

**MINUTES OF THE ANNUAL MEMBERS' MEETING OF  
SUSSEX COMMUNITY NHS FOUNDATION TRUST**

**21 SEPTEMBER 2022**

**15:30 – 17:15**

**The Shaftesbury Room, Worthing Leisure Centre, Shaftesbury Avenue,  
Goring-by-Sea, Worthing BN12 4ET  
MS Teams and Live Stream**

<b>Present</b>	
Peter Horn (PH)	Trust Chair
Mike Jennings (MJ)	Interim Chief Executive
Diarmaid Crean (DC)	Chief Digital and Technology Officer
Caroline Haynes (CH)	Chief People Officer
Donna Lamb (DL)	Chief Nurse
Sara Lightowlers (SL)	Chief Medical Officer
Kate Pilcher (KP)	Chief Operating Officer
Ed Rothery (ER)	Interim Chief Financial Officer
David Parfitt (DP)	Non-Executive Director
Lesley Strong (LS)	Non-Executive Director
Mark Swyny (MS)	Non-Executive Director
Giles York (GY)	Non-Executive Director
Dipesh Patel (DPa)	Associate 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
Rob Persey (RP)	Appointed Governor
Lilian Bold (LB)	Public Governor
Sandra Daniells (SD)	Public Governor
Craig Gershater (CG)	Public Governor
Zara Grant (ZG)	Public Governor – via MS Teams
Anne Jones (AJ)	Public Governor – via MS Teams
Tanya Petherick (TP)	Public Governor
Matthew Stubbs (MSt)	Public Governor
Amber Villar (AV)	Public Governor – via MS Teams
Ngairé Cox (NC)	Staff Governor
Shingai Ngwenya (SN)	Staff Governor
Jessica Poulton (JP)	Staff Governor
Anita Sturdey (AS)	Staff Governor
Matthew White (MW)	Deputy Director, Development and Partnerships – Item 8 only
Zoe Smith (ZS)	Trust Secretary
Paul Somerville (PS)	Deputy Trust Secretary
Lisa Brown (LBr)	Executive/Committee Support Assistant
<b>Apologies</b>	
Andrew Baldwin	Appointed Governor

Julie Fryatt	Appointed Governor
Elaine Foster-Page	Appointed Governor
Janet Baah	Public Governor
Stella Benson	Public Governor
Dave Collins	Public Governor
Sue Morton	Public Governor
Harriet Clompus	Staff Governor
<b>In attendance via the live stream</b>	
Members of the public, staff and stakeholders	
<b>AMM22/001</b>	<b>Welcome, apologies, declaration of interest</b>
	<p>The Chair, Peter Horn (PH), welcomed members of the Council of Governors, Trust Board, members, staff and guests. Apologies are noted on page 2 of these minutes. There were no declarations of interest.</p> <p>Noted that the meeting was being livestreamed including the facility for staff and members of the public.</p>
<b>AMM22/002</b>	<b>Minutes of the previous meeting 22 September 2021</b>
	The draft minutes of the Annual Members' Meeting held on 22 September 2021 were held as a true and accurate record.
<b>AMM22/003</b>	<b>Matters arising</b>
	There were no matters arising from the previous meeting.
<b>AMM22/004</b>	<b>Annual Report and Accounts 2021-22 and Quality Account 2021-22</b>
	<p>Mike Jennings (MJ), Interim Chief Executive, introduced the Annual Report 2021/22 and said that he was delighted to see how staff across the Trust were continuing to bring the Trust's vision and values to life in their day-to-day work, despite the unprecedented challenges of recent years. MJ said that he was immensely proud of the Trust's staff and volunteers who had shown resilience, compassion and dedication in delivering excellent patient care.</p> <p>MJ highlighted key achievements for the Trust over the year including the launch of a new special care dentistry clinic, continued good progress in reducing the Trust's carbon emissions, and over 900,000 COVID-19 vaccinations delivered in partnership with GPs and local authorities. The Trust had continued to innovate and win awards including Baby Friendly Unicef Gold and Level Three Disability Confident Leader. Funding from the Sussex Community NHS Charity had enabled the refurbishment of staff restrooms as well as purchasing equipment to enhance patient care. The Trust's Staff Networks, whose support had been refreshed this year, were thriving and promoting the needs of staff as well as providing an opportunity to engage with staff about both positive and negative aspects of working for the Trust.</p>

Referring to the 73% response rate for the staff survey, MJ said that this was systematic and measurable way to hear from staff and that results were acted on with changes made where the survey identified issues.

MJ underlined the Trust's increased focus on health and wellbeing increased and on learning and development and said that amazing work was still going on. Looking forward, MJ noted an increased national policy focus on out of hospital and community care as well as good backing from the Integrated Care Board for the Trust.

Ed Rothery, Interim CFO, gave an overview of the Trust's annual accounts and performance noting the increase in turnover from £224 million in 2016/17 to £315m in 2021/22. Although £30m of the Trust's additional income in 2021/22 had been non-recurrent COVID-19 funding, this growth in turnover was testament to the increasing level of investment in community services. Even with the significant growth in funding, ER said it was important for the Trust to maintain good financial delivery to enable investment in staff and infrastructure and the Trust had ended the year with a £200k surplus, partly due to a reduction in travel costs. Some key targets had been suspended last year, including financial efficiency targets, which had allowed for development in some areas and there had been unprecedented investment in the Trust's capital programme with £12.7m being spent on developing the Trust's infrastructure in 2021/22 compared to £5 million three years ago. This had been spent on new and improved premises, including both the new specialist dental clinic in Crawley and mental health services expansion, as well as on digital devices, security and transformation.

Referring to achievements against the Trust's Care Without Carbon strategy, ER highlighted the fitting of solar panels and increasing use of electric vehicles as contributors to the Trust's progress in reducing its carbon footprint. He noted the stretching target for reduced carbon emissions and said that the SCFT team supported not only the Trust but also other organisations across Sussex.

Referring to Sussex Primary Care (SPC), which had continued to develop over the year, ER said that the Trust's wholly owned subsidiary strengthened links between SCFT as a provider and primary care, enabling economies of scale across its own practices and providing a support offer to GP practices more generally.

ER said that a snapshot of performance metrics was reviewed regularly through the integrated performance report at Board and this showed the breadth of services provided by the Trust. Although the Trust had had a successful year in relation to the challenges faced, there had been significant pressures on referral to treatment times and on outpatient elective services during the pandemic. However four hour urgent care waits performance had been maintained and length of stay in intermediate care units (ICUs) had also held up well.

Donna Lamb (DL), Chief Nurse, presented the Quality Account noting that this was published annually by the Trust at the end of June and summarised the key quality metrics as well as learning and performance against the Trust's quality priorities. These priorities were part of the Trust's overall quality improvement agenda which was set on the basis of incidents and patient feedback as well responding to any national initiatives.

DL highlighted the three areas of quality and the Trust's achievements against its priorities in these areas:

1. Safe Care

1.1 How the Trust implements and embed learning from serious incidents

This was rated as amber as although learning had been implemented, audit work to ensure that learning was embedded had not been completed. DL noted good work in this area although the full goal had not been achieved.

2 Patient Centred Care

2.1 Improving the patient experience of virtual consultations

This was rated green. Feedback was that patients liked having the choice of virtual consultations. Various policies and mechanisms had been put in place to ensure that this was right for individual patients at that particular stage in their care. Patients appreciated having a choice.

2.2 Improving the experience for in-patients on ICUs,

This was rated amber and had been particularly challenging during the height of the pandemic when visiting was restricted. The Trust had partly delivered this priority while managing the risks associated with COVID-19, particularly to volunteers.

3 Effective Care – Improving care for people with frailty through research.

This was rated green. There had been good delivery in this area.

DL said that this was just a snapshot of quality improvements made across the Trust despite the pandemic. The second year of the pandemic had in many ways been more challenging than the first with reduced workforce resilience and sometimes difficult decisions needing to be made to manage both individual patient risk and to support the flow of patients. During the period the Trust had built on its experience in managing outbreaks, with COVID-19 and norovirus outbreaks happening at the same time. High numbers of outbreaks but short duration and low numbers of patients affected evidenced the Trust's learning on containment. While it had been a challenging year from an infection prevention and control (IPC) perspective, the Trust's IPC and other teams who had managed this efficiently, effectively and in a very supportive way. DL also highlighted the Trust's vaccination efforts for housebound patients as well as unvaccinated patients in its ICUs alongside its role in the mass vaccination programme.

PH thanked MJ, ER and DL for their presentations and invited questions.

Tanya Petherick (TP) congratulated senior management team on their positivity, noting the support this must have been to staff. MJ acknowledged that the second year of COVID-19 had been both personally and organisationally challenging with existing issues in health and social care exacerbated by the pandemic. Nonetheless it was really important to focus on the staff's achievements in improving and develop services despite the challenges.

Craig Gershater (CG) asked about COVID-19 data and the central statistical system known as "Zoe". Sara Lightowlers (SL) confirmed that all of the Trust's relevant

	<p>COVID-19 related data was submitted to the centre. In addition, the Trust had contributed to a number of COVID-19 studies including surveys of how staff were feeling during the pandemic. CG asked whether this would feed future modelling and MJ confirmed that it would. There had been significant learning as a result of the Trust's data management experience during the pandemic and this had sharpened the Trust's experience of how to do population health, for example through reviewing data sets to target vaccination delivery for hard-to-reach groups.</p> <p>Sandra Daniells (SD) asked how the Trust had increased its income and what evidence there was of improved outcomes as a result of the Trust's increased investment. ER said that, as an NHS provider, the Trust was reimbursed by the centre for costs incurred in delivering services. While some of the Trust's additional income in recent years had been to offset additional COVID-19 costs, it had also increased its income by seeing more people and providing more services. Additional investment had provided additional healthcare, with new services being provided alongside expanded and existing services. Investment had also enabled the Trust to update the premises, equipment and technology used to provide care. ER said that there was scope to improve reporting on the impact of this type of additional investment in improving outcomes for patients across the NHS.</p> <p>MJ highlighted new Trust services including Home First, part of Responsive Services, which enabled patients to be discharged from acute hospitals with SCFT providing care and rehabilitation at home until a social care assessment could take place. There was also the new Enhanced Health in Care Homes team which worked closely with GPs and care homes. Data was showing reduced hospital admissions as a result of this new service which had expanded during the year.</p> <p>PH said that it was incumbent on the Trust Board to give assurance to the Council of Governors that Trust resources were being used as effectively as possible.</p>
<b>AMM22/005</b>	<b>Lead Governors' Report</b>
	<p>Alan Sutton (AS) presented the Lead Governors' report, stating how proud the Council of Governors were of the work of the Trust.</p> <p>AS noted changes in governors during the year including his own election and appointment as Lead Governor and thanked David McGill for his support as interim Lead Governor as well as thanking all the governors who had left the Trust during the period for their service and commitment and welcoming new governors to the Council.</p> <p><b>Action: AS thanks to David McGill for his support as interim Lead Governor to be passed on.</b></p> <p>AS gave his thanks to the Chair, the Board and Trust Secretariat for their support since his appointment.</p> <p>Sharing his reflections on the constancy of change in the NHS, AS set out his priorities as Lead Governor including working increasingly as part of the ICS, alongside other Foundation Trust governors, and sharing good practice. AS said that he would build relationships with other lead governors as well as speaking to all SCFT governors to find out their views and strengths and continuing to build the relationship with the Trust's Deputy Lead Governor. AS committed to encourage</p>

	<p>more member engagement sessions and said that CoG would continue to play a role in the development of the Trust's new strategy.</p> <p>AS shared highlights from the Council of Governors year, including a review of committee structure and the introduction of the governor membership group and governor seminar sessions and the success of the Membership Engagement Strategy which had helped to recruit over 500 new members as well as sharing feedback with the Trust's Patient Experience team.</p> <p>PH thanked AS for the report.</p>
<b>AMM22/006</b>	<p><b>Trust Strategy 2022-25</b></p>
	<p>Matthew White (MW), Deputy Director for Strategy and Partnerships, joined the meeting. MJ gave a presentation about the development of the Trust's new three-year strategy 2022-25.</p> <p>MJ said that the Trust's needed a refreshed strategy to set out its longer term aims above reacting to day-to day operational pressures. The launch of the new strategy was well timed with the end of the Level 4 national incident, the passing of the Health and Care Act 2022 and formation of Integrated Care Boards (ICBs), and the upcoming refresh of the NHS Long Term Plan with a continued national emphasis on community services.</p> <p>MJ explained the process through which the strategy was being developed including how feedback from patients, staff, governors and partners was being incorporated. He noted that an Integrated Care System strategy was also being developed focused on the overall health of the population.</p> <p>A new set of strategic goals had been developed – subject to Board approval - to give the Trust a sense of where it is going over the next three year and life stage service frameworks were being developed to bring the strategic goals to life by setting out changes for individual services. The strategy overall would guide the continued improvement of services for the benefit of patients and enable the measurement of the Trust's progress against its goals.</p> <p>The new strategic goals were set out as:</p> <ul style="list-style-type: none"> <li>• A great place to work</li> <li>• Reducing service inequities</li> <li>• Continuous improvement</li> <li>• Digital leader</li> <li>• Sustainability</li> </ul> <p>Diarmaid Crean commented that as an experienced digital leader, he hadn't experienced SCFT's pace of adoption of digital in any previous organisation and highlighted that digital leadership was now proposed as a strategic goal for the Trust.</p> <p>MJ set out the plan for approval and delivery of the Trust's 2022-25 strategy noting that the Trust's vision and values were unchanged from the previous strategy. The refreshed strategic goals and criteria for success would go the 29 September Board meeting for approval with the life stage service frameworks following in November.</p>

Operational planning for 2023 onwards would be the delivery plan for the strategy. Monitoring delivery of the strategy would be a Board activity with key indicators for each of the strategic goals to be agreed by the Board who would also continue to monitor progress against annual corporate objectives.

PH asked MW what he had learned about SCFT through the strategy development process. MW responded that the Trust was a vital link in the health and care system, relied on by patients and partners. MW gave the example of enhanced health in care homes where care home residents got a more proactive and joined up health and care service as a result of SCFT's innovation. MW also said that the process had also identified that SCFT needed to communicate better both with the public and partners.

PH invited questions from those in attendance.

SD asked whether there should be a longer timeframe for delivery given that the full strategy would not be approved until November 2022. PH responded that the current year corporate objectives already reflected the spirit of the goals proposed for 2022-23. SD then asked whether it was really a new strategy or a rewording of the Trust's previous strategy. PH noted that the world had moved on significantly since the previous strategy and the new strategic goals and delivery plans reflected both the changes in the external environment and the Trust's learning over the last three years.

CG asked whether the business plan would have objective language and milestones. MJ responded that Trust would continue to focus on delivery of the current year's business plan based on 2022/23 corporate objectives. The Business Plan for 2023/24 would be the detailed delivery plan for year 1 of the new strategy and the Board would be asked to approve key strategic metrics ahead of the business planning process. PH highlighted that SCFT was part of a wider NHS and that some system/national timelines would impact on the Trust's timelines. Mark Swyny (MS) said that the Board had been clear that there needed to be measurable success criteria and recognized its responsibility for holding executives to account for delivery of the strategy. Matthew Stubbs (MSt) asked whether there would ongoing measurement of delivery throughout the period covered by the strategy. MJ confirmed that there would be frequent executive and board oversight of key metrics. PH also commented on Board discussions about the need for the Trust to remain agile given volatility within the NHS.

Noting extensive consultation as part of the development of the strategy, AS highlighted the role for governors in communicating the Trust's strategy and asked how patients, staff and partners could feedback on the delivery of the strategy. PH referred to the Patient Experience Forum noting that the forum included a number of active governor members.

Pennie Ford (PF) said that she was looking forward to seeing more of the detail around life stage service frameworks and metrics and that there were opportunities to tie in with ICB strategy and place-based plans. PF reflected on the phrasing of the 'Reducing service inequities' goal and asked whether this should refer to 'outcome

	<p>inequities' recognizing that there was sometimes warranted service variation in order to reduce inequities in outcomes. SL responded that as it could take years to be able to report on patient outcomes, there had been a decision to focus on inequities in service provision which could be measured and affected relatively quickly. GY reinforced this, noting that the Board had given a steer that the Trust should focus on the action it could take to reduce inequities. PH highlighted Board discussion of the need to work with partners on the shared goal of reducing outcome inequities. PF noted that SCFT was already well regarded within the system as a digital collaborator in addition to its goal of being a digital leader.</p> <p>CG recommended factor analysis as an approach.</p> <p>PH reflected on media coverage of the main challenges facing the NHS including the workforce crisis and asked MJ what SCFT's main challenges were. MJ agreed that ensuring the Trust had a workforce with the right skills and competences to deliver the services required by an aging population was the Trust's biggest challenge. The Trust needed to do things differently, through digital and quality improvement, as despite its best efforts there would continue to be a workforce shortfall. This was a systemic issue affecting social care as well as health and meant that it was more important than ever for partners to work together.</p> <p>PH thanked all presenters and people who asked questions or provided their reflections. The meeting closed.</p>
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## Action List

	Meeting Date	Name	Action	Delivered By
1	21/09/22	PS	AS thanks to David McGill for his support as interim Lead Governor to be passed on.	ASAP