were leaving on 31 March:</p> <ul style="list-style-type: none"> • Christine Hearn, Public Governor for Brighton and Hove • Carolyn Costello and Richard Norrie, Public Governors for Chichester • Anne Walder, Public Governor for Horsham • Griselda Wireko-Brobby, Staff Governor for Doctors and Dentists • Emma Swarbrick, Staff Governor for Nurses and Healthcare Assistants. <p>PH thanked Stan Pearce, Public Governor for Brighton and Hove for his six years' service to the Trust and his wise counsel. PH also thanked Martin Ensom for his dedication and excellence in the Lead Governor role, and his significant contribution to the Trust.</p>
12.	Any other business
	There was no further business.
13.	Date and time of next meeting
	Wednesday 22 June 2022 14:00 till 15:30 (Council of Governors).

Action List

	Meeting Date	Name	Action	Delivered By
1	16/03/2022	PH/ MJ	To arrange a Council briefing session in April to review draft strategic goals and corporate objectives for 22-23.	April