

Council of Governors Meeting

Thursday 7th March 2019

9.30am to 12.00pm

The Dome Worthing, 21-22 Marine Parade, Worthing, West Sussex, BN11 3PT

AGENDA

Please note that Any Other Business items should be advised to the Chairman before the Meeting

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|--|-------|--|---|---|
| 1 | 09.30 | Welcome, Introductions and Apologies for Absence
Marianne Griffiths, Denise Farmer, Stuart Fleming, Eileen Lintill, Karen Geoghegan | | Alan McCarthy |
| 2 | 09.35 | Declarations of Interests | Verbal | Alan McCarthy |
| 3 | 09.35 | Minutes of Meeting of the Council of Governors held on 10th December 2018
To approve | Enclosure | Alan McCarthy |
| 4 | 09.35 | Matters Arising from the Minutes <ul style="list-style-type: none"> • Medical Staff Morale, Resilience - local actions and initiatives • 7-Day Services To note | Enclosure
Presentation

Presentation | Alan McCarthy
Tim Taylor

Tim Taylor |
| <u>LISTENING AND REPRESENTING</u> | | | | |
| 5 | 10.00 | Lead Governor's Report
To receive and agree any necessary actions | To Follow | Roger Hammond |
| 6 | 10.10 | Membership Committee Report
To receive and agree any necessary actions | Enclosure | John Thompson |
| 7 | 10.20 | Staff Governors Report
To receive and agree any necessary actions | Verbal | Staff Governors |
| 8 | 10.30 | Appointed Governors Report (District Cllrs)
To receive and agree any necessary actions | Verbal | Appointed Governors |
| <u>ACCOUNTABILITY</u> | | | | |
| 9 | 10.40 | Board Report to Council
To receive and agree any actions | Verbal | Chief Executive |
| 10 | 10.50 | Governors Feedback from Working Groups
To receive and agree any actions | Verbal | Roger Hammond |

11	11.00	Committee Feedback – Quality and Risk To receive information on the role of the Committee	Presentation/ Discussion	Joanna Crane
12	11.10	Report from the Nomination and Remuneration Committee meeting To receive and agree any actions	Enclosure	Alan McCarthy
13	11.15	Quality Account Update To receive and agree any actions	Presentation	George Findlay
<u>GOVERNANCE</u>				
14	11.30	Governor Strategy Group – Update To discuss and agree any actions	Verbal	John Thompson
15	11.35	Annual Governor Declarations of Interest To receive and agree any actions	Enclosure	Glen Palethorpe
<u>OTHER ITEMS</u>				
16	11.40	Other Business		Alan McCarthy
17	11.45	Date of next meeting: 15.00 – 17.30 on Thursday 4 th July 2019 in the Mickerson Hall, CMEC, St Richard’s Hospital		Alan McCarthy
18	11.50	Questions from the Members of the Public		Alan McCarthy

Glen Palethorpe
Group Company Secretary
Glen.palethorpe@wsht.nhs.uk

Quoracy of Council of Governors Meetings

A meeting of the Council shall be quorate and shall not commence until it is quorate. Quoracy is defined as meaning that the following requirements are all satisfied:

- there shall be present at the meeting at least one third of all Governors (9)
- of those present, at least 51% shall be Elected Governors
- of whom at least two shall be Elected Public Governors

Minutes of the Council of Governors Meeting held in Public from 09.30am on Monday 10th December 2018 in The Mickerson Hall, Chichester Medical Education Centre (CMEC), St Richard’s Hospital, Spitalfield Road, Chichester, PO19 6SE

Present:	Alan McCarthy	Chairman
	Marianne Griffiths	Chief Executive Officer
	John Todd	Public Governor – Adur
	Jill Long	Public Governor – Arun
	Anita Mackenzie	Public Governor – Arun
	John Thompson	Public Governor – Arun
	Roger Hammond	Public Governor – Worthing (Lead Governor)
	Patricia Peal	Public Governor – Worthing
	Linda Tomsett	Public Governor – Chichester
	Les Willcox	Public Governor – Chichester
	Alan Sutton	Public Governor - Chichester
	Stuart Fleming	Governor - Patent/Carer
	Ashvin Patel	Appointed Governor – West Sussex County Council
	Andrew Ratcliffe	Associate Governor
	Lyn Fowler	Associate Governor
	Ryan De-Vall	Staff Governor – Scientific, Technical and Professional
	Richard Venn	Staff Governor – Medical & Dental
	Natalie Matthews	Staff Governor – Estates and Facilities
	Moira Whitlock	Staff Governor – Nursing & Midwifery
	Miranda Jose	Staff Governor – Additional Clinical Services
	Eileen Lintill	Appointed Governor, Chichester District Council
	Jane Ramage	Appointed Governor, Friends of Chichester Hospital

In Attendance:	Patrick Boyle	Non-Executive Director
	John Furmston	Non-Executive Director
	Mike Rymer	Non-Executive Director
	Joanna Crane	Non-Executive Director
	George Findlay	Chief Medical Officer
	Denise Farmer	Chief Workforce & OD Officer
	Alison Ingoe	Director of Finance
	Jennie Shore	HR Director
	Maggie Davies	Director of Nursing
	Glen Palethorpe	Group Company Secretary
	Tony Boness	Divisional Director – Core (for Item 10)
	Nicky Sullivan	Divisional Director – Surgery (for Item 10)
	Jeannie Baumann	Divisional Director – Resilience (for Item 12)
	Dr Cate Bell	Head of Research (for Item 13)
	Jan Simmons	Corporate Governance Officer (Minutes)

Item No	Item Title	Action
COG/12/18/1	Welcome and Apologies for Absence	

1.1 Alan McCarthy welcomed everyone to the meeting.

1.2 Apologies for absence were noted from :
Directors – Nicola Ranger, Jayne Black
Non-Executive Directors – Lizzie Peers
Governors – John Bull, Val Turner

COG/12/18/2 Declarations of Interest

2.1 There were no declarations of interest.

COG/12/18/3 Minutes of the Council of Governors Meeting held in Public on the 20th September 2018

3.1 **The minutes of the meeting of the Council of Governors held on the 20th September 2018 were agreed as correct and APPROVED to be signed by the Chairman.**

COG/12/18/4 Matters Arising from the Minutes

4.1 The Matters Arising from the meeting held on the 20th September 2018 were received and noted.

4.2 **COG 03/18/10.8 – Dementia Strategy**

It was noted that the Dementia Strategy had been presented to the Quality & Risk Committee. The Council would be updated on progress at a later date. NR

4.3 **COG 03/18/12.7 – Learning Disabilities Peer Review**

Good outcomes from the Peer Review were noted and an action plan had been developed.

4.4 **COG 03/18/16.1 – Council of Governors Terms of Reference**

ToRs accepted as appropriate at the last Pre-Council meeting and would be reviewed again next year.

4.5 **COG/06/18/8.7 – Medical Registrar National Job Plan concerns**

George Findlay acknowledged that there had been some areas of concern and advised that the Trust was well-sighted on these; discussions had been held locally to deal with them. An update would be brought back to the Council of Governors. GF

4.6 **COG/06/18/9.4 – Student Nurse Applications**

An update on the number of student nurse applications lost as a result of the impact of student loans replacing bursaries would be provided at the next meeting. KGal

4.7 meeting.

COG/09/18/8.1 – 7/7 Services

4.8 An update would be provided at the next meeting. TT

COG/09/18/8.2 – MSK

An update would be provided at the next meeting. JBI

Marianne commented that there had not been any change as the CCG were not in a position financially to appoint care navigators. Discussions and work on the pathway designs continued but it remained a major concern for the Trust.

4.9 **COG/09/18/8.5 – Nurse Staffing Levels**

Jennie Shore reported that between April and November 2018 there had been

a net increase of 17 Registered Nurses within the Trust with 93 who had commenced employment with the Trust and 76 who had left.

4.10 **COG/09/18/8.7 – Data Mapping**

This would be covered in an agenda item.

4.11 **COG/09/18/8.8 – Winter Planning**

This would be covered in an agenda item in the meeting

4.12 **COG/09/18/10.2 – Patient Catering**

This would be covered in an agenda item in respect of feedback from specific groups.

4.13 **COG/09/18/19 – Roles of Volunteers**

The roles of the volunteers were being reviewed to ensure they remained a valued and productive part of the team.

COG/12/18/5 Appointment of Deputy Chairman

5.1 The Council of Governors approved the appointment of Mike Rymer as Deputy Chairman for Western Sussex Hospital NHS Foundation Trust.

5.2 Alan McCarthy left the meeting at this point and handed over the Chair to Patrick Boyle.

COG/12/18/6 Lead Governor's Report

6.1 Roger Hammond presented the report and highlighted the following:

6.2 Roger paid tribute to John Thompson, the outgoing Lead Governor and welcomed several new Governors, including two Associate Governors. He also thanked Barbara Porter, one of the long standing Governors, for her diligent and passionate service on behalf of patients. One Governor, Jim Jennings had stood down and a number of Staff Governors had completed their term. Following the elections, all Staff groups were now well represented.

6.3 Since the last meeting in September the Trust had also welcomed Alan McCarthy as the new Chairman following the retirement of Mike Viggers.

6.4 Governors had been closely involved in the development of provision for patient catering and had reported good results to date in both the revised provision of catering and in the quality of the planned menu.

6.5 John Thompson had taken over the Chair of the Membership Committee from Jill Long who had stepped down. Roger thanked Jill for her commitment and the structure and focus that she brought to the Committee.

6.6 Governors continued to be involved in many aspects of the Hospitals. The most insightful concerned the Peer review process through which designated patient facing areas were reviewed in person by groups of staff and Governors. The process was widely commended by all involved and formed a useful insight into both the care provided and the difficulties sometimes faced in maintaining "Outstanding" performance.

6.7 In October, a group of Governors from different Trusts across the region came together to discuss common issues and thoughts on how the future of health and social care might develop and the support that might be needed from

Governors. Several Governors from WSHFT attended, finding the content both useful and stimulating.

COG/12/18/7 Membership Committee Report

- 7.1 John Thompson presented the Membership Committee Report adding that this was his first report since taking over the Chair from Jill Long, whom he thanked for all her hard work and support over the past three years.
- 7.2 Two key aims for the future were to deliver the Membership Strategy and to improve engagement with Members. It was hoped that a larger contribution to delivering the Strategy would be made by all Governors, including Staff and Appointed Governors.
- 7.3 The Committee were keen to develop better ways of engaging with, and increasing, the Trust's membership, especially with the BME community and among young people.
- 7.4 Useful contacts, and an opportunity to encourage people to join the Trust, were made at recent events that included the Organ Donation presentation and a McMillan Cancer Support event.

COG/12/18/8 Staff Governors Report

- 8.1 Richard Venn presented the report and welcomed all the new Staff Governors.
- 8.2 Items covered from the action log were discussed as follows:
- 8.3 Nursing activity – Marianne advised that the Trust had invested in a safety of care module from which activity data was reported to the Board on a daily basis.

Action:

- Maggie Davies and Richard Venn to discuss in more detail.

MD/RV

- 8.4 With regard to nurse staffing, George Findlay added that the data was reviewed multiple times per day and provided a detailed overview of operational activity, including gaps in staffing. Nurse recruitment was difficult, not only within the Trust, but across the whole of the NHS but it was important to ensure that staff felt supported and patients were cared for with compassion and safety. Turnover rates in the Trust were about half of other places but any constructive ideas on how to recruit would be appreciated as it was not possible to recruit fast enough to meet the increased demands.
- 8.5 The Council noted that a great deal of work was being undertaken with 6th Form Colleges to encourage leavers to join the Nursing profession.
- 8.6 Denise Farmer confirmed that the Trust had a limited amount of accommodation on site which was mostly used by junior doctors and nurses.
- 8.7 Responding to a comment from Anita MacKenzie it was noted that the Trust currently had approximately 1,000 volunteers with an additional 30-40 being taken on following their induction.

Action:

- With regard to the availability of meeting room and video conference resources, Jayne Black would follow up outside the meeting.

JB

COG/12/18/9 Appointed Governor Report

- 9.1 Jane Ramage presented the report on behalf of the Friends of Chichester Hospitals, Friends of Worthing Hospital and League of Friends of southlands Hospital.
- 9.2 Jane reported that there had been a productive discussion regarding the future management and training of volunteers.
- 9.3 The Friends of Chichester Hospitals finished the financial year at the end of September having committed circa.£460K to support patients and staff at St Richard's Hospital. This had supported the purchase of equipment including instruments for laparoscopic gynae surgery, raising and transfer aids, a bladder scanner and a large quantity of chairs - for A & E, the Goodwood discharge lounge, Outpatient clinics, and for wards.
- 9.4 A raffle was currently running at St Richard's to raise funds to help support the Friends' purchase of an X Ray guided core breast biopsy system for the Blackdown Suite.
- 9.5 Christmas gifts were ready to be distributed around the wards on Christmas Eve. Following concern from Alan Sutton that there appeared to be duplication that both Love Your Hospital and the Friends were providing presents for patients at Christmas, Patrick Boyle advised that work was currently taking place to bring the Charities together and to develop a protocol for going forward.

Action:

- Patrick to discuss this further with Jane Ramage outside the meeting. PB/JR

- 9.6 It was noted that the Friends' Shop would be closed for longer this year on Christmas day and Boxing Day and two days at New Year.

COG/12/18/10 Board Report to Council – Patient First Metrics

- 10.1 Marianne Griffiths provided a brief update on activity and performance the highlights of which were:
- 10.2 A&E attendances had increased by approximately 2% and emergency admissions by 8% partly due to patients with more complex health issues.
- 10.3 The A&E target of 95% had been missed in October but the Trust had achieved the Sustainability and Transformation Funding (STF) for the first two quarters of the year. In November the Trust had achieved 96% and 94.89% for the year to day. By December the organization needed to achieve 95% to achieve its next STF payment.
- 10.4 Marianne added that the Trust was currently top of the region for its A&E performance and in the best 10 nationally performing Trusts.
- 10.5 Referral to Treatment Time (RTT) had been an issue and the Trust was currently under-achieving on this measure but was taking action to improve.
- 10.6 Ambulance handover standards required that they be completed within 15 minutes. A great deal of improvement work was taking place to improve this with Worthing Hospital currently rated 5th and St Richard's 6th in the region.

10.7 62 day cancer targets were achieved by the Trust. However, there had been an enormous increase in 2-week rule referrals that had impacted on the performance target which was usually delivered by the Trust.

10.8 **Southlands – Ophthalmology**

Nicky Sullivan, Divisional Director for Surgery provided an update advising that the Ophthalmology team had been innovative in creating capacity and that the Glaucoma weeks had been a success with further weeks planned for January and February. The Team was on target to recover the issues with follow-up appointments by the end of March and to sustain them beyond that.

10.9 **Southlands – Phlebotomy Services**

Tony Boness, Divisional Director for Core Services advised that from 5th October 2018 the Monday to Friday GP access walk in service at Southlands Hospital had been transferred to Worthing Hospital. Following a review it was noted that the service on Fridays was poorly utilized whilst the demands on the service at Worthing was soaring. Therefore, following communication with GPs, it was decided to redistribute staff and enhance the service at Worthing.

10.10 **RTT**

Nicky Sullivan provided an update to the Council on theatre utilization to deliver RTT advising that a robust winter plan had been developed to protect beds and focus on RTT.

10.11 **Impact of BSUH CQC on WSHT and preparations for CQC**

Marianne Griffiths was delighted to advise that the Brighton & Sussex University Hospitals NHS Trust (BSUH) CQC Report was expected to be published on 19th December 2018.

10.12 As the Trust held the management contract with BSUH, the Executive Team would be presenting the findings of the report to staff at St Richard's, Worthing and Southlands hospitals.

Action:

- A formal CQC update report would be provided to the next meeting.

MG/NR

10.13 The CQC inspection of the Trust was not anticipated until after April 2019. The inspection would take place within 12 weeks of the Trust receiving the formal notice. There was nothing in the CQC Insight Report to cause concern and therefore it was likely that the Trust would have a low key inspection of only one service as well as a small unannounced inspection. There would also be a 2-day well-led inspection. Deloitte were also undertaking a review of the Trust Board Effectiveness and the Well Led self-assessment undertaken by the Trust all in preparation for the CQC visit.

10.14 Following a question from John Thompson, Glen Palethorpe confirmed that the Board Assessment Framework (BAF) had been refreshed for the Trust and was being presented to Committees, after which it would be presented to the Council of Governors.

COG/12/18/11 Governors Feedback from Working Groups

11.1 **Patient Catering Review**

John Thompson reported that good progress had been made to provide patient food that was cooked, chilled and then regenerated on special trolleys. Food tastings had taken place and the new menus were much improved and would cater for special diets, ethnicity and preference. It was anticipated that

the new menus would be in place in both hospitals by May 2019.

11.2 **Organ Donation**

Linda Tomsett briefed the Council on the Organ Donation assumed consent legislation that had reached its final reading but which would take until April 202 to become law. It was hoped that this legislation would shift attitudes to organ donation by having to opt out. Wales had started to see a good increase in organ donation having been opted out for some time. Northern Ireland was still in consultation due to religious issues and Scotland was giving the UK the highest level of organ donation. There were currently 7,000 people on the donor waiting list, with the UK having the highest rate of family refusals in the western world. George Findlay added that families would still be able to refuse and this would not be impacted by the legislation. It was clearly important to progress an educational programme to increase these numbers and to address issues with different ethnicities.

11.3 **PLACE**

John Todd provided an update on the Patient Led Assessment for Care environment (PLACE) visits which took place around wards and other areas, when conditions allowed, at both St Richard's and Worthing Hospitals. The visits at Southlands Hospital currently took place on a monthly basis but the programme was being reviewed. Great improvements had been seen over the year especially with hand hygiene and infection control. John invited all new Governors to attend.

COG/12/18/12 Preparation for Winter Pressures

12.1 Jeannie Bauman, Divisional Director – Resilience gave a presentation on the Trust's preparation for winter pressures covering operational capacity and escalation plans, additional pathways, costs, workforce and support in the community.

12.2 Responding to a question from Anita MacKenzie, Jeannie confirmed that GPs were rostered from 8am – 10pm in the A&E Department.

12.3 Richard Venn asked what work was taking place with regard to elective surgery. Nicky Sullivan replied saying there was a very clear plan with ring fenced beds for elective surgery patients and some really clear plans to mitigate day case patients requiring longer recovery time.

12.4 Marianne Griffiths added that Flu had had a huge impact on winter pressures last year but the winter plan this year was more robust than last. However, another challenge for the Trust was that of supporting mental health patients who attend A&E and a great deal of work was being done with the Mental Health Trust to help mitigate this challenge and pressure on the Trust services.

COG/12/18/13 Committee Feedback – Quality and Risk

13.1 It was agreed that the Quality and Risk feedback would be deferred to the next meeting. GP/JS

13.2 **WSHFT Clinical Academic Programme**

Maggie Davies and Dr Cate Bell, Head of Research gave a presentation to describe the vision and the case of the need for a Clinical Academic Pathways programme and to give an overview of the vision and implementation of the Clinical Academic Pathways at the Trust.

- 13.3 Responding to a question from Joanna Crane regarding the scale of funding, Maggie Davies advised that £500K had been received initially from Health Education but were requesting more. The funding was spread over three years and was very cost effective. Evidence and evaluation of two improvements would be provided to support the request.

COG/12/18/14 Governors Annual Programme

- 14.1 Roger Hammond advised that the current Annual Programme of meetings was coming to an end in March but he would be working with the Group Company Secretary in order to present next year's programme to the next meeting. RH/GP

COG/12/18/15 Trust Constitution Matters

- 15.1 Roger Hammond confirmed that the Constitution had been updated at the Council of Governors meeting in June 2018.

COG/12/18/16 Governor Strategy Group – Update

- 16.1 Arrangements had been made for Oliver Phillips to present the Trust's Strategic Plan to the Governors Strategy Group later today.

COG/12/18/17 Any Other Business

- 17.1 There was no other business to discuss.

COG/12/18/18 Date of Next Meeting

- 18.1 It was confirmed that the next meeting of the Council of Governors would take place on **Thursday 7th March 2019 from 9.30am – 12.30pm in The Dome Worthing, 21-22 Marine Parade, Worthing, West Sussex, BN11 3PT.**

COG/12/18/19 Questions from Members of the Public

- 19.1 John Gooderham asked what progress had been made on Radiotherapy services since the Surrey and Sussex Alliance had agreed that a two Linac unit should be provided at St Richard's Hospital by 2021?
- 19.2 George Findlay referred back to what had been stated at the Public Board meeting in that the decision was not in the Trust's gift. However, the Trust was very supportive and happy to make space available for the units but they could only be sited with a Cancer Provider and the Cancer centre was Portsmouth. The Trust still wished to move forward with this but an implementation plan had not progressed.
- 19.3 Roger Kewan explained that that although he was satisfied with the care he received when attending the A&E and Outpatient Departments he found the administration with regard to appointments to be very poor. George Findlay apologized and informed him that as of December the Trust would be trialing a new system for communicating with patients that would reduce postal costs. This was part of the IT strategy which would provide a portal where patients could self-manage appointments.

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Chair

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Date

DRAFT

MATTERS ARISING FROM PUBLIC MEETING OF THE COUNCIL OF GOVERNORS

MATTERS ARISING FROM THE MEETING HELD ON 10 th DECEMBER 2018				
Minute Ref	Description of Action	Responsible Person	Deadline	Report
COG 03/18/6.5	Lead Governors' Survey to be considered in detail at a future meeting of the CoG	JT	July 2019	Defer until new Co Sec fully up to speed and after the CQC inspection of WSHT.
COG 03/18/10.8	Provide an update to the Council of Governors on the progress with the Trust's Dementia Strategy.	NR	Completed	A draft Strategy is being developed and a deep dive was presented at the Quality & Risk committee meeting in December 2018.
COG/06/18/8.7	Provide an update on the Medical Registrar National job plan concerns – exit interviews.	GF	March 2019	An update to be provided at the meeting on 7 th March.
COG/06/18/9.4	Figures relating to the number of student nurse applications lost as a result of the impact of student loans replacing bursaries.	KGalvin	March 2019	A verbal update will be provided at the meeting on 7 th March.

	Are NEDs assured that Board is investigating financial incentives to ensure in-house HCAs, ODPs, therapy assistants will continue to seek further qualifications now that NHS Bursary has been removed.	MD/CW	Completed	Apprenticeship options being explored for all clinical pathways, enabling the Trust to draw down from the apprenticeship levy and explore salary support. Commenced with a 2-year Nursing Associate (NA) pathway where existing staff can qualify after 2 years as NA or continue their apprenticeship to a full degree and RN qualification. 2 cohorts have been supported so far, with a 3 rd cohort planned for February 19. Awaiting the apprenticeship standard for OPD and Nurse degree – both have been signed off and universities hope to have them ready from September 2019.
COG/09/18/8.1	Provide an update on Medical ownership – 7/7 services, in-patient medical ward cover, out of hours and annual or other leave.	TT	Completed	On agenda for 7 th March meeting.
COG/09/18/8.2	MSK – provide a further update on the whole system approach.	JBI	Completed	Please see the update note attached
COG/12/18/8.3	Nursing activity - Provide more detail on the safety of care module from which activity data was reported to the Board on a daily basis.	MD/RV	Completed	This was reported in the Public Board papers
COG/12/18/9.5	Duplication of Christmas gift distribution – to be discussed outside the meeting	PB/JR	Completed	
COG/12/18/10.12	Provide an update on the BSUH CQC Report at the next meeting.	MG/NR	Completed	Provided to Governors in Chair/CEO meeting.
COG/12/18/13	Committee Feedback – Quality and Risk item deferred to the next agenda	GP/JS	Completed	On agenda for 7 th March meeting.
COG/12/18/14	Governors Annual Programme – present next year's programme to the next meeting.	RH/GP	Completed	On agenda for 7 th March meeting

Update note for Item COG/09/18/8.2

MSK – provide a further update on the whole system approach.

- MSK is one of 5 sub-groups meeting monthly that reports to the AIC Planned Care Steering Group. This Steering Group is accountable to the CWS Partnership & Delivery Board which also meets monthly.
- The chair of the MSK sub- group is the DDO for Surgery who is also the SRO for the Planned Care Steering Group.
- MSK was one of 5 specialty areas that was identified as a top priority that could support an improvement in system wide performance for planned care and also aligns to the STP wide priorities to maximise the benefits of reducing the variation in the hip and knee clinical pathways and improving outcomes for patients. (Opportunities for MSK identified via GIRFT and Model Hospital)
- The MSK sub group ‘kick off’ meeting was held in December 2018 and has now met twice. The project aims to:
 - Reduce waiting times for patients
 - Improve Patient Outcomes
 - Reduce inefficiencies across the system and improve patient flow
 - Deliver an integrated service across CWS for MSK patients
 - Support RTT recovery
- Membership of the group includes Primary, Community and Acute Trust Colleagues and Coastal West Sussex CCG. (Acute Trust includes Consultant Physiotherapist, Pain Consultant, Consultant Rheumatologists, Pharmacists, Consultant Orthopaedic Consultants, CD Orthopaedics, Radiology Manager, CD Radiology, CGMs)
- The group has reviewed the original MSK A3 for the programme of work and is building on the extensive amount of development and innovation already completed in Coastal West Sussex through partnership working. This includes the ambition to co-locate services and work more closely at the community and secondary care interface as well as testing the benefit of nationally linked initiatives such as First Contact Practitioners based in Primary Care.



LEAD GOVERNOR'S REPORT TO THE COUNCIL OF GOVERNORS

MARCH 2019

Membership engagement

We continue to make good progress towards our goal of greater membership engagement. John Thompson will be providing more details in his report following, however, I would like to comment on the importance of our events open to all stakeholders. Last October we hosted an innovative evening in partnership with our Organ donation charity at which we heard of the hundreds of people who await an organ transplant each year and of the hundreds who die without one. It is therefore encouraging that on the 26th February this year, the bill concerning "Presumed Consent" was passed through Parliament and will be enacted next year. A remaining issue is the frequent disconnect between the will of the donor and their family and we encourage discussion between families on this issue before it becomes too late. If you need convincing, listen to Max talking about Keira's family who donated her heart to him and whose names have become the statute in law.

Patient catering

More food for thought. The project is rapidly approaching completion and we eagerly await the response from patients. I know from my own relatives and friends in hospital recently that we don't always feel like eating when ill or after surgery although the responses to the trials have been encouraging. Those of us who took part in the last peer review of the maternity wards will remember the delight of one of our patients who was astonished at the food quality. The down side was she didn't want to go home! We thank those Governors who have supported the project and Natalie Matthews for keeping us up to date with the project.

Holding Non-Executive Directors to Account

We recently held our first biannual meeting of the year with the Non-Executive Directors at which we exchange our thoughts on matters of mutual interest. The interest on this occasion was in connection with the ongoing work of our Trust in supporting Brighton and University hospitals under the managed contract entered into 2 years ago. The effort has been extensive and demanding and consequently has required some re-distribution of effort on behalf of the NED's as well as staff. Whilst we are pleased that the outcome has been stunning for all involved, we as Governors have sought assurance that the balance of executive support has not adversely tilted away from WSHFT. We have received this assurance from the Chief Executive that the focus on WSHFT retaining their outstanding rating is a key priority for the executive. Consequently, we are supportive of all efforts to assure the Trust is in the best position possible to maintain the "Outstanding" rating previously awarded by the Care Quality Commission (CQC).

Outpatients appointments

Many patients and their families will have had to negotiate the appointments system at one or more of the Trust hospitals since the increase in patient demands began a few years ago. There is a complex interaction of people and systems that support the patient securing an effective appointment, consultation and treatment. There are many factors that come into



play to enable this process to work successfully each and every time and for some the system does not deliver every time the high levels of service the Trust demands of itself. We are aware of work to improve outpatient appointments and where we are aware of issues we flag this to the Trust to enable them to better understand the many factors that are to be addressed by the planned improvement work,

Involvement of Trust Governors in the Development of Trust Strategies

We are continuing to have meetings with members of the senior and Executive team on matters relating to the future strategy of the Trust. As ever the issues and choices are not straightforward and the important part we play in representing the patient perspective, past, present and future is welcomed by the Trust. The NHS is currently favouring a more regional approach to future healthcare and whilst the work with Brighton on Acute hospital issues is helpful and beneficial to our Trust, there is work being done with the Trust's Community, Mental Health and other partner that will enable our patients to gain from our involvement in the developing integrated care system. Our increasingly close relationship with Sussex and other Foundation Trusts across England is valuable in sharing experiences on what is working and what is not.

Information Seminars

The last information seminar for Governors on the subject of clinical governance was very well received by Governors who noted the continued beneficial changes in how the Trust supports patients who had experienced difficulties. This was followed by a presentation on Capital investments and more recently on hospital security that had been requested by Governors. Interesting information was provided and Governors will be interested to follow up on planned activity in the coming months.

Lead Governors' Forum

Since the last report, as Lead Governor, I have met other Lead Governors at their national conference in London. Whilst it is good to hear of the successes and challenges across England at different types of Trusts, there were also some useful ideas to discuss with colleagues. Similarly, I also met other Leads at our regular Sussex get together. Again, one or two useful ideas have emerged for Governors to consider.

Roger Hammond
March 2019

MEMBERSHIP ENGAGEMENT REPORT

MARCH 2019

Since the last report in December there has been good progress on several fronts. The Membership Strategy was formally adopted by the Membership Committee in January – a copy is attached to this report.

The key themes are reaching out to potential new Members; knowing more about and making the most of the Members we have and engaging with our Members and the wider public – who are potential new Members....

When I was approached to join the Trust, I asked “why should I join?” The answer was because you can **have a say** in the sort of services you as a patient will have access to. That is a key message in engaging with prospective and existing Members.

I believe the effective delivery of the Membership Strategy is best achieved through partnerships. To that end the Action Plan that underpins the Strategy has elements that are dependent on building relationships: we are already working on:

- GPs Surgeries – recruiting new members and publicising events – one surgery publicised the Diabetes Talk – we had 10 attendees who would not have come otherwise – non were Members – all left with application forms
- We need more younger people as Members – we are running a poster competition in one school – if a success we may do similar (engagement) events at other schools.
- Linking up with outward facing parts of the Trust – Love Your Hospital (LYH), Organ Donation and Volunteers – already LYH have agreed to some shared merchandise and to give us space in their notice boards.
- Every wards has business cards with ward ‘phone number on the front – and until now nothing on the back. As they are reprinted that will have information about Trust Membership.

The Action Plan is also attached: it shows progress on many fronts since the last Council of Governors meeting.

One decision we have made is to change Medicine for Members to Medicine for All – it reflects the fact that all our meetings are open to the public and advertised as such. These are wonderful occasions where we are lucky enough to hear from dedicated clinicians – some leaders in their field – who make the most complex subjects both interesting and accessible to lay audiences.

Our last event was on Diabetes delivered by Dr Ken Laji – a Consultant Endocrinologist – over 90 people heard about how diabetes occurs and all the actions to reduce the incidence of Diabetes and improve treatments and outcomes for those who are diabetic.

“The next Medicine for All event is planned for April in the Worthing. The subject is Frailty and Well-Being presented by Dr David Hunt a Consultant in Medicine for the Elderly – Dr Hunt did a presentation to Governors last year – informative and thought provoking in equal measure. Details will be published as soon as a date is fixed.”

John Thompson

Membership and Engagement Strategy 2018-21

Introduction

As a Foundation Trust, Western Sussex Hospitals NHS Foundation Trust (WSHFT) is answerable to its members. A responsibility of all foundation trusts is to recruit, develop and engage with members as a way of ensuring service provision meets the needs of service users.

As both an employer and provider of services it is essential that WSHFT listens to and responds to local people. Its staff, patient and public members provide a fantastic opportunity to do so, involving communities in the way services are run and improved and inspiring confidence in the people who run them.

The objectives outlined in this strategy set out an ambition to continue to increase membership; build on the strong engagement of the past few years to encourage more local people to be actively involved in their local hospitals, helping shape the services of today and tomorrow.

Trust Members can be any member of staff, anyone who has been a patient or carer within the trust since 1 January 2010, or anyone who lives in any one of the five local authority areas covered by the trust's catchment: Adur, Arun, Chichester, Horsham or Worthing¹. Members must be aged 16 or over.

Members can:

- Participate in trust events – Public Board, Council of Governors and the AGM
- Participate in trust Members' events – Stakeholder and Medicine 4 Member meetings
- Participate in surveys and consultations
- Influence the development of improvement plans, projects and new initiatives.
- Help with membership activities – through being an Ambassador Member
- Seek election as a governor
- Vote in governor elections

Current Membership

The current level of membership is already in line with the national average, and above the target set by the trust's constitution - that the Trust should achieve membership levels of 1.5% for each of the five constituencies apart from Horsham, which has a target of 0.5% (7,089 people). In addition the target is 95% of staff and 1% (300 people) from "out-of-area". The constitution also specifies a minimum number of members per constituency as described in Figure 1.

Area Minimum Number of Members per area	Population (2011 Census)	NEW Population (Mid 2015 Est)	Actual	Target (2011 Census)	New Target (Mid 2015 Est)
Adur	61,300	63,400	1,150	919	951
Arun	149,200	155,700	2,287	2,238	2335
Chichester	113,700	117,000	2,044	1,705	1755
Horsham (33%)	131,600	135,500	494	658	677
Worthing	104,600	107,500	1,290	1,569	1610
Patient (Out of area)	5,000	5,000	23	75	75
Total	565,400	584,100	7,288	7164	7403

Figure 1: Membership numbers at end of September 2019

The current membership is not entirely representative of the community it serves. The number of white British members accurately reflects the composition of the Trust's catchment population - all other ethnic groups are under-represented. Those aged 60+ are over-represented, while all younger age groups are under-represented. Overall those people who describe themselves as having a disability are represented within the membership.

Aim

The Trust aims to recruit a substantial and representativeⁱⁱ membership base that is actively engaged in working for the good of the Trust. At the end of September 18, the trust had 7,395 public members and 254 patient members. Six members of staff had opted out of being a member.

These aims fall into three broad categories:

1. Recruiting
2. Welcoming and segmenting
3. Engaging

1. Recruiting

The objectives of this membership strategy are:

- a) To increase the number of public members by **1% year on year** and maintain staff and patient member numbers.
- b) To build a more representative membership base by increasing recruitment within currently underrepresented groups. (Underrepresented groups are defined as any group with an index figure of under 80ⁱⁱⁱ)

Performance against these objectives will be reviewed at the Membership Engagement Committee with targets reviewed annually.

Summary Actions

1. Focus pro-active recruitment in minority groups (faith groups, cultural communities, etc)
2. Build on links with FE Colleges (Chichester and Northbrook)
3. Further develop relationships with schools with 6th Forms and Worthing 6th Form College
4. Look to focus in hospital recruitment in potentially high interest areas (eg. paediatrics)
5. Increase membership in the Worthing and Horsham constituency areas.
6. Develop links with GP Surgeries and PPG leads.
7. Increase public awareness of Trust events
8. Develop passive promotion through availability of information and sharing promotion of membership with other groups, eg Love Your Hospital and Organ Donation and having membership forms more widely available.

Other opportunities to promote membership of the Trust will be taken as they arise.

2. Welcoming and segmenting

It is a statutory obligation for all Foundation Trusts to establish and maintain a register of members. This is the cornerstone of our engagement with members. The Trust's existing membership register has the capacity to be used to better target members and their interests. It has the ability to enable the Trust to record areas of interest for each member and provide the foundation to improve engagement.

Objective

- a) Ensure 95% of new members have their areas of interest recorded on the membership database within four weeks of completing the application
- b) Ensure 95% of members receive a welcome pack within four weeks of completing the application

Strategy Actions

1. Make early contact with new members
2. Log members' interests as indicated on the application forms and action by providing members an opportunity to participate
3. Encourage as many members as possible to provide an email address
4. Launch Ambassador membership
5. Involve Membership Engagement Committee chair in the drafting of membership welcome pack
6. Carry out analysis the information that is currently held about members and how it is used to target them
7. Identify potential future Governors.

3. Engagement

Effective use of the register of members will be key to the development of engaged members. For the purpose of this strategy, active engagement is defined as consultations and surveys, influencing Trust development plans, sharing their experiences to help identify areas for

improvement, attending events, representing the Trust at events and seeking nominations for governor elections

The engagement objectives are to:

- a) Increase levels of participation in governor and trust activities by 10% each year. Current participation levels (see below for current performance).
- b) Recruit 25 Ambassador Members by March 2020 and increase this number by 10% per year

The average turn out for the trust's governor elections is 39%, which compares to a national average of 11%. The highest turnout for our trust was 57% which compares to the record for any acute trust of 59%.

We welcome 39 visitors on average to our medicine for members' events and on average our monthly newsletter @westernsussex is opened by 34% of those members it is sent to (currently £3.4k. In October 18, the open rate was 43%. The industry standard for email opens of this type (health related) is 22%.

Methods of communication and engagement

The Trust already employs a wide range of communication methods to communicate with the general public and, specifically to members. These include:

- Media relations - stories about the Trust appear in local media
- Internet - the Trust has user-friendly version
- Email - the Trust emails individuals and groups with relevant information
- Newsletters - The Trust has a staff newsletter, *Headlines*, as well as a members' e-newsletter, @westernsussex
- Information seminars - the Trust provides regular briefings on specific areas of healthcare that are available for members – and anyone who is interested - to attend under the banner "medicine for members". Attending non-members are encouraged to complete an application form at the event
- Stakeholder events – updates with members
- Membership packs - on registration as a member, the Trust sends out a membership pack
- The Annual General Meeting, quarterly Council of Governors and Trust Board meetings to which members are invited.
- Offers opportunities to take part in Trust surveys

Strategy Actions

1. Plan contact with all members – to establish interest and offer engagement opportunities
2. Have an annual programme of four Hot Topic events planned between March and November
3. Further increase use of Facebook and Twitter
4. Review website activity
5. Review @westernsussex e-newsletter.
6. All Governors including Staff and Appointed Governors to membership activities

Strategy Delivery

Delivery of this strategy is dependent upon a number of factors. Particularly:

- All and especially elected Governors playing an active part in the recruitment of new members – it cannot be left to a few Governors
- Continued Governor engagement in Trust events
- Having an agreement with the Communications Team of what they can realistically deliver in terms of time, activities and financial support agreed by Trust Executive
- Having an Action Plan that reflects what collectively we can jointly deliver.

Resource

The trust's Events and Engagement manager will support the delivery of the strategy, along with other members of the communications and engagement team, as appropriate. Governors are also encouraged to support the delivery of the strategy's objectives as detailed in the action plan

Recommendations

The Council is asked to:

- Approve the objectives and approach to achieving them
- Support the action plan Action Plan including taking part in events, helping recruit members and encouraging the recruitment of ambassador members

ⁱ There are a small number of exclusions, but anyone who is a vexatious complainant, who has been dismissed from employment with the Trust or who has been involved in a serious incident of violence at the hospitals or against Trust employees or volunteers in the last few years would not qualify.

ⁱⁱ To represent all groups by age, ethnic group, disability or special needs, constituency.

ⁱⁱⁱ The representation indexes compare the percentage of membership with the percentage of the base population. Numbers from 80 to 120 are deemed representative. For example, if 10% of membership was 40-49 and 20% of base population was 40-49 the representation index would be 50, because 10% is 50% of 20%. Or if 60% of membership was Female but only 50% of base population was female the index would be 120 because 60% is 120% of 50%

Membership Strategy – Delivery Progress Report at **28 FEBRUARY 2019**

(Priority 1 – Important/Quick win. 2 – Make a start, but will take time.)

Theme and Objective	Priority	Who	When By	Action 14/1/19	Progress	Internal Links
RECRUITING						
In-hospital recruitment in high interest areas Identify OPD clinics attended predominantly by <60 yrs. and create template of clinic days and times to share with Governors who can choose a slot to visit and visit area.	1	SH/ ALL	2/19 4/19	Find out what are the busy days in OPD and set up a couple of blitz sessions linked to when Governors are in for meetings	Agreed with Fiona Keeling – we just need to let her know when we are coming Action: Govs to help with this	
Increase membership, especially in Worthing and Horsham Create 'Roving Ready to Recruit' packs and store in Communications/Co Sec	1	SH	On-Going	Roving Packs ready and will be held in Hospital Receptions – included is a Q/A which covers usefulness and need for more materials	Now in Reception at each Hospital Action: Govs to help with this (might be a good idea if they pair up to start)	
Seek opportunities/events/locations where we might recruit directly or through a membership form drop	1	ALL	On-Going	Take opportunities as they arise Also, see below	All public events are a potential target	LYH events
Develop relationship with main GP surgeries Make contact with CCG and then contact Practice Managers	1	JK	1/19 2/19	Contact Laura Robertson @ CCG to set link to Practice Mgrs. to publicise events, etc	One contact made, about 10 people came to Diabetes Talk as a result We have list of GP Surgeries Action: Governors to link with larger surgeries (see below also)	
Update surgery poster	1	SH	2/19 3/19	Same poster refreshed	Done – and circulated	

Develop links with PPG leads Task Governors to make links with PPGs in their constituency	1	ALL	3/19 2/19	All Governors to make contact with the main surgeries where they live to lay ground for posters and leaflet displays – Pick up at Pre-CoG	Need to promote to Govs see above	
Trust-led events: Trust Board, Council of Governors Public events (M4A, etc), Trust AGM Ensure we have adequate stocks of up to date membership forms and giveaways (hand gel, pens and?? @westernsussex available for attendees to view/take away	1 1	SH SH	1/19 3/19	After Redesign of membership leaflet – ensure adequate stocks available at all public events. Also hold in twilight hours As above Jan 19 edition to be available	2019 AGM Planned for 25/7 4.00pm start Into Roving Packs – Advise Governors of these	
Passive actions: Notice Boards in key areas of each Hospital Make Membership forms more widely available	1 1	SH/ LYH SH/ JT	2/19 1/19	LYH have agreed to share their noticeboards – JT to meet with Amanda Tucker Obtain leaflet holders and place on wards, receptions, etc	LYH have agreed to share their 20+ notice boards with us - 3 or 2 A4 spaces in each Maggie Davies has agreed and will pilot in Ashling Ward SRH Also will add to back of Ward business cards – SH has shown me a draft	LYH
Develop sharing info relationships with: <ul style="list-style-type: none"> LYH Volunteers Organ Donation Research Department Hospital Friends 	2	SH/ JT/ ALL	3/19	Establish reciprocal and sharing and mutually beneficial relationships Focus on young volunteers	Met with AT of LYH – very supportive Have contacted Lisa Ekinsmyth about Volunteers – agreed in principle To meet with Angela Fisher about OD Com – very supportive	ALL
Focus in minority groups (faith, cultural) Re-approach Chaplain re links with faith groups and Link with Filipino community	2 2	SH JT	6/19 2/19	SH to follow up with Chaplaincy Team Link up with Gerthy	RB approaching all CoE Deaneries. Will follow up in March JT has contacted Gerthy Arbano – a meeting TBA I	
Re-design membership forms Working group to take forward	2	JT/ LF/ SH	2/19	JT/SH/LF to redesign membership form.	Lyn & JT have met. Lyn doing first roughs. Meeting again shortly	

		LF/ JT	3/19	Possible competition in school for cover	JT has got a school on board to do this and has written the script	
Build on links with FE colleges Re-establish links with Chi and N'brook Colls	2	JT/ JL	6/19	To re-establish links. Set up for events at start of academic year.	Best later in the academic year – Other Govs could help	
Develop relationship with 6th forms & Worthing 6th Form college Offer for Governors to attend assemblies / careers days	2	JT/ ALL	6/19	JT Set up with 2 or 3 Schools, then others (poss. PR) take one each	Have letter and contacts –suggest two or three to start other Govs to help	

WELCOMING AND SEGMENTING					
Involve MEC Chair in drafting of welcome pack Re-draft draft of welcome letters and share	1	SH /JT	2/19	RE-draft circulated to MEC, now to finalise	SH has done letter. Agreed and returned
Make early contact with members Date stamp forms when they arrive to monitor 4 week target	1	Co Sec	On-going	Need to check that MES has actioned those sent Date Stamps at both hospitals	Jan Simmons has updated the database JT and Jan to look at structure to tie in with Membership form – Jan has shown JT the MES structure
Encourage members to supply an email address Ensure desire for Trust to have member's email address is mentions in all contacts	1	SH	On-going	One off mail shot to Members who have not supplied an email address	JT working with Jan on this Will try to get MES to do a mail shot
Launch Ambassador membership Create small working group to action	1	JT/ Others	2/19	JT to lead, with JL, SH and RH. Establish contact with former Governors and volunteers	Will take up at meeting with Lisa Ekinsmyth – see above
Carry out analysis of information currently held about members and how it is used to target them Obtain info on database structure and then interrogate data base. Location of members, measure impact of meetings, recruitment activities	1	SH/ JT	3/19	Obtain database structure and info on how to interrogate so we can target subsets of Members	Wait to see what MES has to offer – see above
Identify potential future Governors	1	MEC	By 5/19	All to keep an eye out for potential Governors who may be approached to stand in 2019 election	Now collecting attendees information at all meetings
		Co Sec	3/19	Exploring how WSHT can attract potentially good Governor	Talent spot – both at events and among network contacts
Log members' interests and provide member with opportunity to participate Identify practical opportunities for members to assist	2	SH/ JT	5/19	Start before Governor Elections	This links to the Ambassador work on MES No point in collecting data that MES cannot record – some LYH info falls into this category

ENGAGEMENT					
<p>Have an annual programme of four Hot Topic events planned between March and November Diabetes will either be 23 or 30 Jan 2019 Elderly medicine TBC Link to Connie's Colander in Public Libraries</p>	<p>1 1 1</p>	<p>SH/ JT</p>	<p>1/19 3/19</p>	<p>Have programme of 3/4 meetings pa inc quality in place for each year Hold in Twilight hours</p>	<p>Diabetes – Jan 2019 – Done Frailty – 28 March COPD “Come dine with me” – new inpatient food tasting (limited numbers. ticket only) Quality Report – open meeting</p>
<p>Further increase use of Facebook and Twitter Make it a bit more colourful and engaging</p>	<p>1</p>	<p>JK/ SH</p>	<p>2/19</p>	<p>To liaise with James</p>	<p>In hand, action with Comms Team</p>
<p>Review website accessibility and promotion of activities Comms/MEC working group to explore</p>	<p>1</p>	<p>JK/ SH</p>	<p>3/19</p>	<p>To liaise with David Walmsley – possible meeting with David and leaflet re-write group</p>	<p>Set up meeting</p>
<p>Plan contact with all members – to establish interest and offer engagement opportunities Improve contact with Members through email</p>	<p>2</p>	<p>SH/ JT</p>	<p>4/19</p>	<p>Links to other Comms activities with Members</p>	<p>Links to work on MES</p>
<p>Review @westernsussex e-newsletter Increase Governor led content eg. Meet the new Chairman/Review of the year/Happy Christmas message/Lead Governor's Reports to CoG</p>	<p>2</p>	<p>SH/ JT/ MEC</p>	<p>1/19</p>	<p>Suggest and draft articles for @western</p>	<p>Message from JT in Jan issue - Done</p>
<p>Devise a rota for Staff and Appointed Governors to attend the Membership Committee ALL Governors to help with Recruitment and Engagement</p>	<p>2</p>	<p>ALL</p>	<p>On-going</p>	<p>Take to Pre-CoG</p>	

Agenda Item:	12	Meeting:	Council of Governors	Meeting Date:	7 March 2019
Report Title:	Report from the Nomination and Remuneration Committee meeting				
Sponsoring Executive Director:	Alan McCarthy – Trust Chair				
Author(s):					
Report previously considered by and date:					
Purpose of the report:					
Information	<input checked="" type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>		
Review and Discussion	<input type="checkbox"/>	Approval / Agreement	<input type="checkbox"/>		
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality	<input type="checkbox"/>	Staff confidentiality	<input checked="" type="checkbox"/>		
Patient confidentiality	<input type="checkbox"/>	Other exceptional circumstances	<input type="checkbox"/>		
Link to Trust Strategic Themes:					
Patient Care	<input type="checkbox"/>	Sustainability	<input type="checkbox"/>		
Our People	<input checked="" type="checkbox"/>	Quality	<input type="checkbox"/>		
Systems and Partnerships	<input type="checkbox"/>				
Any implications for:					
Quality					
Financial					
Workforce					
Link to CQC Domains:					
Safe	<input type="checkbox"/>	Effective	<input type="checkbox"/>		
Caring	<input type="checkbox"/>	Responsive	<input type="checkbox"/>		
Well-led	<input checked="" type="checkbox"/>	Use of Resources	<input type="checkbox"/>		
Communication and Consultation:					
Executive Summary:					
<p>The Nomination and Remuneration Committee met on the 21 February 2019 and received the outcomes from the 2017/18 Non Executive Appraisal process.</p> <p>The Committee were assured through the process applied and their observations and interactions with the Non Executives that the reported appraisal outcomes of “strong performer” for each NED were justified.</p> <p>The Committee endorsed the Chair’s decision to bring forward the appraisal process to have these undertaken during April and May to allow them to be reported by the end of the first quarter of the year.</p> <p>The Committee agreed that the lead governor would continue to input into the setting of one of the objectives for the Chair and for each of the Non Executives.</p> <p>The Committee was updated on the Chair’s intended actions with respect to seeking extensions to the terms of office for two of the Non Executives for Brighton and Sussex University Hospitals NHS Trust, Martin Sinclair and Kirstin Baker, who are Non Executive Advisors (non voting) to Western Sussex Hospitals NHS Trust.</p> <p>The Committee was updated on the Chair’s intended action to support the move of Joanna Crane a Brighton and Sussex University Hospitals NHS Trust Non Executive to become a Non Executive advisor and replace with the movement of Lizzie Peers a Non Executive Advisor to become a voting Non Executive. These changes do not affect their role as voting Non Executives for Western Sussex Hospitals NHS Foundation Trust. This change will see Joanna become the Chair of the Charitable</p>					

Key Recommendation(s):

The Council **NOTE** that the appraisals did not identify any matters that need referring to the Council for consideration in respect of the NEDs failing to remain fit and proper persons.

The Council **NOTE** the Committee support for the Chair to approach NHS Improvement for changes at Brighton and Sussex University NHS Trust recognising these changes do not affect the voting Non Executives at Western Sussex Hospitals NHS Foundation Trust.

Agenda Item:	15	Meeting:	Council of Governors	Meeting Date:	7 th March 2019
Report Title:	Governor Declarations of Interest				
Sponsoring Executive Director:	Glen Palethorpe				
Author(s):	Jan Simmons				
Report previously considered by and date:					
Purpose of the report:					
Information	<input checked="" type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>		
Review and Discussion	<input type="checkbox"/>	Approval / Agreement	<input type="checkbox"/>		
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality	<input type="checkbox"/>	Staff confidentiality	<input type="checkbox"/>		
Patient confidentiality	<input type="checkbox"/>	Other exceptional circumstances	<input type="checkbox"/>		
Link to Trust Strategic Themes:					
Patient Care	<input type="checkbox"/>	Sustainability	<input type="checkbox"/>		
Our People	<input checked="" type="checkbox"/>	Quality	<input type="checkbox"/>		
Systems and Partnerships	<input type="checkbox"/>				
Any implications for:					
Quality					
Financial					
Workforce					
Link to CQC Domains:					
Safe	<input type="checkbox"/>	Effective	<input type="checkbox"/>		
Caring	<input type="checkbox"/>	Responsive	<input type="checkbox"/>		
Well-led	<input checked="" type="checkbox"/>	Use of Resources	<input type="checkbox"/>		
Communication and Consultation:					
Executive Summary:					
<p>In accordance with the Trust's Constitution Members of the Council of Governors are required to complete a Declaration of Interest when elected and then annually.</p> <p>The attached table reflects the information provided by each Trust Governor in their Declarations of Interest and will be made available publicly.</p> <p>Any changes during the year, or any information that has been misinterpreted, must be declared to the Group Company Secretary immediately and formally at the next meeting of the Council.</p>					
Key Recommendation(s):					
The Council of Governors are requested to receive and note the information contained in the attached table.					

