West Suffolk NHS
NHS Foundation Trust

Council of Governors Meeting

There will be a meeting of the **COUNCIL OF GOVERNORS** of West Suffolk NHS Foundation Trust on Thursday **11 May 2017 at 17.30** in the Education Centre, West Suffolk Hospital

Roger Quince, Chairman

Agenda

General duties/Statutory role
(a) To hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors. (b) To represent the interests of the members of the corporation as a whole and the interests of the public. The Council is involved in strategic discussions, appoints the Chairman and Non-Executive Directors, external auditors and assures itself that Trust performance is at the required standard.

17.30	**GENERAL BUSINESS**	
1.	**Apologies for absence** To receive any apologies for the meeting	Roger Quince
2.	**Welcome and introductions** To welcome governors and attendees to the meeting.	Roger Quince
3.	**Declaration of interests for items on the agenda** To receive any declarations of interest for items on the agenda	Roger Quince
4.	**Minutes of the meeting of 8 February 2017** (enclosed) To approve the minutes of the meeting held on 8 February 2017	Roger Quince
5.	**Matters arising action sheet** (enclosed) To note updates on actions not covered elsewhere on the agenda	Roger Quince
6.	**Chairman's update** (verbal) To receive an update from the Chairman, including the appointment of a Senior Independent Director	Roger Quince
7.	**Chief Executive's report** (enclosed) To note a report on operational and strategic matters, including e-Care and Community Services	Steve Dunn
8.	**Governor issues** None received	June Carpenter
18.00	**DELIVER FOR TODAY**	
9.	**Summary Quality & Performance Report** (enclosed) To note the summary report	Neville Hounsome
10.	**Summary Finance & Workforce Report** (enclosed) To note the summary report	Gary Norgate

18.20	**INVEST IN QUALITY, STAFF AND CLINICAL LEADERSHIP**	
11.	**Quality presentation –** Ageing Well To receive a presentation from Dr Helena Jopling, Public Health Registrar	Helena Jopling
12.	**Non-Executive Director Presentation** To receive a presentation from Alan Rose	Alan Rose
	BUILD A JOINED UP FUTURE	
	Covered elsewhere on the agenda	
19.10	**GOVERNANCE**	
13.	**Annual Quality Report** (enclosed) To approve the governors' commentary for inclusion in the report.	Richard Jones
14.	**Chairman and NED appraisals** (enclosed) To seek a minimum of six volunteers to participate in the Chairman and NED appraisal process.	Roger Quince
15.	**Appointment of Deputy Lead Governor** (enclosed) To approve the process for nomination and appointment	Richard Jones
16.	**Engagement Committee** (enclosed) To seek additional members to the Engagement Committee	Jan Osborne
17.	**Lead Governor report** (verbal) To receive a report from the Lead Governor.	June Carpenter
19.30	**ITEMS FOR INFORMATION**	
18.	**Reflections on meeting** To consider whether the right balance has been achieved in terms of information received and questions for assurance versus operational delivery	Roger Quince
19.	**Dates of meetings for 2017** Thursday 10 August Thursday 16 November Tuesday 12 September– Annual Members Meeting (Apex, Bury St Edmunds)	Roger Quince
19.35	**CLOSE**	

DRAFT

West Suffolk NHS
NHS Foundation Trust

MINUTES OF THE COUNCIL OF GOVERNORS' MEETING
HELD ON WEDNESDAY 8 FEBRUARY 2017 AT 18.00
IN THE EDUCATION CENTRE AT WEST SUFFOLK NHS FOUNDATION TRUST

COMMITTEE MEMBERS			
		Attendance	**Apologies**
Roger Quince	Chairman		•
Mary Allan	Public Governor		•
June Carpenter	Public Governor	•	
Jane Chilvers	Staff Governor		•
Ian Collyer	Public Governor	•	
Justine Corney	Public Governor		•
Judy Cory	Partner Governor	•	
Nick Finch	Staff Governor	•	
David Frape	Public Governor	•	
Jayne Gilbert	Public Governor	•	
Mark Gurnell	Partner Governor	•	
Peter Harris	Public Governor	•	
Beccy Hopfensperger	Partner Governor		•
Jenny McCaughan	Staff Governor	•	
Sara Mildmay-White	Partner Governor	•	
Laraine Moody	Partner Governor		•
Barry Moult	Public Governor	•	
Janice Osborne	Public Governor		•
Joe Pajak	Public Governor	•	
Lindsay Pike	Staff Governor	•	
Margaret Rutter	Public Governor		•
Mick Smith	Public Governor	•	
Liz Steele	Public Governor	•	
Stuart Woodhead	Public Governor	•	
In attendance			
Steve Turpie	Vice Chair /Non Executive Director – Chaired the meeting in Roger Quince's absence		
Ali Bailey	Head of Communications		
Helen Beck	Deputy Chief Operating Officer		
Craig Black	Executive Director of Resources		
Stephen Dunn	Chief Executive		
Georgina Holmes	FT Office Manager *(minutes)*		
Neville Hounsome	Non Executive Director		
Richard Jones	Trust Secretary & Head of Governance		

Action

GENERAL BUSINESS

17/01 APOLOGIES

Apologies for absence were noted as above.

Steve Turpie chaired the meeting in the absence of the Chairman.

17/02 WELCOME AND INTRODUCTIONS

Steve Turpie welcomed everyone to the meeting.

17/03 DECLARATIONS OF INTEREST

There were no declarations of interest.

17/04 MINUTES OF THE COUNCIL OF GOVERNORS MEETING HELD ON 16 NOVEMBER 2016

The minutes of the meeting held on 16 November 2016 were approved as a true and accurate record subject to the following amendment:-

Page 7, para 6 (typo), to be amended to, "Joe Pajak asked about the principles of this and…".

17/05 MATTERS ARISING ACTION SHEET

There were no ongoing actions. The completed actions were reviewed and the following issues raised:-

Item 141 – Clarification to be given on the processing time for TTO prescriptions. June Carpenter reported that she and Liz Steele had attended one of the pharmacy visit which had been extremely informative and interesting. She encouraged other Governors to take part in these visits. Liz Steele agreed and suggested that a different message needed to be given to people who were being discharged, ie explain that it would be later that day.

Item 142 – Information on escalation wards/beds and junior doctor cover at night to come back to next CoG meeting. It was confirmed that there were daily meetings to ensure that patients in escalation areas had been seen and reviewed.

Item 143 – Arrange a Governor development session in March, based on proposal agreed at CoG meeting of 16 November 2016. The date had been confirmed as 7 March.

Judy Cory asked about the front of the hospital redesign and when this would be coming back to a Board meeting. Craig Black explained that this had been delayed due to the amount of work involved, including finances.

17/06 CHAIRMAN'S UPDATE

Steve Turpie explained that the Trust had two key challenges to address; 1) finance and a strategy for maintaining a financially sustainable hospital and 2) The demand and pressures on the hospital in the immediate term where staff were under considerable pressure and were doing an excellent job.

17/07 CHIEF EXECUTIVE'S REPORT

The Chief Executive explained that there had been a 7% increase in activity over the year. Between Christmas and New year there had been a 20% increase in admissions, compared to the average over the past three years. Staff had worked extremely hard over this period and WSFT was one of the strongest performers in the East of England. This was mainly due to the changes that had been put in place in the Emergency Department and the opening of Glastonbury Court. However, there were still major operational challenges and escalation wards/areas had had to be opened, which has resulted in an overspend on staff and a further deterioration in the Trust's financial position.

He highlighted the SAFER bundle which a major focus with the aim of improving safer flow and preventing unnecessary waits.

WSFT still expected to deliver its existing financial plan, but would not deliver the additional stretch CIP; therefore it would not receive all the additional Sustainability and Transformation funding. A meeting with NHSI had taken place last week and they have asked the Trust to do better that the £12.1m deficit it was now forecasting.

A strategy for this was being discussed with NHSI and the Chief Executive considered there to have been a very constructive conversation.

David Frape asked why the increase in admissions was so large. It was explained that there had been an increase in the number of very sick patients. Further analysis would be undertaken to try to understand this.

The Chief Executive acknowledged the issues around car parking charges, but these were difficult decisions that had to be made due to the challenging financial position.

Sara Mildmay-White asked about the impact of these pressures on elective surgery. The Chief Executive explained that there had been lower than the planned number operations after Christmas due to demand, but the Trust had managed to maintain activity. There had not been a major change in the elective work going through theatres.

Stuart Woodhead asked if the budgets for next year would be less optimistic about the savings that could be made, and also take into account the increase in attendances. He felt that budgets had been set on presumptions that were unlikely to happen.

Craig Black explained that at the meeting with NHSI, they had challenged WSFT to increase its Cost Improvement Programme (CIP) for next year. He agreed with Stuart Woodhead and the Board had also consistently agreed the need to be realistic.

June Carpenter asked if emergency surgery had been done in the Day Surgery Unit (DSU). Helen Beck explained that sometimes elective lists were moved to DSU. The Trust was very protected by quality initiatives to maintain F4 as a totally elective facility from an infection control point of view. Emergency surgery patients were never put on F4.

Neville Hounsome explained that it was not possible to change the price or quality of the product delivered, unlike the private sector. Therefore it was more difficult to achieve the savings and figures required by NHSI.

17/08 GOVERNOR ISSUES

The responses to the issues that were raised were noted.

June Carpenter referred to item 9, the contact and standards for physio services at Morton Hall and said that the Governors were very concerned that these should be reviewed.

The Chief Executive confirmed that this was an aspiration and options would be looked at.

DELIVER FOR TODAY

17/09 SUMMARY QUALITY & PERFORMANCE REPORT

Rosie Varley said that it was a credit to staff that the Trust had been able to maintain quality and performance in the face of the operational pressures that it was under. There were considerable challenges, particularly in the emergency department and there had been an huge concerted effort to maintain the operation of the hospital at this standard. There were also difficulties with e-Care reporting some of the data.

She explained that at the last Board meeting they had discussed the poor performance of nutritional assessment and Rowan Procter had assured the Board of actions that had been put in place to address this.

As a result of the never events, a group called the Human Factors group had been set up, led by Sue Deakin. This group was looking at ensuring that the WHO checklist and other safety controls were consistently followed within the Trust and in April a programme of training was being introduced for all theatre staff.

In order to sustain the quality of care provided by the hospital the financial pressures of the Trust also had to be managed.

Jayne Gilbert asked why the issue around e-Care reporting certain data had not been resolved. Craig Black explained that there was a programme of work to establish the right number of reports in the organisation and these were prioritised in order of safety issues. It was not felt that this was a safety risk as the issue was around reporting, not around processes that were in place. Issues with e-Care would continue for some time and these were being worked through systematically.

The Chief Executive reported e-Care had resulted in WSFT being awarded Global Digital Excellence (GDE) status. Everyone was aware of the issues and it was a known risk that there would be a reporting issue. The current priority was to resolve reporting of 18 week access and waiting times. Spot audits were undertaken in areas where e-Care was not yet reporting on. It was explained that VTE data was being collected, but it was how this was processed through the data warehouse that was the issue.

Steve Turpie proposed that an update on reporting by e-Care should be given at a future meeting. **C Black**

Peter Harris reported that there was considerable frustration amongst some staff with e-Care and lack of speed of change; therefore their enthusiasm to report issues was waning.

Liz Steele asked about staff flu vaccination uptake. This was reported as being 65% and Governors did not consider this to be a good performance. Helen Beck said that the Trust had not seen any higher incidence of confirmed cases of flu. Nick Jenkins had pushed staff on this as was also looking at whether this could be made mandatory in the future.

Joe Pajak asked if it was possible to get accurate figures for staff who had been vaccinated outside the hospital. Craig Black explained that staff had been asked to let their manager know if this was the case.

Rosie Varley confirmed that the Trust had pushed as hard as it could to encourage staff to be vaccinated. It was not known if volunteers were included in the number of staff who had been vaccinated.

17/10 SUMMARY FINANCE & WORKFORCE REPORT

Neville Hounsome explained that the deterioration in finances from quarter two to quarter three had caused serious concern to both the Trust and NHSI. This could trigger a formal investigation but it was hoped that this would not happen. The increase volume of admissions was the key reason for this, as well as the fixed price.

WSFT had delivered 4% savings this year, as it had in previous years. Earlier in the year The Trust had said that it would deliver increased/stretch CIPs, which would result in receiving additional funding.

However, these additional CIPs had not been delivered this year, although some would be delivered next year. As a result some of the additional funding would not be received.

The Audit committee had received a report on the management of stretch CIPs and actions had been put in place to address issues identified.

Jayne Gilbert referred to page 3 and noted that there were an additional 53 substantive staff compared to a year ago, but the number of temporary staff had not reduced. Craig Black explained that staffing numbers had increased in line with activity. Growth in activity was built into the contract and therefore the Trust had not lost out by moving to a block contract. He confirmed that interest costs were included within the finances.

The Chief Executive said that WSFT had the second best control on agency staff in the region.

Stuart Woodhead suggested that maybe the budget should have allowed for a greater number of staff. Craig Black reiterated that the Trust was achieving its original plan, but would not achieve the stretch CIP.

INVEST IN QUALITY, STAFF AND CLINICAL LEADERSHIP

17/11 QUALITY PRESENTATION

Due to time constraints this presentation was deferred.

`17/12 e-CARE TRANSFORMATION UPDATE

Helen Beck explained that this presentation was being given to staff around the organisation as a 'road show'. It looked back at what had happened; where the Trust was now and future plans for e-Care. She stressed that it was important to remember that this was a ten year programme.

e-Care had been live for nine months and was now entering the next phase. Staff had given varied opinions as to where they felt that e-Care was within the organisation. Both the good and bad things about it had been noted. The "hotspots" were explained and the improvements that would be seen once these had been resolved.

Helen Beck highlighted slide 13, The "productivity paradox" and explained that technology never reached its full potential at the beginning and it was not yet at the efficiency level that it was previously.

Jayne Gilbert noted that a considerable number of staff had said that they were struggling with the new system. This was acknowledged it was explained that this depended on individuals and areas they were working in, as well their computer literacy. However, issues were being prioritised and addressed.

Mark Gurnell stressed the importance of WSFT persevering and continuing to develop e-Care. The changes at Addenbrooke's over the last 12-15 months had been phenomenal, following the introduction of a new system. Although there had been a great many issues to begin with it had been worth it in the end.

Helen Beck explained about the bid for funding for Global Digital Excellence. 26 Trusts had put in a bid, and 12 had initially been successful, including WSFT, who had been awarded £10m to continue to enhance e-Care.

Barry Moult asked about Ordercomms and TPP. Helen Beck explained that WSFT was working very closely with TPP on this and having daily conversations with them. Currently she was confident that this was progressing but it was being managed very tightly.

BUILD A JOINED UP FUTURE

17/13 COMMUNITY SERVICES AND ACCOUNTABLE CARE ORGANISATION

The Chief Executive explained that the Accountable Care Organisations (ACO) was a key part of the Sustainability Transformation Plan (STP). WSFT was working with the CCG, County Council, GP Federation and the Norfolk& Suffolk Mental Health Trust about developing an alliance to support the delivery of community services.

How community services were delivered would be the blueprint for how to take forward integrated work as part of the ACO. Positive conversations had taken place with partners, particularly through the GP Federation and County Council.

Alan Burns, who was a very experienced NHS Manager, had been appointed as chair of the STP.

Jayne Gilbert asked if there were any plans to extend the Glastonbury Court model. The Chief Executive explained that the impact of this was currently being evaluated. NHSI had questioned how this should be funded and further understanding around this was required. Currently this was a three year contract but with exit clauses.

Sara Mildmay-White asked if Better Care funding would be part of this. Craig Black explained that this was not new money; therefore it would not be part of this.

17/14 ANNUAL QUALITY REPORT

Richard Jones asked for volunteers to act as readers and comment on the Annual Quality Report which would be available late March/early April.

Stuart Woodhead and Liz Steele volunteered.

GOVERNANCE

17/15 AMENDMENT TO CONSITITUTION

Richard Jones gave a summary of the changes to the Constitution, which had been approved by the Trust Board at its meeting on 27 January 2017. These changes included extending the public membership area to include the whole of Suffolk.

It was explained that these changes had been approved at the closed session of the Council of Governor, prior to this meeting.

17/16 REGISTER OF INTERESTS

The Council of Governors received and noted the summary of the Register of Governors Interests.

17/17 APPOINTMENT OF LEAD GOVERNOR

Following the process approved by the Council of Governors on 16 November 2016, a nomination for the Lead Governor was role was received from June Carpenter.

The Council of Governors approved the appointment of June Carpenter as Lead Governor and Richard Jones thanked her for putting her name forward.

17/18 NOMINATIONS COMMITTEE

Due to the resignation of Joe Pajak from the Nominations Committee, there was a vacancy for a public Governor on the Nominations Committee. An email had been sent out to this effect and Justine Corney had asked for her name to be put forward, in her absence from the meeting today.

No other nominations were received; therefore Justine Corney was elected to this position.

17/19 REPORT FROM ENGAGEMENT COMMITTEE

The Council of Governors noted this report and approved the Engagement Strategy for 1 April 2017 to 31 March 2019.

17/20 LEAD GOVERNOR REPORT

The Council of Governors received and noted the content of this report.

June Carpenter encouraged all Governors to take part in activities and visits that were arranged for them, as this would give them a greater understanding of how various departments/areas of the Trust operated.

ITEMS FOR INFORMATION

17/21 REFLECTIONS ON MEETING

It was noted that this would be Rosie Varley's last meeting. Steve Turpie thanked her, on behalf of the Board and everyone in the hospital, for everything she had done and said that she had been an excellent Non-Executive Director. Rosie Varley said that it had been a pleasure and that WSFT was of great interest to her.

It was also noted that John Benson's term of office ended on 18 April 2017, therefore he would not attending any further Council of Governor meetings.

A number of Governors commented on the noise of air conditioning and that they had not been able to hear everything that was said.

17/22 DATES OF COUNCIL OF GOVERNORS MEETING FOR 2017

Thursday 11 May 2017
Thursday 10 August 2017
Tuesday 12 September 2017 - Annual Members Meeting
Thursday 16 November 2017

West Suffolk NHS
NHS Foundation Trust

REPORT TO:	Council of Governors
MEETING DATE:	11 May 2017
SUBJECT:	Matters Arising Action Sheet from Council of Governors Meeting of 8 February 2017
AGENDA ITEM:	5
PRESENTED BY:	Roger Quince, Chair
FOR:	Information

The attached details action agreed at previous Council of Governor meetings and includes ongoing and completed action points with a narrative description of the action taken and/or future plans as appropriate.

- Verbal updates will be provided for ongoing action as required.
- Where an action is reported as complete the action is assessed by the lead as finished and will be removed from future reports.

Ongoing action points

None

Completed action points

Ref.	Date of Meeting	Item	Action	Action taken	**Action By**	Completion date
144	8 Feb 2017	17/09	Provide an update on reporting by e-Care to a future meeting.	Update provided as part of CEO report. Working with our digital partner, Cerner, we have made significant progress to improve reporting and plan to have all aspects in operation to allow reporting June 2017 activity. A report on e-Care phase 2 has been scheduled for the CoG meeting on 10 August 2017.	C Black	11 May 2017

Council of Governors – 11 May 2017

AGENDA ITEM:	Item 7
PRESENTED BY:	Steve Dunn, Chief Executive Officer
PREPARED BY:	Steve Dunn, Chief Executive Officer
DATE PREPARED:	3 May 2017
SUBJECT:	Chief Executive's Report
PURPOSE:	Information

I am conscious of the Governors' role in contributing to strategic decisions of the organisation and in doing this representing the interests of our Members as a whole and the interests of the public. Within this report I have reflected some of the key messages from my report to the Board of Directors but framed to highlight some of the key strategic issues and challenges that the organisation is addressing.

The **Red2Green campaign** continues at pace across the Trust with the team urging all board rounds to focus on the following five areas:

1. **Red reasons** – these are live on the whiteboard therefore each patient that is marked as red should have at least one reason ticked to explain why. This will help identify constraints for each ward, division and the Trust.
2. **Huddle** – the afternoon catch ups have really reduced. This is an opportunity for wards to evaluate where they are with the plans set out that morning. We are asking all wards to ensure they are carried out.
3. **Planned date of discharge (PDD)** – these are completed on e-Care, and are determined by what the patient presents to hospital with. If, following diagnosis, the treatment changes, this will be acknowledged.
4. **Clinical criteria for discharge (CCD)** – wards are on the whole completing a CCD. We must now concentrate on the quality of the criteria. A good simple example – repeat bloods, ECG and lying standing BP. If all OK home.
5. **Medically optimised** – tick on the whiteboard and the date the patient is expected to be medically optimised – can be done in advance and the date added.

The board rounds are driven by a multidisciplinary team which includes: the consultant – to lead; ward manager or nurse in charge; therapist; pharmacist; and social worker.

March's **performance pack** reflects improved operational performance for emergency flow - the **Red2Green** campaign has helped contribute to March performance which shows an improvement to 92.88%, compared to 83.9% in February. This position has been sustained and further improved in April allowing us to close the escalation ward (G9) earlier than initially planned. The draft 62 day cancer performance for February shows just below target at 83.56% however indications are that we will achieve the target of 85% due to reallocations to other trusts.

As I have previously indicated the launch of e-Care in May 2016 while very successful in terms of go-live had an expected impact on our ability to report performance against a number of quality standards. This included the **referral to treatment (18 week) standard**. During 2016/17 reporting against this standard has been based on estimates as we have been unable to accurately track

activity at the patient level. We now have a functional patient tracking list (PTL) within e-Care and work is underway both manually and via automated scripts to address underlying data quality issues. Working with our digital partner, Cerner, we have made significant progress to improve reporting and plan to have all aspects in operation by June 2017. The estimated incomplete referral to treatment (RTT) performance has been impacted by capacity issues in several services and it is extremely disappointing that a number of patients have waited over 52 weeks for treatment. With an effective PTL now in place we have put in place procedures to actively manage treatment plans to ensure these are expedited for patients with excessive waits. Working with our digital partner, Cerner, we have made significant progress to improve reporting and plan to have all aspects in operation to allow reporting June 2017 activity.

The **month 12 financial position** reports a deficit of £3.4m for 2016-17 which is better than plan by £1.6m against our control total deficit of £5.0m. The improvement in our financial position reflects the Trust achieving the stretch CIP through non-recurring means and therefore receiving the majority of the Sustainability and Transformation Funding as well as financial incentive funding. The 2017-18 budgets include a CIP of £13.3m in order to deliver a control total of £11.1m deficit which has been agreed with NHSI. Delivering the control total will ensure the Trust receives Sustainability and Transformation Funding (S&TF) of £5.2m, resulting in a net deficit of £5.9m in 2017-18.

To strengthen control of the CIP process we will be working with KPMG, as part of the national **financial improvement programme (FIP)**, to find more savings opportunities; ensure cost savings happen at pace with Trust ownership; and make the savings stick through permanent culture change. We have also reviewed executive director responsibilities to ensure capability and capacity is applied to strategic plans as part of the CIP.

In February 2017, **NHS Improvement** opened an investigation into concerns about WSFT, including: our forecast outturn, cost improvement plan (CIP) delivery and failure to accept the proposed control totals for 2017/18 and 2018/19. The investigation did not identify any evidence that the issues relating to the forecast overspend demonstrated governance concerns which were sufficient to put the trust in breach of its licence, and did identify that actions had now been taken to recover the financial position and to enable achievement of the 16/17 control total of £5.00m.

I am delighted that **national recognition has been given to our staff by the Secretary of State** for Health, Jeremy Hunt, for the Trust's exceptional performance. In the NHS staff survey results for 2016, WSFT emerged as the acute trust with the best performance engagement score throughout the whole of England. Rt Hon Jeremy Hunt MP said: "From visiting organisations throughout the country, I know the immense amount of day to day hard work that will have been behind this outcome cannot be underestimated. It is greatly appreciated, not just by me, but by all your patients that will be benefiting as a result … Please pass on my personal congratulations and thanks to everyone who has made this happen." A copy of the letter is attached.

Well done to all our staff on receiving this recognition. They make our hospital a great place to work and deliver outstanding outcomes for our patients. We are not perfect. We don't always get it right. It sometimes is tough. But our staff do go the extra mile and do deliver, as Jeremy Hunt acknowledges, exceptional performance. This is down to the commitment of all our staff, Doctors, Nurses, Allied Health Professionals, Porters, Estates, Housekeeping, IT, Finance, HR, as well as volunteers who help make our hospital an outstanding place to work. It is a privilege to work with such great people. We must not become complacent, however, because there are areas where we know we can do better, but what a great achievement. I have encouraged staff to keep on contributing their ideas about how we can improve and we need to build on this foundation.

I am pleased to confirm that **e-Care OrderComms** will go live over the weekend of 20/21 May 2017. From this point we will order pathology from e-Care. We had originally hoped to go live at the beginning of April but have had some testing issues to resolve which are now in hand. Over the next few weeks we will give detailed information on how we will run the go-live weekend. We will have floorwalker support across all areas during the first few days of go-live and we are not anticipating any significant disruption to services. A key focus in the coming weeks is to make sure that staff are trained for OrderComms launch.

I am well aware of the depth of feeling that has been generated around **car parking** charging recently, especially for staff. While we did discuss the proposed changes with the staff travel group and the Unions, and did try to take on board suggestions, maybe more could have been done to discuss with staff. In an ideal world staff and patients would not have to pay for parking, however, parking has been a problem at our hospital for some time and staff have regularly raised this with me. We have taken action and spent £2m on creating 400 new extra spaces. We have done this when money is tight for the hospital. We are in financial deficit and we need to pay for this investment in car parking. That is why we are raising prices by around 30% for all staff groups based on the prices before we introduced number plate recognition. All the money raised pays for the extra spaces and staff on the wards. Nevertheless in response to staff feedback we are looking at extending the opening of the rugby club car park and exploring different methods of charging which are more sensitive to those working long day shifts.

During April the executive team had a further meeting with the **Medicine Healthcare Regulatory Authority (MHRA)** following unannounced inspection of the blood transfusion service operated within the hospital by the pathology partnership (tPP). The inspection team were keen to see how much progress had been made since their last visit. Progress and future plans to mitigate concerns were reviewed in a contracture meeting.

The plans to restructure **the pathology partnership (tPP),** formally announced in late February, continue. Based on several months of work to develop the new approach a new model for the partnership has been agreed which means that from May services in the east of the partnership (West Suffolk, Colchester and Ipswich Hospitals) will be managed locally as a stand-alone network, with the hub laboratory remaining at Ipswich Hospital and Colchester Hospital University NHS Foundation Trust acting as host. The East Pathology Services will be clinically led by four specialty clinical leads in each of the four service areas: Cellular Pathology; Chemistry; Haematology & Blood Transfusion' and Microbiology.

Jon Green, chief operating officer was appointment as the new chief executive of The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust and took up post in May. While this is a major loss for West Suffolk, I am so pleased Jon is able to take the next step in his career. I am sure you will join me in thanking him for his hard work and professionalism throughout his time at the Trust. He has been a valuable member of the exec team and has been an exceptional leader in his operational management role. We wish Jon every success in his new role. I am delighted that Helen Beck has been appointed as the interim chief operating officer.

Due to the **worldwide shortage of Tazocin**, the Trust's treatment guideline has been revised. This has replace Tazocin with alternative antibiotic or antibiotic combinations.

The Department of Health has published the Government's **mandate to NHS England for 2017-18**. This mandate to NHS England sets out the government's objectives for NHS England, as well as its budget. It sets out plans to ensure that NHS England delivers the best care and support to NHS patients, but also continues to deliver the reform and renewal needed to sustain the NHS for the future. The seven objectives set out in the mandate are:

1. Through better commissioning, improve local and national health outcomes, and reduce health inequalities
2. To help create the safest, highest quality health and care service
3. To balance the NHS budget and improve efficiency and productivity
4. To lead a step change in the NHS in preventing ill health and supporting people to live healthier lives.
5. To maintain and improve performance against core standards
6. To improve out-of-hospital care
7. To support research, innovation and growth

Quarterly performance of the NHS provider sector has now been reported by NHS Improvement (NHSI). Analysis shows that 5.34 million patients attended providers' A&E units between October and December 2016, which is 200,000 more than at the same period last year. Providers also saw a 3.5% increase in the number of patients requiring major further in-hospital treatment.

This intense demand for emergency treatment coupled with a significant reduction in bed availability has led to providers collectively underperforming against several key national healthcare standards, and having to postpone some planned care. However, these pressures have been compounded by providers losing 390,392 'bed days' between October and December 2016 - a 28% increase on the same period last year - because of issues with discharging medically fit patients due to constraints on community or social care.

In Q3 2016/17 4-hour target performance dropped to 86.74% (NHS England performance was 87.87%). This quarter's performance was well below the level achieved in the same quarter last year (90.65%) and the 95% target. A&E performance in December also remained below the aggregate STF improvement trajectory of 91.99% for month six for the provider sector.

The sustained focus on providing emergency treatment and a reduction in planned care also led to a loss of income for providers. That income either remains in the NHS or has been paid to the independent sector to cover elective treatment. Despite this the sector's financial position is £1.3 billion better than at the same point last year; as it ended the quarter £886 million in deficit. In addition, 135 providers ended the quarter in deficit which is 44 fewer compared to the same period last year.

Measures to curb excessive agency staff spending are continuing to have a positive impact. Two-thirds of providers reported reduced agency costs with the sector delivering a £505 million improvement in its spending over the last nine months. Furthermore, providers' agency and locum spending in December 2016 was just £228 million – the lowest monthly spend since measures were introduced in October 2015 and 24% lower than December last year.

Chief Executive blog
http://staff.wsha.local/Blog/Sisforsupportingourstaff.aspx

DELIVER FOR TODAY

West Suffolk Hospital opens care beds
We had the official opening of the Trust's new suite of beds at King Suite, part of Glastonbury Court care home in Bury St Edmunds. Opened by Mrs Dora Leeder, one of the first patients to be cared for at the unit, the King Suite is a 20-bed inpatient service managed by hospital staff, which is able to offer medically-fit patients from West Suffolk Hospital a period of optimisation, reablement and recovery, before they are discharged home.

Anglia News, evening bulletin
Following the CQC's *The state of care in NHS acute hospitals* report, Anglia News visited the hospital to interview Trust chief executive Steve Dunn about the way the hospital is delivering high quality care to patients in West Suffolk.

High performing stroke services at West Suffolk Hospital
Stroke services at West Suffolk NHS Foundation Trust continue to improve according to the latest Sentinel Stroke National Audit Programme (SSNAP) scores, with the Trust rated joint 6th nationally out of 144 trusts routinely admitting stroke patients in England and Wales. SSNAP is the national source of stroke data for the NHS and audits stroke services throughout the whole pathway of care: from admission to hospital, across the whole inpatient stay, including rehabilitation at home or in the community, and outcomes at six months after stroke.

In results for August to November 2016, West Suffolk NHS Foundation Trust's stroke services were rated an A overall, with a total score of 87; the hospital's highest overall rating yet. According to the Royal College of Physicians, which manages the programme, 'To achieve an 'A' in SSNAP reports indicates world class performance'. The most impressive result for the hospital was within its Speech and Language Therapy (SALT) department, which received an A; the team's highest rating ever.

Winter pressures
Live interviews on BBC Radio Suffolk:

- Bed occupancy rates (Jon Green and Nick Hulme joint interview on the Mark Murphy Breakfast Show)
- A&E pressures and national headlines about an increase in abuse to staff (Tracey Oates on the Mark Murphy Breakfast Show)
- Impacts of norovirus outbreak at the hospital – lost bed days resulting in story from Royal College of Nursing (Rowan Procter on the drive time Stephen Foster show)

Increased efficiency at West Suffolk Hospital
West Suffolk NHS Foundation Trust is undergoing a new development in order to improve its Sterile Services Department (SSD). The new structure will house the SSD and will be at the rear of the site's main building. The current SSD is housed at its Hospital Road site, which is 1.5 miles away from the main hospital. This department provides decontamination and sterilisation of clinical equipment and instrumentation to the Trust, West Suffolk Clinical Commissioning Group's GPs as well as Norfolk and Suffolk NHS Foundation Trust.

"The new building will help increase the efficiency of the hospital's theatres and contracted customers, and will have two additional floors to accommodate administrative functions which will free up space in the hospital's main building," commented Jacqui Grimwood, Estates and Facilities Development Manager. "The current SSD building, facilities and environment are ageing and placing constraints on service provision and future growth potential. Moving the service to the main site will improve work flow as it will be in closer proximity to the main theatres at West Suffolk Hospital."

INVEST IN QUALITY, STAFF AND CLINICAL LEADERSHIP

Nursing agency ban
The EADT ran a story about nationwide plans to restrict nurses on substantive NHS contracts from taking agency work that were put "on pause", following a backlash in the profession. NHS Improvement's proposals were intended to reduce the millions of pounds spent by hospitals on agency fees at a time of financial pressures; however, nurses said it would leave them struggling to make ends meet. West Suffolk Hospital said it would consult with staff emphasising that as a trust we want to spend our money wisely and try to ensure we have permanent nursing staff to fill posts, avoiding the use of costly agency staff where possible. However, patient care is our priority and if agency staff are needed to ensure a high quality service we will use them. It is important that all staff are consulted on plans such as those proposed by NHS Improvement and we would have had an extensive consultation process before implementing any changes to our workforce.

Shining Lights staff awards
The deadline for entries is now closed for our annual staff awards, Shining Lights. We received 229 nominations, and 51 individuals/teams have been shortlisted. The awards event will be held on 11 May 2017. This year the awards have been adapted with a range of new categories.

Facelift for Newmarket restaurant
We look forward to welcoming you to the new White Lodge Café at Newmarket Community Hospital which has just opened after refurbishment.

Look out for a new look in outpatients this week!
Reception staff in outpatients have been provided with new uniforms designed to help patients identify the staff who can help them and provide a consistent look across the department.

BUILD A JOINED-UP FUTURE

Suffolk people return vital NHS and social care equipment
The Return Recycle Reuse campaign aimed at encouraging people in Suffolk to hand back items of community equipment they no longer require has been a huge success.

The month-long amnesty led to the return of more than 8,500 items, ranging from crutches and commodes to adjustable wheeled frames and air mattresses. It proved so successful that the waste-busting work is now being extended in the hope of retrieving even more discarded equipment. The campaign, which was launched on March 1, triggered a 10 per cent increase in the number of items returned to local NHS services compared to the previous month. It unearthed a small mountain of items with an estimated value of more than £800,000 and everything collected will either be sterilised and re-used or recycled if it's beyond repair. Alongside Medequip sites, Suffolk County Council can now take collection of community equipment items at three of its household waste recycling centres at Bury, Foxhall and Lowestoft.

Ageing well in Suffolk
The Trust was included in an EADT feature about health in older age in Suffolk – which highlighted concerns about the risks posed by this stage of life being so great that doctors actively target people approaching retirement to advise them on "Ageing Well". Our teams are redesigning services for people with multiple long-term conditions with our community services are leading the way in developing early intervention services that identify and support patients who are at risk of coming into hospital. We work with mental health professionals, social workers, therapists and hospital consultants to manage treatments in the home wherever possible. Studies showing that ten days in hospital is the equivalent of ten years' worth of ageing for over 80s show the importance in the coming decades of changing the way we view and support our ageing population to ensure that people in Suffolk, as the saying goes, add life to their years as well as years to their life. GP, CCG and Suffolk County Council services are also included in this work.

New cath lab and angio suite
The Board previously approved the business case to build a new cardiac catheterisation and pacing suite. This will replace the mobile unit that is currently used and reduce the number of patients transferring to Papworth for these procedures. It will also prevent our cardiac patients waiting in beds, often for prolonged periods of time, to be transferred to a tertiary centre. Having our own cath lab opens up the possibility of the cardiology department expanding the level of service we currently offer on site, whilst at the same time improving the extent and quality of service delivered to our patients. Work has started on site and you will begin to see new buildings rising from the ground.

NHS special, BBC Inside Out
BBC Inside Out produced an NHS special which considered the impact of STPs across the region. The Inside Out team filmed in the hospital's emergency department, reviewing patient flow and the pressures on the service. Stephen Dunn was interviewed about the STP linked to West Suffolk, and a number of other staff including a care practitioner, a member of the nursing team and a member of the East of England Ambulance service were also interviewed. They followed the patient journey of Bill, an elderly patient who attended ED the previous day. He was in the clinical decision unit awaiting the go ahead to return home pending a review of his care needs. They also interview two further patients who attended ED.

Solutions to health and social care pressures, BBC Look East
As part of the NHS special on BBC Inside Out, BBC Look East included a link news item in the main evening news to introduce the programme. Sharon Basson, senior matron in charge of Glastonbury Court was interviewed at Glastonbury Court, discussing its aims to support patient flow out of the hospital and to rehabilitate patients in order to get home. Footage of the King Suite in action, and interviews with a patient were also included as part of the package.

REPORT TO:	Council of Governors
MEETING DATE:	11 May 2017
SUBJECT:	Summary quality & performance report
AGENDA ITEM:	9
PREPARED BY:	Helen Beck, Interim Chief Operating Officer Rowan Procter, Chief Nurse Richard Jones, Trust Secretary & Head of Governance
PRESENTED BY:	Neville Hounsome - Non-Executive Director
FOR:	Information - To update the Council of Governors on quality and operational performance

The performance for Q4 demonstrates overall **good performance achieving the key national targets** defined by NHS Improvement's (NHSI) Single Oversight Framework with the exception of some key areas. Performance shows the pressure the Trust has been under operationally; in addition we are still facing issues with e-Care and our ability to accurately report performance – this has impacted on our referral to treatment (RTT) performance. The Trust remains in regular contact with the CCG and NHS Improvement over our reporting status with plans to provide full reporting on June activity.

The Trust reported **A&E performance** of 92.88% for March; an improvement on February (83.93%) but still well below the national target. The Flow Action Group continues to work towards tackling challenges and constraints to patient flow and discharge. Red to Green (R2G) initiative continues to be a significant focus across the organisation with new dashboards developed to monitor performance at ward and consultant level. We have recovered the 6 week diagnostic target and plans are in plan to sustain this improvement. The Trust had six 52-week breaches of the 18 week target in March.

1. Performance against local targets and measures

(a) Patient safety dashboard

Within the **patient safety dashboard** 13/35 indicators for which data was available were reported as 'green' throughout Q4, including:

- Infection prevention indicators - Central venous catheter insertion, Preventing surgical site infection pre- and post-operative, Urinary catheter insertion, Clostridium Difficile-prevention of spread, MRSA bacteraemias,
- Quarterly Standard principle compliance, Environment/Isolation
- PEWS: documentation and escalation compliance
- Avoidable serious injuries or deaths resulting from falls
- Incident reporting and management: SIRI final reports due in month submitted beyond 60 working days
- Active risk assessments in date and Outstanding actions in date for Red / Amber entries on Datix risk register

Due to reporting limitations we remain unable to report compliance for: MRSA screening, MEWS documentation and escalation compliance , Falls per 1000 bed days VTE: prophylaxis compliance.

The maternity dashboard is also reported to the board as part of the monthly quality and performance report. This includes more than 60 indicators cover activity, booking clinical outcomes, workforce, risk and patient experience.

The Trust continued to experience a high number of **patient falls** in Q4 (187) compared with 194 in Q3, 178 in Q2 and 166 in Q1. It needs to be recognised that increased activity in Q3 and Q4 will impact on the number of falls. When benchmarked the number of falls in the Trust has consistently been below the national average of 6.63 falls per thousand bed days (Royal College of Physicians 2015), however we are not currently able to report this figure.

Action being implemented in 2017/18 includes:

- Participation in the National Falls Audit
- Meet regularly with falls lead for Ipswich Hospital, compare numbers of falls and share good practice
- Review falls numbers and trends at falls group, identifying learning to support quality improvement

Changes have been put in place through e-Care to monitor and escalate lying and standing blood pressure monitoring – this allows these to be captured and monitored as clinical tasks. Senior matrons audit compliance with lying and standing BP on a fortnightly basis as part of their quality audits.

The Trust saw a reduction in the number of **pressure ulcers** in the Q4 (33) compared with 58 in Q3, 38 in Q2 and 51 in Q1. Although the numbers of HAPU remains high, the percentage which are deemed avoidable is reducing – no avoidable pressure ulcers were reported in March. This could be influenced by a number of factors, including our patients being increasingly frail and vulnerable to tissue damage despite all preventative actions taking place.

Action being implemented in 2017/18 includes:

- **Managing compliance with SSKIN bundle:**
    - Grade 2 concise RCAs to be completed by ward managers and approved by matrons, with spot checks by tissue viability
    - Grade 3 RCAs to be completed by ward managers and approved by tissue viability
    - Suspected deep tissue injury standard operating procedure to be produced and monitored for compliance.
- **Improve quality of incident reporting** - to ensure a structured approach to the management of Grade 2, 3 and 4 pressure ulcers including organisational learning and monitoring of agreed actions. Ensure West Suffolk CCG receive monthly pressure ulcer data and quality report.
- **Clinical photography** – review the service to support best practice in PU management.
- **Education and training** - to provide appropriate and regular training to all members of the workforce responsible for pressure ulcer prevention and treatment:
    - Provide mattress guides on each ward providing detailed summary of all replacement mattresses
    - Work with IT to reconfigure e-Care's skin / wound assessment to make more user friendly
    - Matron and tissue viability lead to offer ward based, competency led training sessions

    - Tissue viability intranet site to be updated with appropriate links
    - Educate and support staff to feel confident and competent to assess and treat grade 1, 2 and 3 pressure ulcers
    - Develop new e-learning package for nursing mandatory study day to match competencies
    - Tissue viability team to oversee competency assessment process in their area using own identified system for recording completion of staff competencies
    - Quarterly report to tissue viability detailing competency levels on each ward
    - Link practitioners and tissue viability nurses to provide focused and targeted training and reassessment of competencies as required.
- **Equipment management** - to ensure the correct equipment is available in a timely fashion and used appropriately to manage pressure ulcer prevention and treatment:
    - Review incident reports involving pressure area equipment and slide sheets
    - Present incidence of mattress and slide sheet unavailability to Pressure Ulcer Prevention Group (PUPG) monthly
    - Advise PUPG monthly of any alternating pressure mattress/slide sheet issues
    - Escalate any concerns re: equipment management to PUPG
    - Review of the heel pressure relieving equipment available in the Trust
- **Reporting** - to develop a structured reporting framework for the PUPG:
    - Quarterly reporting on progress against the action plan to Clinical Safety and Effectiveness Committee (CSEC)
    - PUPG to receive summary of learning incorporating RCA results of any Grade 3/4 pressure ulcers
    - Continual development of 'React to Red Skin' campaign. This is a national pressure ulcer prevention campaign that is committed to educating as many people as possible about the dangers of pressure ulcers and the simple steps that can be taken to avoid them.

We experienced a number of **norovirus ward closures** during Q4. We are working with NHS Improvement to better understand this and identified areas for improvement .

(b) Patient experience dashboard

Within the **patient experience dashboard** 23/28 indicators for which data was available were reported as 'green' throughout Q4.

All 12 recommender indicators scored 100% for each month in the quarter – inpatient, outpatients, short stay, A&E, A&E children, post-natal ward, labour suite, antenatal, post-natal, birthing unit, antenatal department, young children, F1 (parent) and stroke. This increased from nine areas in Q3.

We have continued to see a **reduction in the number of complaints**, with a corresponding increase in the number of issues being dealt with through the PALS.

Being bothered by **noise at night from other patients** flagged consistently as red in the quarter. Action being taken during 2017/18 includes:

- Trial nursing staff wearing scrubs at night to mimic pyjamas to help patients distinguish between night and day
- Introduce 'calm carts' on three further wards
- Further develop our monitoring framework for moves at night and to focus on this to reduce noise at night.

Performance for patients being **informed of delays in being seen** has remained red during Q4. Staff have been reminded to ensure patients are being kept informed of delays. Further outpatient

area observations with patient representatives are being planned across the Trust, reviewing information about delays specifically. Ways of communicating delays in patients in the Main Outpatient Department are also being reviewed

Performance for patients being **offered the company of a chaperone whilst being examined** has remained red during Q4. Staff will continue to chaperone patients in appointments. This question is being changed in the new financial year which will eradicate any confusion caused by the wording, giving us a clearer understanding of whether this is an issue

(c) Clinical effectiveness dashboard

Within the **clinical effectiveness dashboard** 6/6 indicators for which data was available were reported as 'green' for each month in Q4.

The Trust's overall reported **SHMI** (summary hospital-level mortality indicator) and **HSMR** (hospital standardised mortality ratio) for the latest reported periods are statistically below the expected levels (90.4 and 88.54 respectively).

During 2017/18, trusts will be required to collect and publish specified information on deaths. This will be through a paper and an agenda item to a public Board meeting in each quarter to set out the Trust's policy and approach (by the end of Q2) and publication of the data and learning points (from Q3 onwards). Changes to the Quality Accounts regulations will require that the data we publish be summarised in Quality Accounts from June 2018, including evidence of learning and action as a result of this information and an assessment of the impact of actions that a provider has taken. An important part of this work will be improving how we engage relatives of deceased patients in these reviews.

(d) Other targets and indicators

Table 1: Performance against national targets

	2016/17 Target	2016/17 Actual	2015/16 Actual	2014/15 Actual	2013/14 Actual
C. *difficile* - hospital attributable (trajectory cases)	16	**23 (5)** [1]	22 (10) *	23 (21) *	23 (22) *
18-week maximum wait from point of referral to treatment (patients on an incomplete pathway)	92%	**91.75%** [2]	96.25%	96.97%	99.74%
Maximum waiting time of four hours in A&E from arrival to admission, transfer or discharge	95%	**86.89%** [3]	94.26%	93.54%	95.31%
62-day urgent GP referral to treatment wait for first treatment - all cancers	85%	**85.91%**	88.05%	88.01%	90.35%
62-day wait for first treatment from NHS cancer screening service referral	90%	**97.85%**	95.68%	95.10%	98.13%
31-day wait for second or subsequent treatment - surgery	94%	**100.00%**	100%	100%	100%
31-day wait for second or subsequent treatment - anti-cancer drug treatments	98%	**100.00%**	99.87%	100%	100%
31-day diagnosis to treatment wait for first treatment - all cancers	96%	**99.92%**	100%	100%	99.92%

Two-week wait from referral to date first seen comprising all urgent referrals (cancer suspected)	93%	**85.91%**	98.46%	98.52%	97.24%
Two-week wait from referral to date first seen comprising all urgent referrals for symptomatic breast patients (cancer not initially suspected)	93%	**88.54%**	98.28%	97.19%	98.19%

[1] Figures in brackets exclude cases that West Suffolk CCG deemed to be non-trajectory (no identified lapses in care): one case in 2013/14; two cases 2014/15; 12 cases 2015/16 and 18 cases 2016/17

[2] Based on estimated performance. As indicated in the CEO introduction e-Care implementation has impacted on aspects of reporting including this standard

[3] Covers a 50 week period and excludes two weeks in May when e-care was being implemented

As can be seen from the targets and indicators performance, we have continued recent good performance and met all national targets in 2016/17 with the exception of:

- **Maximum waiting time of four hours in ED from arrival to admission, transfer or discharge**

  Performance against the four hour target during 2016/17 was extremely challenging - flow through the hospital affected our ability to deliver and escalation beds were consistently open for long periods of time.

  Recognising the challenge and in planning for winter we put in place a number of initiatives to support and improve patient flow:

  - The SAFER bundle is a combined set of simple rules for adult inpatient wards. It is designed to improve patient flow and prevent unnecessary waits and was a major focus as the hospital prepared for winter. Ward F7 launched the bundle and wards all were required to self-assess against the bundle and establish how they currently meet the criteria
  - The medical division worked hard to secure a ward area to open as the winter escalation ward (WEW) in preparation for the challenging months ahead. We commissioned 20 beds at Glastonbury Court to create a rehabilitation facility in the community. This has relocated 20 medically fit patients and we have then moved 20 patients from ward G9 to their new location on G5. This allowed G9 to be used as the WEW over the winter period
  - 'Go Green this Winter' encouraged staff to adapt and change the way they work in order to identify where unnecessary patient waiting occurs. This was launched as a Trust wide campaign in order to do all we can to reduce patients' length of stay and improve processes for discharging them
  - The Go Green and information teams worked together to create a red to green data dashboard, which is accessible for staff on the Trust's intranet. Staff are able to review the data on a regular basis to see how we are delivering against the Go Green campaign. The dashboard collects data that includes: the number of 'red' or 'green' patients, planned dates of discharge, patients discharged before or after midday.

  The campaign also focused on working with staff to reduce deconditioning of patients by encouraging them to sit up, get dressed and keep moving. Exercises like this, as well as the identification of both internal and external constraints to patient flow including delayed transfers of care, transport issues, to take out medicine delays, and awaiting care package/placement issues, for example, are resulting in solutions based approaches across multiagency teams to how we might do things differently.

- **18-week maximum wait from point of referral to treatment (patients on an incomplete pathway)**

  The launch of e-Care in May 2016 had an expected impact on our ability to report performance against a number of quality standards, including the referral to treatment (18 week) standard. During 2016/17 reporting against this standard has been based on estimates as we have been unable to accurately track activity at the patient level.

  We now have a functional patient tracking list (PTL) within e-Care and work is underway both manually and via automated scripts to address underlying data quality issues. Working with our digital partner, Cerner, we have made significant progress to improve reporting and plan to have all aspects in operation to allow reporting of June 2017 activity.

  The estimated incomplete referral to treatment (RTT) performance has been impacted by capacity issues in several services and it is extremely disappointing that a number of patients have waited over 52 weeks for treatment. With an effective PTL now in place we have put in place procedures to actively manage treatment plans to ensure these are expedited for patients with excessive waits.

- **Two-week wait from referral to date first seen comprising all urgent referrals for symptomatic breast patients (cancer not initially suspected)**

  Trust performance against this GP urgent referral to first seen within two week wait remained very challenging during 2016/17. This was driven by a number of factors, including:

  - Ongoing increase in numbers of referrals
  - Staffing difficulties constrained the flexibility in the service and limited opportunities to create additional outpatients clinics
  - Reduction in capacity during the e-Care launch period.

  In response to the challenges the service has taken action to:

  - Open additional clinics to meet the increasing demand
  - Active recruitment to the vacant position
  - Strengthened controls to track and prioritise patients to avoid breaches
  - Working with CCG GP lead to audit appropriateness of two week wait referrals

  The standard is now on trajectory for sustained recovery against the 93% target.

Recommendation:

To note the summary report.

West Suffolk NHS
NHS Foundation Trust

REPORT TO:	Council of Governors
MEETING DATE:	11 May 2017
SUBJECT:	Summary Finance Report
AGENDA ITEM:	10
PREPARED BY:	Nick Macdonald, Deputy Director of Finance
PRESENTED BY:	Gary Norgate - Non-Executive Director
FOR:	Information - To update the Council of Governors on Financial Performance

EXECUTIVE SUMMARY:

This report provides an overview of key issues during Q4 and highlights any specific issues where performance fell short of the target values as well as areas of improvement. The format of this report is intended to highlight the key elements of the monthly Board Report.

- The year-end position reports a loss of £3.4m, against a planned loss of £5.0m.
- Due to exceeding our pre-STF control total this position includes Financial Incentive Funding of £0.6m and bonus STF funding of £0.9m.which accounts for the majority of this over performance. We have also anticipated STF funding of £5.7m for the year.
- Our annual accounts will also include an impairment on our TPP investment which results in a £5.0m 'below the line' deterioration in our final position. Therefore our annual accounts (pre-audit) will report a total deficit of £9.4m.
- The Use of Resources Rating (UoR) (previously Financial Sustainability Risk Rating), is 3 YTD (1 being highest, 4 being lowest)
- We delivered the cost improvement programme of £12.5m (6%)

Key risks

- Delivering the 2017-18 Cost Improvement Programme of £13.3m
- Containing the increase in demand to that included in the plan (2.5%).
- Working across the system to minimise delays in discharge

I&E headlines for March 2017

The reported I&E for March 2017 is a surplus of £5.5m against a planned deficit of £1.1m. This results in a favourable variance of £6.6m (£1.6m YTD) which is predominantly due to the additional STF funding.

During March we accounted for non-recurring credits, which includes deposits for community equipment. This meant we over-achieved our pre-STF control total which unlocked both the STF funding, and the additional Finance Incentive and Bonus STFs.

1. Use of Resources (UoR) Rating

Following implementation of the Single Oversight Framework (SOF), providers' financial performance will now be formally assessed via five "Use of Resources (UoR) Metrics. The scoring has reversed (compared with the FSRR ratings) so that 1 is now the highest score and 4 is now the lowest. Under the UoR we score a 3 cumulatively to March 2017.

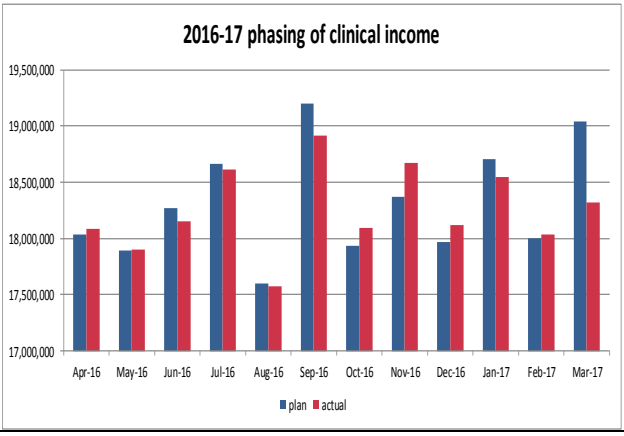
Area	Metric	2016/17 Q4 Score (forecast)
Financial Sustainability	Capital Service Capacity rating	4
	Liquidity rating	4
Financial Efficiency	I&E Margin rating	2
Financial Controls	I&E Margin Variance rating	1
	Agency	2
Overall Scoring		3

2. Performance against I & E plan

SUMMARY INCOME AND EXPENDITURE ACCOUNT - March 2017	Mar-17 Budget £m	Mar-17 Actual £m	Mar-17 Variance £m	Year to date Budget £m	Year to date Actual £m	Year to date Variance £m
NHS Contract Income	19.0	18.3	(0.7)	219.7	219.0	(0.7)
Other Income	0.1	0.3	0.2	29.3	28.7	(0.6)
Total Income	**19.1**	**18.6**	**(0.5)**	**249.0**	**247.7**	**(1.3)**
Pay Costs	12.9	11.7	1.2	142.3	142.3	(0.0)
Non-pay Costs	9.2	7.2	2.0	109.9	110.1	(0.2)
Operating Expenditure	**22.2**	**18.9**	**3.3**	**252.2**	**252.4**	**(0.2)**
Contingency and Reserves	0.0	0.0	0.0	0.0	0.0	0.0
EBITDA	**(3.0)**	**(0.3)**	**2.8**	**(3.2)**	**(4.7)**	**(1.5)**
EBITDA margin	(15.9%)	(1.5%)	14.4%	(1.3%)	(1.9%)	(0.6%)
Depreciation	(0.7)	(0.7)	0.0	6.2	5.1	1.1
Finance costs	(0.8)	(0.8)	0.0	1.7	0.8	0.9
SURPLUS/(DEFICIT) pre S&TF	**(1.6)**	**1.2**	**2.8**	**(11.1)**	**(10.5)**	**0.6**
Sustainability and Transformation funding	0.5	3.4	2.9	6.1	6.3	0.2
SURPLUS/(DEFICIT) incl S&TF	**(1.1)**	**4.6**	**5.7**	**(5.0)**	**(4.3)**	**0.7**

Performance against Income plan

The chart below summarises the phasing of the clinical income plan for 2016-17, including Suffolk Community Health. This phasing is in line with activity phasing and does not take into account the block payment.The March position includes adjustments relating to prior months.



Income (£000s)	Current Month Plan	Current Month Actual	Current Month Variance	Year to Date Plan	Year to Date Actual	Year to Date Variance
Accident and Emergency	660	626	(34)	7,410	7,215	(195)
Other Services	2,128	1,512	(616)	26,074	29,662	3,588
CQUIN	327	327	1	3,674	3,564	(110)
Elective	3,091	2,991	(100)	35,048	32,275	(2,773)
Non Elective	4,872	5,136	264	55,350	56,856	1,505
Emergency Threshold Adjustment	(238)	(332)	(94)	(2,792)	(3,142)	(350)
Outpatients	3,256	3,114	(142)	35,616	33,287	(2,328)
Community	4,942	4,942	0	59,300	59,300	0
Total	19,038	18,317	(721)	219,681	219,017	(664)

3. Performance against Expenditure plan - Workforce

Monthly Expenditure Acute services only				
As at March 2017	Mar-17	Feb-17	Mar-16	YTD 2016-17
	£'000	£'000	£'000	£'000
Budgeted costs in month	10,839	10,595	10,120	128,794
Substantive Staff	9,570	9,627	9,063	113,818
Medical Agency Staff (includes 'contracted in' staff)	81	152	215	2,277
Medical Locum Staff	153	173	156	1,800
Additional Medical sessions	176	210	280	2,747
Nursing Agency Staff	23	112	170	1,771
Nursing Bank Staff	171	180	261	2,636
Other Agency Staff	130	62	115	1,340
Other Bank Staff	113	127	109	1,583
Overtime	92	101	78	975
On Call	41	58	42	602
Total temporary expenditure	980	1,175	1,425	15,732
Total expenditure on pay	10,550	10,803	10,487	129,550
Variance (F/(A))	289	(208)	(368)	(756)
Temp Staff costs % of Total Pay	9.3%	10.9%	13.6%	12.1%
Memo : Total agency spend in month	234	326	499	5,388

Monthly whole time equivalents (WTE) Acute Services only			
As at March 2017	Mar-17	Feb-17	Mar-16
	WTE	WTE	WTE
Budgeted WTE in month	3,019.2	3,019.2	2,931.5
Employed substantive WTE in month	2732.49	2719.82	2,685.3
Medical Agency Staff (includes 'contracted in' staff)	7.65	11.75	14.3
Medical Locum	13.86	14.17	10.2
Additional Sessions	18.42	19.65	19.1
Nursing Agency	11.49	17.38	27.3
Nursing Bank	65.77	59.91	85.0
Other Agency	28.27	14.74	32.4
Other Bank	57.44	63.16	55.7
Overtime	44.75	46.57	39.2
On call Worked	6.83	9.99	7.5
Total equivalent temporary WTE	254.5	257.3	290.6
Total equivalent employed WTE	2,987.0	2,977.1	2,975.9
Variance (F/(A))	32.3	42.1	(44.4)
Temp Staff WTE % of Total Pay	8.5%	8.6%	9.8%
Memo : Total agency WTE in month	47.4	43.9	73.9
Sickness Rates (February/January)	3.66%	4.01%	4.2%
Mat Leave	2.2%	2.0%	2.0%

Monthly Expenditure Community Service				
As at March 2017	Mar-17	Feb-17	Mar-16	YTD 2016-17
	£'000	£'000	£'000	£'000
Budgeted costs in month	1,078	1,084	960	12,492
Substantive Staff	1,074	1,179	976	11,964
Medical Agency Staff (includes 'contracted in' staff)	10	0	11	(5)
Medical Locum Staff	3	3	6	49
Additional Medical sessions	0	0	0	0
Nursing Agency Staff	1	2	3	36
Nursing Bank Staff	8	11	5	81
Other Agency Staff	43	26	59	431
Other Bank Staff	9	13	6	145
Overtime	5	5	3	56
On Call	2	2	1	17
Total temporary expenditure	81	62	94	810
Total expenditure on pay	1,155	1,241	1,070	12,774
Variance (F/(A))	(78)	(157)	(6)	(283)
Temp Staff costs % of Total Pay	7.0%	5.0%	8.8%	6.3%
Memo : Total agency spend in month	54	28	73	462

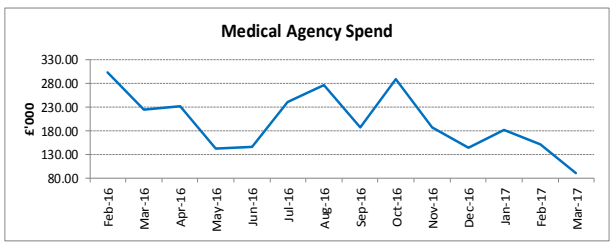
Monthly whole time equivalents (WTE) Community Services			
As at March 2017	Mar-17	Feb-17	Mar-16
	WTE	WTE	WTE
Budgeted WTE in month	359.2	359.2	327.6
Employed substantive WTE in month	342.7	337.6	312.3
Medical Agency Staff (includes 'contracted in' staff)	1.1	0.0	1.2
Medical Locum	0.4	0.4	0.8
Additional Sessions	0.0	0.0	0.0
Nursing Agency	0.2	0.3	0.7
Nursing Bank	2.9	3.5	1.8
Other Agency	13.0	15.9	13.9
Other Bank	2.6	3.6	1.9
Overtime	2.5	2.9	1.5
On call Worked	0.1	0.1	0.0
Total equivalent temporary WTE	22.6	26.5	21.7
Total equivalent employed WTE	365.3	364.1	334.0
Variance (F/(A))	(6.1)	(4.9)	(0.9)
Temp Staff WTE % of Total Pay	6.2%	7.3%	6.5%
Memo : Total agency WTE in month	14.3	16.1	15.8
Sickness Rates (February/ January)	4.59%	4.08%	
Mat Leave	0.8%	1.4%	

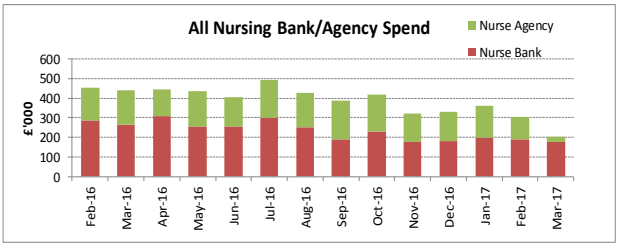
The overall WTE variance for Acute services is now 32.3 WTE below establishment. There are 11 more WTE than in March 2016, although this includes 48 substantive WTEs.

Temporary costs of nursing staff have decreased by £84k month on month. Agency costs have reduced significantly.

The monthly cost of additional sessions decreased by £34k to £176k. These costs are for both Medical and Non-Medical staff

Suffolk Community Services staff numbers have decreased by around 1 WTE during March.





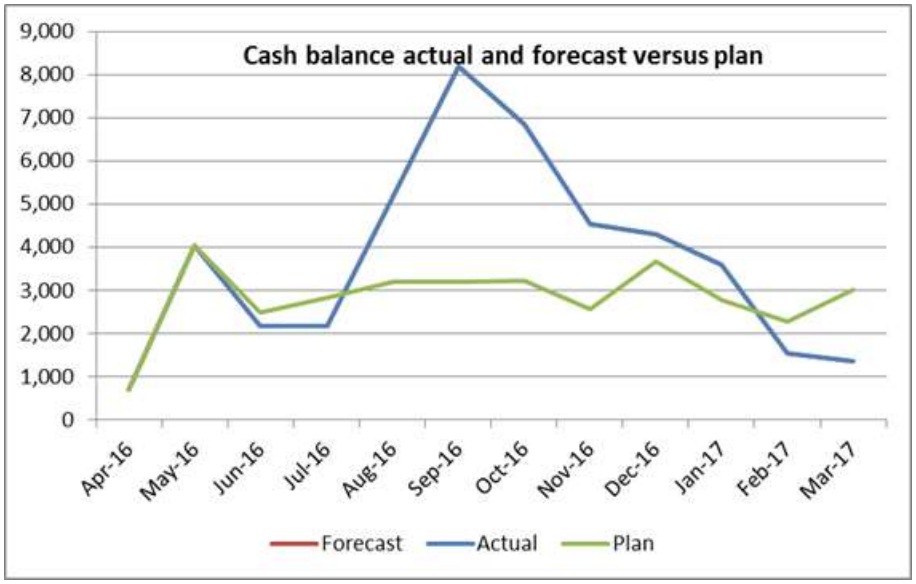
4. Balance Sheet

STATEMENT OF FINANCIAL POSITION

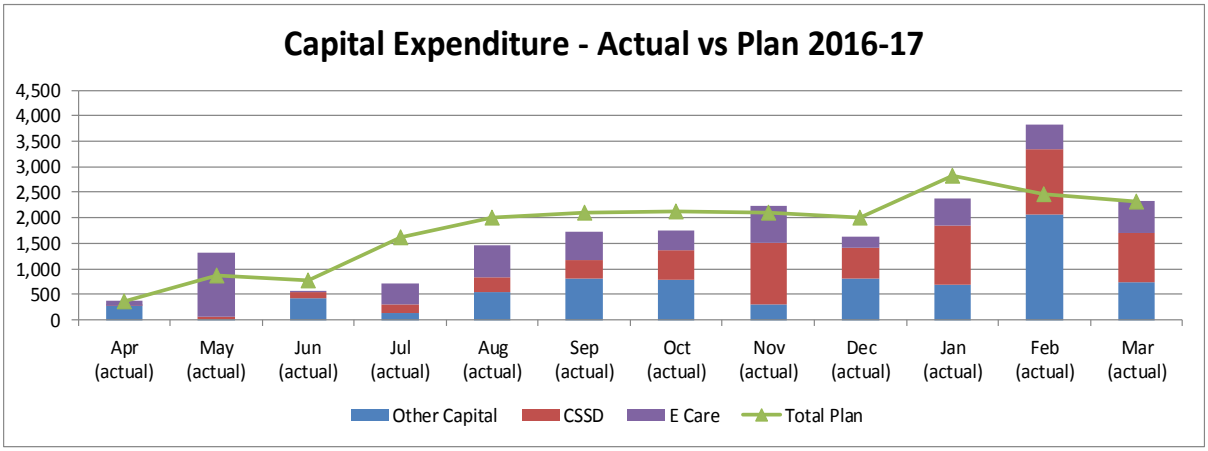
	As at 1 April 2016 £000	Plan 31 March 2017 £000	Plan YTD 31 Mar 2017 £000	As at 31 Mar 2017 £000	Variance YTD 31 Mar 2017 £000
Intangible assets	10,876	13,487	13,487	15,611	2,123
Property, plant and equipment	61,923	74,893	74,893	74,053	(840)
Trade and other receivables	273	340	340	0	(340)
Other financial assets	1,688	2,409	2,409	0	(2,409)
Total non-current assets	**74,760**	**91,129**	**91,129**	**89,664**	**(1,466)**
Inventories	2,825	2,850	2,850	2,693	(157)
Trade and other receivables	11,191	9,230	9,230	17,214	7,984
Non-current assets for sale	1,400	0	0	0	0
Cash and cash equivalents	2,601	3,007	3,007	1,352	(1,654)
Total current assets	**18,017**	**15,087**	**15,087**	**21,260**	**6,173**
Trade and other payables	(21,692)	(20,686)	(20,686)	(23,478)	(2,792)
Borrowings	(130)	(130)	(130)	(507)	(377)
Provisions	(84)	(84)	(84)	(61)	23
Other liabilities	(1,892)	(295)	(295)	(545)	(250)
Total current liabilities	**(23,798)**	**(21,195)**	**(21,195)**	**(24,591)**	**(3,396)**
Total assets less current liabilities	**68,979**	**85,021**	**85,021**	**86,332**	**1,311**
Trade and other payables - Non current	(912)	(1,083)	(1,083)	0	1,083
Borrowings	(18,205)	(39,075)	(39,075)	(44,303)	(5,228)
Provisions	(202)	(203)	(203)	(181)	22
Total non-current liabilities	**(19,319)**	**(40,361)**	**(40,361)**	**(44,484)**	**(4,123)**
Total assets employed	**49,660**	**44,660**	**44,660**	**41,848**	**(2,812)**
Financed by					
Public dividend capital	59,232	59,232	59,232	59,232	(0)
Revaluation reserve	2,151	2,151	2,151	3,621	1,470
Income and expenditure reserve	(11,723)	(16,723)	(16,723)	(21,005)	(4,282)
Total taxpayers' and others' equity	**49,660**	**44,660**	**44,660**	**41,848**	**(2,812)**

The cash at bank as at the end of March 2017 is £1.4m.

5. Cashflow forecast for the year



6. Capital Progress Report



	Apr Actual £'000	May Actual £'000	Jun Actual £'000	Jul Actual £'000	Aug Actual £'000	Sep Actual £'000	Oct Actual £'000	Nov Actual £'000	Dec Actual £'000	Jan Forecast £'000	Feb Forecast £'000	Mar Forecast £'000	Total 2016-17 £'000
E Care	94	1,262	19	412	625	561	378	705	198	545	505	628	5,932
CSSD	11	37	130	176	281	365	580	1,221	603	1,156	1,264	974	6,798
Other Schemes	270	15	426	124	548	806	793	299	819	685	2,068	738	7,590
Total Actual / Forecast	**375**	**1,313**	**574**	**713**	**1,454**	**1,732**	**1,751**	**2,225**	**1,620**	**2,385**	**3,838**	**2,341**	**20,320**
Total Plan	**359**	**864**	**770**	**1,628**	**2,012**	**2,104**	**2,124**	**2,101**	**2,009**	**2,834**	**2,459**	**2,327**	**21,590**

The capital programme for the year is shown in the graph above. The CSSD and E-Care schemes are shown separately.

Overall the slippage on the 2016-17 Capital Programme is £1.3m. This is mainly due to re-phasing of larger projects such as the CSSD building and the Cath Lab.

The CSSD build has commenced and will incorporate two additional floors to facilitate future clinical development in the hospital core. Expenditure is £0.6m above plan in March and £1.3m behind plan for the year.

Slippage on the Cath Lab in 2016-17 is £2.9m which largely relates to 6 months slippage whilst looking at wider project that included F6 and F7. Enabling works have now started and building commenced mid-March.

Phase 1 E-Care went live at the beginning of May and the Capital Programme assumes Phase 2 of the original business case will be completed within this financial year. Expenditure on e-Care is £5.9m at the end of March, (against a total plan for 2016-17 of £3.4m)

The E-Care programme budget has been revised to take account of the increased scope associated with the Global Digital Excellence (GDE) funding, although this is still subject to formal Treasury sign-off.

Recommendation:

To note the summary report.

REPORT TO:	Council of Governors
MEETING DATE:	11 May 2017
SUBJECT:	Annual Quality Report 2016/17
AGENDA ITEM:	13
PRESENTED BY:	Richard Jones, Trust Secretary
DATE PREPARED:	4 May 2017
FOR:	Approval of Governors commentary for inclusion in report

Summary

In accordance with national guidance WSFT produces an Annual Quality Report which forms part of the full Annual Report & Accounts.

At its meeting in January the Council of Governors identified Governors to feedback on the content of the Annual Quality Report. This feedback has been taken on board in the final preparation of the document.

As part of the Quality Report governors and other partners are invited to provide formal commentary for inclusion in the final report. With the Lead Governor the attached draft commentary has been prepared for inclusion in the report (**Annex A**).

Recommendation

The Council of Governors is asked to:

- Thank June Carpenter, Liz Steele and Stuart Woodhead for their efforts in reviewing the annual quality report and drafting the attached draft commentary

- Review and approve the draft commentary for inclusion in the WSFT's Annual Quality Report.

Annex A: WSFT Council of Governors commentary for inclusion in the Annual Quality Report 2016/17

The Council of Governors, with support from the hospital management, is embracing its role to represent both the interests of the Trust as a whole and the interests of the local west Suffolk public. The Governors recognise and fully support the Board of Directors' commitment to improving the already high standard of care for our patients.

The Governors are keen to harness the power of our local community and use the Trust's position in the wider Suffolk economy to promote local interests.

During 2016/17 we have strengthened our work through:

- **Engagement with members and public:**
  - Regular contact with patients and their supporters
  - Capturing patients' feedback, at monthly Courtyard Cafe feedback surveys, sharing this with hospital management and receiving updates on action taken
  - Encouraging the public to join as members of the Foundation Trust and engaging with more than 5,600 public members to take an interest in the hospital
  - Providing support for planning and delivery of external public meetings and events, including annual members meeting and medicine for members.

- **Review of care and services provided:**
  - Taking part in 'Quality Walkabouts' enables Governors to talk to staff (and patients) about implementation of changes and what actions have or have not been followed up.

- **Working with the board:**
  - Regular attendance at Trust Board meetings, where we are encouraged to ask questions and report back to all Governors on outcomes of these discussions
  - Attending Board meetings has also educated Governors on key clinical areas and developments
  - Working with the non-executive directors (NEDs) a two way exchange of intelligence gathered and areas for improvement
  - Regular workshops focused on key developments within the operational plan
  - Completed on schedule the appraisals of all NEDs.

- **Development of knowledge and skills:**
  - Agreed training and develop programme
  - Attending training internal and external events to support learning and development
  - Informal meetings of Governors, arranged by the Lead Governor, to ensure effective working relationships and preparations for meetings.

A good working relationship exists between the governors and board which ensures that information is available to support the constructive contribution of the governors. For example the operational plan.

We would like to take this opportunity to thank all the staff and volunteers for their considerable dedication and hard work which has made the West Suffolk NHS Foundation Trust the respected and valued institution that it is. The positive relationship between governors and the board helps to makes to West Suffolk Hospital a special place for patients, the public and staff.

West Suffolk NHS
NHS Foundation Trust

REPORT TO:	Council of Governors
MEETING DATE:	11 May 2017
SUBJECT:	Appraisal Process for Chair and NEDs
AGENDA ITEM:	14
PRESENTED BY:	Roger Quince, Chairman
FOR:	Information and to seek Volunteers

1. Background

The Chair's and NEDs' appraisals are undertaken by Governors annually.

As a Foundation Trust it is the responsibility of the Council of Governors to ensure effective appraisal of the Chairman and NEDs. Therefore since 2012 appraisals have been undertaken by Governors on an annual basis.

A revised appraisal process for the Chairman and NEDs was reviewed and approved at the Council of Governors meeting on 18 November 2015 and implemented in May 2016.

2. Process

Appendix 1 gives details of the full process, including time scales. A summary of the process is given below:-

(a) The stakeholder groups and number of individuals are described the following tables:-

Table 1a - Chair – Observers

Stakeholder group	Feedback from
Non Executive Directors	All NEDs - **Five**
Executive Directors	All EDs including Chief Executive - **Six**
Governors	Lead Governor plus **four** Governors (to be randomly selected) - **Five**

Table 1b - NEDs – Observers

Stakeholder group	Feedback from
Non Executive Directors	All NEDs, including Chairman - **Five**
Executive Directors	All EDs including Chief Executive - **Six**
Governors	Governors (to be randomly selected) - **Five**

(b) A group of 6-8 Governors who have volunteered to take part in this process will be randomly allocated as observers for the Chair and each of the NEDs. It is important that these Governors have a good knowledge of the Chair and NEDs and have observed Board meetings.

(c) Feedback from the Chair's and NEDs' observer questionnaires to be discussed at a meeting of the Nominations Committee, prior to the appraisal meetings. The purpose of this will be to identify themes/concerns to be addressed at the appraisal meetings.

(d) Appraisal for the Chair to be undertaken by the Lead Governor and Senior Independent Director

(e) Appraisals for the NEDs to be undertaken by the Chair

(f) An overall summary of the Chair's and NEDs' appraisals to be presented to a closed session of the Council of Governors meeting following completion of the appraisals.

3. Implementation

(i) The process will be implemented in accordance with the attached timescale.

(ii) Six to eight Governors are requested to volunteer to take part in this process

West Suffolk NHS
NHS Foundation Trust

Appendix 1

CHAIR AND NON EXECUTIVE DIRECTOR APPRAISAL PROCESS 2017

(a) The stakeholder groups and number of individuals are described in Table 1a and 1b.

(b) A group of 6-8 Governors who have volunteered to take part in this process will be randomly allocated as observers for the Chair and each of the NEDs.

(c) Feedback from the Chair's and NEDs' observer questionnaires to be discussed at a meeting of the Nominations Committee, prior to the appraisal meetings. The purpose of this will be to identify themes/concerns to be addressed at the appraisal meetings.

(d) Appraisal for the Chair to be undertaken by the Lead Governor and Senior Independent Director

(e) Appraisals for the NEDs to be undertaken by the Chair

(f) An overall summary of the Chair's and NEDs' appraisals to be presented to a closed session of the Council of Governors meeting following completion of the appraisals.

Table 1a - Chair – Observers

Stakeholder group	Feedback from
Non Executive Directors	All NEDs - **Five**
Executive Directors	All EDs including Chief Executive - **Six**
Governors	Lead Governor plus **four** Governors (to be randomly selected) - **Five**

Table 1b - NEDs – Observers

Stakeholder group	Feedback from
Non Executive Directors	All NEDs, including Chairman - **Five**
Executive Directors	All EDs including Chief Executive - **Six**
Governors	Governors (to be randomly selected) - **Five**

CHAIR AND NEDs APPRAISAL SCHEDULE 2017

Task	Action	Date
Volunteers to undertake appraisals to be identified at CoG meeting	**RQ**	Thursday 11 May 2017
Circulate forms to appraisers and appraisees for completion and return to GEH.	**GEH**	Monday 15 May 2017
Completed forms to be returned to GEH	**GEH**	By Friday 2 June 2017
Forms to be analysed and summarised	**GEH**	By Thursday 15 June 2017
Nominations Committee Meeting to discuss results of observer questionnaires and identify themes/concerns	**Nominations Committee**	Thursday 22 June 2017
Lead Governor and SID to undertake Chairman's appraisal	**JC/RQ/SID**	By Friday 21 July 2017
Chairman to undertake NEDs' appraisals	**RQ/NEDs**	By Friday 21 July 2017
Reports to be written for CoG meeting for circulation 3 Aug	**RQ/NEDs**	By Friday 28 July 2017

360º Feedback Questionnaire for Chair / NEDs

Observer Feedback

Thank you for agreeing to give feedback for ……

This questionnaire will not take you long to complete and will provide useful feedback and insights for your colleague.

Please rate each of the seven sections, using the statements below each one to help you consider your score. Please circle the rating which you consider appropriate to each section as indicated at the top of each section ie:-

Inadequate	Requires Improvement	Good	Outstanding	Unable to Respond

Under each section please then give any comments/reasons for your rating. Please note that these comments will not be edited.

The data collected from all the observers contributes to this 360º feedback exercise which will be collated into one report and shared with the Chair/NED as part of their Appraisal.

Before you complete the questionnaire please tick the appropriate box below:

Chief Executive/Other Executive Director	
Non-Executive Director	
Governor	

Your feedback will be provided anonymously to your colleague. However, for administrative purposes, please sign below.

Signed:……..

Please return this questionnaire to: Georgina Holmes
Foundation Trust Office
West Suffolk Hospital
Hardwick Lane
Bury St Edmunds IP33 2QZ
Tel: 01284 713224
Email: georgina.holmes@wsh.nhs.uk

BY 2 JUNE 2017

CHAIR AND NON EXECUTIVE DIRECTOR APPRAISAL QUESTIONS

Note: Highlighted questions refer to Chair appraisal only						
1	**STRATEGIC DIRECTION** **Please circle appropriate score**	**Inadequate**	**Requires Improvement**	**Good**	**Outstanding**	**Unable to Respond**
	Taking the following into consideration:- • Contributes meaningfully and knowledgeably to board discussions. • Thinks strategically in evaluating direction and operations. • Demonstrates financial literacy. • Appropriately questions data and information presented to the board for its deliberations. • Effectively applies his/her knowledge, experience and expertise to issues confronting the organisation. • Asks well-formulated, value-adding and appropriately timed questions. • Demonstrates the ability to balance needs and constraints. • Holds a clear, coherent well-informed vision • Thinks flexibly into the future					
	PLEASE GIVE COMMENTS/REASONS FOR YOUR SCORE FOR STRATEGIC DIRECTION What would you like to see this person doing more of? What would you like to see this person doing less of? Other Comments					
2	**HOLDING TO ACCOUNT** **Please circle appropriate score**	**Inadequate**	**Requires Improvement**	**Good**	**Outstanding**	**Unable to Respond**
	Taking the following into consideration:- • Demonstrates willingness to be accountable for, and bound by, board decisions. • Demonstrates high ethical standards. • Accepts personal accountability. • Challenges constructively and effectively. • Contributes to effective governance. • Supports the chief executive and holds to account • Sets objectives for non-executives and holds them to account for their performance					

PLEASE GIVE COMMENTS/REASONS FOR YOUR SCORE FOR HOLDING TO ACCOUNT

What would you like to see this person doing more of?

What would you like to see this person doing less of?

Other Comments

3	**INFLUENCING AND COMMUNICATING Please circle appropriate score**	**Inadequate**	**Requires Improvement**	**Good**	**Outstanding**	**Unable to Respond**

Taking the following into consideration:-

- Communicates persuasively and logically; voices concerns; raises tough questions in a manner that encourages open discussion.
- Listens effectively to others' ideas and viewpoints.
- Sets out costs and benefits of a particular course of action.
- Uses a range of communication techniques to meet the needs of different audiences
- Uses facts and figures to support arguments.

PLEASE GIVE COMMENTS/REASONS FOR YOUR SCORE FOR INFLUENCING & COMMUNICATING

What would you like to see this person doing more of?

What would you like to see this person doing less of?

Other Comments

4	**TEAM WORKING** **Please circle appropriate score**	**Inadequate**	**Requires Improvement**	**Good**	**Outstanding**	**Unable to Respond**

Taking the following into consideration:-

- Involves others in the decision-making process.
- Manages conflict constructively; willing to change his/her point of view.
- Takes on the role of personal leadership.
- Respects other team members.
- Allows team members to take the credit.
- Understands the non-executive role.
- Shares expertise and knowledge freely

PLEASE GIVE COMMENTS/REASONS FOR YOUR SCORE FOR TEAM WORKING

What would you like to see this person doing more of?

What would you like to see this person doing less of?

Other Comments

5	**SELF BELIEF** **Please circle appropriate score**	**Inadequate**	**Requires Improvement**	**Good**	**Outstanding**	**Unable to Respond**

Taking the following into consideration:-

- Willing to take a stand or express a view, even if it runs contrary to prevailing wisdom or the direction of conversation; exercises independent judgement.
- Acts confidently.
- Enthusiastic to achieve an outcome.
- Can be tough and emotionally resilient.

	PLEASE GIVE COMMENTS/REASONS FOR YOUR SCORE FOR SELF BELIEF What would you like to see this person doing more of? What would you like to see this person doing less of? Other Comments					
6	**INTELLECTUAL FLEXIBILITY** **lease circle appropriate score**	**Inadequate**	**Requires Improvement**	**Good**	**Outstanding**	**Unable to Respond**
	Taking the following into consideration:- • Can digest and analyse information. • Willing to modify own thinking. • Thinks creatively and constructively. • Sees the detail as well as the big picture • Makes sense of complex situations and clarifies them for others.					
	PLEASE GIVE COMMENTS/REASONS FOR YOUR SCORE FOR INTELLECTUAL FLEXIBILITY What would you like to see this person doing more of? What would you like to see this person doing less of? Other Comments					

7	**PATIENT AND COMMUNITY FOCUS** **Please circle appropriate score**	**Inadequate**	**Requires Improvement**	**Good**	**Outstanding**	**Unable to Respond**
	Taking the following into consideration:- • Understands local health issues. • Understands diversity of the community and its differing viewpoints. • Works on behalf of the Community and for the common good, even when difficult to do so. • Promotes inclusion and community involvement.					
	PLEASE GIVE COMMENTS/REASONS FOR YOUR SCORE FOR PATIENT & COMMUNITY FOCUS What would you like to see this person doing more of? What would you like to see this person doing less of? Other Comments					

REPORT TO:	Council of Governors
MEETING DATE:	11 May 2017
SUBJECT:	Deputy Lead Governor role
AGENDA ITEM:	15
PRESENTED BY:	Richard Jones, Trust Secretary & Head of Governance
DATE PREPARED:	3 May 2017
FOR:	Approval

1. Background

At the meeting in February 2017 the Council of Governors approved the updated constitution which made provision for a Deputy Lead Governor position, as set out below.

> The Deputy Lead Governor will take up the role and responsibilities of the Lead Governor on a temporary basis, in the event the Lead Governor is absent for any reason. (Annex 7, para 9 page 91)

A separate role specification is not provided for the Deputy Lead Governor as they will only take on the responsibility in the absence of the Lead Governor. The responsibilities of the Lead Governor are set out in **Annex A**.

2. Proposal

In accordance with the Terms and Conditions of the Lead Governor role it is proposed that nominations be invited from the Public Governors for the Deputy Lead Governor role according to the following schedule:

- Nominations for interim lead governor to be received **by noon on Tuesday, 1 August 2017**
- Voting pack to be prepared
- Elections to be held at Council of Governors meeting on **Thursday, 10 August 2017**

The completed voting slips will be used as the basis for a secret ballot to take place at the Council of Governors meeting on 10 August 2017. NB only Governors present at the meeting will be able to cast a vote.

3. Recommendation

The Council of Governors is asked to approve the process and timetable for the nomination and election of the Deputy Lead Governor, as set out above. The term of office would mirror that of the Lead Governor

Annex A

Lead Governor role specification

1. Introduction

The Lead Governor of West Suffolk NHS Foundation Trust (WSFT) will be appointed to carry out the role described in Appendix B of Monitor's FT Code of Governance July 2014 (Annex I), or any subsequent amendments.

NHS Improvement (NHSI) requires only that the lead governor act as a point of contact between NHSI and the council when needed. Directors and Governors should always remember that the Council of Governors as a whole has responsibilities and powers in statute, and not individual governors.

This role/description will be kept under review and is subject to approval by the Board of Directors and Council of Governors.

2. Role description

1. To act as the point of contact between the Governors and NHSI in circumstances where it would not be appropriate for the Chair of the Board of Directors to contact NHSI directly, or vice versa.

2. To work with the Chair to facilitate effective relations between the Board of Directors and the Council of Governors. This could include joint meetings/workshops with the Board of Directors and attendance of Non Executive Directors at Council of Governors meetings.

3. To sit on the Nominations and Remuneration Committee for the purpose of appointing the Chair and other Non-Executive Directors and discussing remuneration including allowances and other terms of office.

4. To contribute to the Chair's annual appraisal, including receiving comments from Governors not directly involved in the appraisal process.

5. To meet with the Chair to help plan and prepare for Council of Governors meetings.

6. To chair meetings of the Council of Governors which cannot be chaired by the Trust Chair, Deputy Chair or other Non Executive due to a conflict of interest. These occasions are likely to be infrequent.

8. To ensure a process is in place to understand the views of all Governors.

9. To ensure a process is in place to support new Governors.

10. To help ensure that Governors comply with the Council's Code of Conduct.

3. Key working relationships

Trust Chair, Council of Governors, Trust Secretary, Senior Independent Director, and NHSI

4. Terms and conditions

1. The Lead Governor will be a public governor who is currently in their elected term of office and will not be eligible to continue in this role if they are not re-elected.

2. Any Governor wishing to stand as Lead Governor will be required to relinquish other responsibilities i.e. committee chair.

3. The term of office for the lead Governor will be three years running from one year after Governor elections*.

4. A Governor will not be eligible to stand for election during their final eligible term of office as a Governor.

5. Nominations are to be received by the Trust Secretary prior to the proposed election and include a nomination statement.

6. Voting will take place in person at the next available Council of Governors meeting. Proxy votes will not be accepted, as stated in the constitution.

7. The Governor with the most votes will become Lead Governor.

8. Removal of the Lead Governor before their term of office is over will require approval by the majority of members at a meeting of the Council of Governors.

9. The role specification of the Lead Governor will be produced by the Board of Directors following consultation with the Council of Governors and consideration of their views and should include the relevant provisions of Appendix B of the NHS Foundation Trust Code of Governance.

10. If the Lead Governor leaves the post then the Deputy Lead Governor will take up the role until Lead Governor elections have taken place.

Richard Jones
Trust Secretary
November 2016

* The timing of the Lead Governor term aims to avoid elections to this role being held immediately after Governor elections. At this point a new governing body has been formed who will need to work together to understand their role and get to know each other. It is recognised that on occasions election of the Lead Governor may be necessary immediately following Governor elections, for example if the lead Governor does not stand for election, but the approach tries to minimise this occurrence.

Annex I: The role of the nominated lead governor (Appendix B of Code of Governance)

The lead governor has a role to play in facilitating direct communication between Monitor and the NHS foundation trust's council of governors. This will be in a limited number of circumstances and, in particular, where it may not be appropriate to communicate through the normal channels, which in most cases will be via the chairperson or the trust secretary, if one is appointed.

It is not anticipated that there will be regular direct contact between Monitor and the council of governors in the ordinary course of business. Where this is necessary, it is important that it happens quickly and in an effective manner. To this end, a lead governor should be nominated and contact details provided to Monitor, and then updated as required. The lead governor may be any of the governors.

The main circumstances where Monitor will contact a lead governor are where Monitor has concerns as to board leadership provided to an NHS foundation trust, and those concerns may in time lead to the use by Monitor's board of its formal powers to remove the chairperson or non-executive directors. The council of governors appoints the chairperson and non-executive directors, and it will usually be the case that Monitor will wish to understand the views of the governors as to the capacity and capability of these individuals to lead the trust, and to rectify successfully any issues, and also for the governors to understand Monitor's concerns.

Monitor does not, however, envisage direct communication with the governors until such time as there is a real risk that an NHS foundation trust may be in significant breach of its licence. Once there is a risk that this may be the case, and the likely issue is one of board leadership, Monitor will often wish to have direct contact with the NHS foundation trust's governors, but at speed and through one established point of contact, the trust's nominated lead governor. The lead governor should take steps to understand Monitor's role, the available guidance and the basis on which Monitor may take regulatory action. The lead governor will then be able to communicate more widely with other governors.

Similarly, where individual governors wish to contact Monitor, this would be expected to be through the lead governor.

The other circumstance where Monitor may wish to contact a lead governor is where, as the regulator, we have been made aware that the process for the appointment of the chairperson or other members of the board, or elections for governors, or other material decisions, may not have complied with the NHS foundation trust's constitution, or alternatively, whilst complying with the trust's constitution, may be inappropriate.

In such circumstances, where the chairperson, other members of the board of directors or the trust secretary may have been involved in the process by which these appointments or other decisions were made, a lead governor may provide a point of contact for Monitor.

Accordingly, the NHS foundation trust should nominate a lead governor, and to continue to update Monitor with their contact details as and when these change.

West Suffolk NHS
NHS Foundation Trust

REPORT TO:	Council of Governors
MEETING DATE:	11 May 2017
SUBJECT:	Engagement Committee
AGENDA ITEM:	16
PRESENTED BY:	Jan Osborne – Chair of Engagement Committee
DATE PREPARED:	4 May 2017
FOR:	Approval

1. Background

This Committee plays an important role in structuring and delivering the Trust's engagement strategy.

The terms of reference state that there should be a minimum of five Governors, plus the Lead Governor.

In May 2016, the following Governors volunteered for membership of this Committee – June Carpenter, Ian Collyer, Jayne Gilbert, Laraine Moody, Jan Osborne and Margaret Rutter.

The terms of reference and work plan for this Committee are appended to this report (**attached**).

2. Recommendation

Appoint (at least) two additional members to this Committee to support its responsibilities and delivery of the work plan.

APPENDIX 1

West Suffolk NHS
NHS Foundation Trust

FOUNDATION TRUST ENGAGEMENT COMMITTEE

Terms of Reference

1. Aim

1.1 To further develop the mechanisms that enable patients and the public to influence decision making, both in relation to their own care and treatment and in the provision, development, and improvement of services.

1.2 To maintain and increase active membership of West Suffolk NHS Foundation Trust, ensuring that it is representative of the local population.

1.3 To support the delivery of the Trust's strategic framework including health promotion/prevention.

2. Responsibilities

2.1 To develop effective two-way communication between governors and members, and prospective members.

2.2 To identify new opportunities to increase the involvement of patients and the public, that maximises their contribution and effectiveness.

2.3 To ensure that feedback about the Trust and its services is sought from a cross section of the local community focusing particularly on seldom heard groups.

2.4 To ensure there are effective mechanisms in place to recruit new members across the Trust's membership area and target recruitment from hard to reach areas.

2.5 To ensure effective links with the Patient & Carers Experience Group, to allow sharing of activities and work plans.

2.6 To develop and implement an effective Engagement Strategy.

3. Scope

The Engagement Committee is a sub-committee of the Council of Governors.

4. Composition

4.1 The Engagement Committee will have a membership of at least 6 governors, including the Lead Governor.

4.2 The Engagement Committee will elect one of its members as Chair.

4.3 Additional members may be co-opted to the Committee as necessary.

4.4 Representatives from the Trust may also be in attendance at meetings, including the Trust Secretary, Communications Manager, Foundation Trust Office Manager and others as required.

4.5 A quorum will be three members of the Committee.

5. Accountability

5.1 The Engagement Committee will be accountable to the Council of Governors.

5.2 The Engagement Committee will report to meetings of the Council of Governors on its activities.

6. Meeting frequency

6.1 The Engagement Committee will meet at least three times a year.

7. Authority

7.1 The Engagement Committee will have authority to establish sub-committees to assist in the implementation of the engagement strategy.

8. Document configuration information

Author(s):	Richard Jones, Trust Secretary; Georgina Holmes, Foundation Trust Office Manager
Other contributors:	
Approvals and endorsements:	Engagement Committee – 25 January 2016 Council of Governors - 9 February 2016
Issue no:	4
File name:	O:\Board Committees\Council of Governors\ Engagement Committee/FT Engagement Committee TOR Feb 2016
Supersedes:	FT Membership Committee TOR May 2015
Additional Information:	

APPENDIX 2

West Suffolk NHS
NHS Foundation Trust

COUNCIL OF GOVERNORS

ENGAGEMENT COMMITTEE – ACTION PLAN

Proposal	Progress and detailed action	Lead	Timescale	Comments/Update
1. Communications with Members	• Members' Newsletter - Published two or three times a year, governors to provide input into content. - Topic driven engagement, eg quality accounts – include questionnaires, surveys etc in Members' Newsletter - Include item of interest for young people, eg profile of a role	Comms	Ongoing	Governors to provide suggestions for content of newsletter
	• Member Events - AGM/Talk– Apex, BSE - Medicine for Members - Cardiology - Newmarket - Stowmarket	G Holmes	12 Sept 2017 9 May 2017 6 June 2017	Topic to be agreed
	• Electronic Communication with Members - Utilisation of email			Members encouraged to indicate if happy to receive information via email.
2. Other engagement approaches	• Courtyard Café - short questionnaire used to gain information on the public's expectations/ experiences of WSFT. Results fed back to FT Engagement Committee and Patient & Carers Experience Committee. Issues or trends escalated to relevant	G Holmes	Ongoing	Sessions booked for Jan-June 2017

Proposal	Progress and detailed action	Lead	Timescale	Comments/Update
	Manager/department for response. • Attend pre-organised events, eg Probus/U3A • Talk/presentation to WSC staff • Programme to support elections to ensure nominations for public and staff Governors • Encourage governors to consider other areas for engagement and recruitment • Include Membership leaflet specifically designed for young people in WSC induction packs for careers related to health and social care • Review current Membership leaflet for ease of completion, taking into account information required by regulators	G Holmes L Moody R Jones / G Holmes A Hollis A Hollis	Spring/Summer 2017 Spring 2017 onwards March 2017 March 2017	
3. Staff Engagement	• Staff governors to engage with staff members within their allocated area • Staff governors to communicate to staff via 'Green Sheet'	Staff Governors	Ongoing	
4. Networking with other organisations to establish best practice in membership engagement, eg NHS Providers and other NHS FTs	• Networking at NHS Provider events	Governors	Ongoing	