Council of Governors Meeting

There will be a meeting of the **COUNCIL OF GOVERNORS** of West Suffolk NHS Foundation Trust on Thursday **16 November 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. To note the resignation of Charles Nevitt and confirm that he will not be replaced prior to the elections.	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 10 August 2017** (enclosed) To approve the minutes of the meeting held on 10 August 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	Roger Quince
7.	**Chief Executive's report** (enclosed) To note a report on operational and strategic matters	Nick Jenkins
8.	**Governor issues** To note the issues raised and receive any agenda items from Governors for future meetings	June Carpenter
18.10	**DELIVER FOR TODAY**	
9.	**Summary Quality & Performance Report** (enclosed) To note the summary report	Gary Norgate
10.	**Summary Finance & Workforce Report** (enclosed) To note the summary report	Neville Hounsome

18.30	**INVEST IN QUALITY, STAFF AND CLINICAL LEADERSHIP**	
11.	**Pathology services** *(*verbal*)* To receive an update on NEESPS, including governance arrangements	Nick Jenkins
18.45	**BUILD A JOINED UP FUTURE**	
12.	**e-Care update** (enclosed) To receive a report on phase 2 and future plans	Sarah Jane Relf
19.00	**GOVERNANCE**	
13.	**Proposed Amendment to Constitution** (enclosed) To approve a proposal to amend the constitution	Richard Jones
14.	**Report from Nominations Committee** (verbal) To receive a report from the Nominations Committee of 16 November 2017	Roger Quince
15.	**Lead Governor report** (enclosed) To receive a report from the Lead Governor.	June Carpenter
16.	**Staff Governor report** (verbal) To receive a report from the Staff Governors.	Nick Finch
19.20	**ITEMS FOR INFORMATION**	
17.	**Dates for meetings for 2018** Wednesday 21 February Thursday 17 May Thursday 9 August Wednesday 14 November Annual Members Meeting Tuesday 11 September 2018	
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
19.30	**CLOSE**	

REPORT TO:	Council of Governors
MEETING DATE:	16 November 2017
SUBJECT:	Draft Minutes of the Council of Governors Meeting held on 10 August 2017
AGENDA ITEM:	4
PRESENTED BY:	Roger Quince, Chair
FOR:	Approval

DRAFT

MINUTES OF THE COUNCIL OF GOVERNORS' MEETING
HELD ON THURSDAY 10 AUGUST 2017 AT 17.30
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	•	
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			
Helen Beck	Interim Chief Operating Officer		
Lisa Clampin	BDO *(item 15)*		
Richard Davies	Non Executive Director		
Angus Eaton	Board Advisor		
Georgina Holmes	FT Office Manager *(minutes)*		
Neville Hounsome	Non Executive Director		
Richard Jones	Trust Secretary & Head of Governance		
Denise Pora	Workforce Development Manager *(item 17)*		
Rowan Procter	Executive Chief Nurse		
Alan Rose	Non Executive Director		

Action

GENERAL BUSINESS

17/42 APOLOGIES

Apologies for absence were noted as above.

It was noted that Margaret Rutter had attended the informal pre-meeting but had sent her apologies for the closed and open meetings as her husband was unwell.

17/43 WELCOME AND INTRODUCTIONS

The Chairman welcomed everyone to the meeting.

It was noted that Ian Collyer had resigned as a public Governor and confirmed that he would not be replaced prior to the elections.

The Chairman explained that items 15, 17 and 13 would be discussed after item 8, in order to allow the individuals presenting these items to leave the meeting early.

17/44 DECLARATIONS OF INTEREST

There were no declarations of interest.

17/45 MINUTES OF THE COUNCIL OF GOVERNORS MEETING HELD ON 11 MAY 2017

The minutes of the meeting held on 11 May 2017 were approved as a true and accurate record.

17/46 MATTERS ARISING ACTION SHEET

There were no ongoing actions. The completed actions were noted.

17/47 CHAIRMAN'S UPDATE

The Chairman informed the Council of Governors that Alan Rose had been appointed as Senior Independent Director. He considered that he would provide valuable support to the new Chair.

17/48 CHIEF EXECUTIVE'S REPORT

The Chairman highlighted the 'Every Heart Matters' appeal to raise money for the new cardiology suite, which would enable diagnostic tests to be undertaken in the same area. Frankie Dettori had attended the launch of this and it was hoped that his support would continue throughout the appeal. Governors were asked to support this appeal and any ideas they had would be welcome.

The Chairman also stressed the importance of encouraging legacies to support this.

Sara Mildmay-White asked for reassurance that progress was being made with discharge summary letters. She also asked how the Buurtzorg team was being funded. Rowan Procter explained that there was already funding of £200k and WSFT, Norfolk & Suffolk FT, Suffolk County Council and the CCG were each putting in £50k, giving a total of £400k. WSFT would be the employers of the Buurtzorg nurses and where they would be based was currently being finalised. Initially it was hoped to recruit up to six nurses (wte).

Liz Steele asked about recurring costs in the future. Rowan Procter explained that this would depend on the effectiveness of this initiative and moving it into the community and re-training/repatriating nurses in the community etc. The pilot would run from October 2017 to March 2018, but if necessary it would continue for a further six months.

With regard to discharge letters, approximately 3800 patients had been identified since e-Care go-live in May 2016 and when the problem was identified. To date no patient harm had been identified as a result of this, but this continued to be investigated. Letters had been sent out to relevant GPs last weekend, following consultation with the CCG who advised that this should be done over the weekend. The letters were a request to GP practices and outlined the issue and asked them to undertake a medication review for patients who may have been affected. They were also asked to notify the Trust if they identified any harm.

There had been various reactions from GPs, some of whom were happy to be involved and some who did not wish to be involved or only if paid. Further discussions were being had with these GPs.

In the meantime there was an interim solution which was moving forward.

A letter had also been agreed between WSFT and Cerner notifying other trusts with the same system of the issue and the solution.

June Carpenter referred to the sugary drinks ban and reported that diabetic patients had asked if these would still be available and obvious. It was confirmed that this would be the case.

Joe Pajak asked if the high visibility for infection prevention included hand hygiene and if more could be done to make hand washing more high profile. Rowan Procter explained that she had looked at other organisations with had wash basins at the front door. She said that it was important for people with infections to be honest and not visit patients unless absolutely necessary; on the whole norovirus had been brought into the organisation by visitors. She considered that if reminders about washing hands were always on display people got used to them and stopped taking any notice.

Helen Beck reported that work on the front of the emergency department and GP streaming had begun, but the compromise would be the waiting area in the emergency department.

17/49 GOVERNOR ISSUES

The responses to the Governor issues were noted.

June Carpenter reported that two further issues had been received by email from David Frape and these had been addressed at the pre-meet.

DELIVER FOR TODAY

17/50 SUMMARY QUALITY & PERFORMANCE REPORT

Richard Davies said that he was very pleased to report the good news that the emergency department had achieved the four hour target. This was mainly due to work on patient flow.

The overall performance of the Trust continued to be rated as good for quality. He highlighted issues that were not so good, including patient falls. However, it was important to encourage patients to remain mobile. It was not known what was an acceptable number of patient falls and he considered the new falls groups to be a very positive initiative.

Hospital acquired pressure ulcers had increased recently and this needed to be monitored to ensure that it was not a trend.

The management of sepsis had improved over the last quarter but was still below target. Strategies were in place to mitigate this and the new e-Care sepsis alarm should assist with this.

There were three issues with patient experience; the ongoing issue of noise at night, communication regarding delays in being seen in some departments and patients not being offered chaperones, which could due to a lack of understanding of who a chaperone was.

Processes were being put in place to try to improve patients being informed of delays in being seen.

He referred to clinical effectiveness and explained that it would be a requirement for all organisations to report on deaths in hospital and learning from these. WSFT needed to improve how it communicated with relatives in this area.

18 week referral to treatment (RTT) remained an issue, however big improvements had been made in patient tracking and work on this would continue.

Neville Hounsome said that RTT would probably not be solved very quickly and this needed to continue to be monitored and reviewed as it would be an ongoing concern.

Jayne Gilbert referred to patients being informed of delays in being seen and the provision of pagers, which had been ongoing issue. She was surprised that the Trust was buying more pagers. Rowan Procter explained that this was a different system which was being put in place and the new pagers would provide more helpful information to the user and was a more automatic process for the administrator.

The Chairman asked about noise at night and if everyone had access to earplugs and eye masks. It was confirmed that this was the case; however these had not necessarily been available when wards were decanted.

Rowan Procter explained that the Trust remained under significant pressure and still had escalation areas open at night. It continued to try to maintain safe staffing and manage this, but was struggling to fill empty shifts, as other organisations were now breaching the cap for agency staff. This meant that WSFT would have to breach the cap when absolutely necessary, as patient safety was paramount. Overtime would be offered to part time nursing staff which was unprecedented.

Neville Hounsome commented that the fill rate of nursing staff at WSFT was considerably better than other hospitals nationally.

Rowan Procter explained that recruitment and development of nursing staff continued and staff remained very committed to delivering outstanding care. Jane Chilvers confirmed that this was case.

Barry Moult asked if there had been an increase in stress levels due to staff being under pressure. Rowan Procter said that she had not been made aware that this was an issue. A programme of work was being undertaken to review annual leave and sickness rates. The Trust Executive Group (TEG) had also agreed initiatives to provide support to staff around stress and mental health.

Sara Mildmay-White if housing was becoming an issue when recruiting staff. Rowan Procter said that accommodation was more of a factor for students.

17/51 SUMMARY FINANCE & WORKFORCE REPORT

Alan Rose explained that NEDs received more detailed information on finance and workforce.

The operating margin was on plan. The cash position and liquidity as an organisation was also on plan and the money spent on capital was good and being spent at the planned rate. There was a plan for a considerable capital programme this year.

The regulator's view of the WSTF's finances was reasonably satisfactory.

KPMG had been recruited to help try to maintain the Trust's good position and NEDs had met with the key personnel. KPMG's role was to support staff and use their skills to assist with a CIP this year of £13.3m; which was currently on plan to be achieved.

They were also helping with the plan for next year and the NEDs had asked the finance team to be more transparent about thinking ahead about saving money for next year. At least 60% of these savings had been identified and the percentage should increase each month. Craig Black had been asked to report on progress each month at the Board meeting.

Although the current situation was good Alan Rose cautioned that the year end plan was still a deficit of £5.9m, (£11m without S&T funding). This meant that the Trust was not in position to generate funds to invest in the future; therefore it was reliant on funding from external sources, eg GDE. This was a concern for the NEDs as the organisation was not generating income internally.

Alan Rose referred to workforce and explained that the money spent on temporary staff had reduced from 14% to 10% of total workforce spend and the number of temporary staff from 10% to 8% of all staff, which was very encouraging. The overall sickness rate was 3.5% which was also good.

Neville Hounsome considered it to be very encouraging that CIPs for next year were already being talked about and it was also good to see better management of bank and agency staff.

Liz Steele asked about external funding and noted there could be restrictions as to what it was spent on, and so it could not offset the deficit. Alan Rose agreed and said that this meant that funding had to be managed and spent creatively.

Jayne Gilbert asked about the cost of KPMG and if the Trust was happy with the block contract. She also asked about the £18m of CIPs for next year and where this would come from.

Alan Rose explained that the first phase of KPMG's work was funded by NHSI. The next phase was still under negotiation but their fees had to be self-funding. The CIP programme for next year was £18m, some of which would be a benefit from this year. There were also a series of programmes within the divisions and incremental savings, as well as a series of bigger projects which KPMG were assisting with, ie theatre productivity. It was explained that all CIPs had to have quality and safety impact assessments and these had to be signed off by Rowan Procter and Nick Jenkins.

A reduction in workforce spend would come through better management of annual leave, which should reduce bank and agency spend.

The Chairman explained that there were some advantages with the block contract and that it only covered the West Suffolk CCG's area. This meant that payment for patients from other areas was covered by PbR (payment by results). The block contract was a negotiable contract and the Trust needed to agree to the activity within the structure. Currently WSFT did not have any major issues with the contract.

INVEST IN QUALITY, STAFF AND CLINICAL LEADERSHIP

17/52 NON-EXECUTIVE DIRECTOR PRESENTATION

Richard Davies explained that his background was in medical/clinical education and general practice. He outlined his experience in general practice and GP education, and explained that he was currently sub dean of Cambridge clinical school. Following a heart attack he had decided on a change in career and had been asked if would like to apply for the position of NED, which he considered to be an important role.

He was very supportive of the NHS but felt that it needed to develop. He considered that WSFT epitomised everything that was good about the NHS, including its quality of care, being part of the community and committed and dedicated staff who felt valued and looked after. He also liked its focus on integration between primary and secondary care.

He said that becoming a NED was a learning curve; he had attended an induction course and learnt about holding EDs to account. As a NED he hoped to provide an independent, informed and appropriately constructive and challenging voice on the Board and represent the views of Governors.

His background meant that he brought knowledge and experience of secondary care and also medical education, which WSFT was involved in. He also felt that he could play an important role in the collaboration between primary and secondary care and was very interested in ensuring the continued provision of high quality patient care.

BUILD A JOINED UP FUTURE

17/53 PATHOLOGY SERVICES

June Carpenter asked about governance and issues. Rowan Procter explained that there had been some issues as the organisation transferred from TPP to NEESPS but these had been addressed and resolved.

June Carpenter asked if any pathology staff had left as a result of the transfer. Rowan Procter explained that morale of staff had improved and that walkabouts were taking place to make staff feel part of the organisation. Recruitment was in line with what the numbers should be once annual leave had finished.

Stuart Woodhead noted that originally WSFT had been a minor partner in TPP and had not been able to control costs. He said that he was still nervous that there would be governance issues as the Trust was still the smallest hospital in the partnership. Rowan Procter said that initially she would have agreed, but she had been made aware of an issue immediately and it had been addressed and resolved quickly.

Stuart Woodhead asked about costs associated with setting up NEESPS and what would happen if this organisation did not work as hoped, ie if there was a plan C. He requested that the NEDs should remain vigilant and obtain satisfactory answers about governance etc.

Neville Hounsome explained that the NEDs had always had concerns but had not been provided with any assurance, although WSFT was still the smallest partner out of the three. The main assurance was that the Medical Directors were now involved in NEESPS. He agreed that it was important to get the governance right. With regard to finance, there was potential for cost savings, but the issue of pricing would not be resolved immediately. He felt more confident from a quality and safety point of view that he did with TPP. To date no one had provided a credible plan C.

The Chairman said that this new organisation was launched on 20 July and it needed to be given a chance. He considered NEEPS to be a more appropriate scale and more practical with more involvement from people on the ground.

Stuart Woodhead asked about MHRA and when this would be resolved. Rowan Procter explained that they had now agreed to monthly reporting. Another unannounced visit had taken place and there had been no critical issues, two majors and four others. The Trust had responded to these and MHRA were satisfied with the responses. Rowan Procter considered this to be positive progress. She continued to meet three times a week with teams on site and the NEEPS management team also attended these meetings.

Joe Pajak asked if NEDs were involved in the governance structure as observers. Rowan Procter explained that their involvement came from reports going to the Trust Board meetings. WSFT's representatives were Craig Black on the Business Board and Nick Jenkins on the Clinical Board. Alan Rose confirmed that this was discussed at every Board meeting.

Richard Jones reported that Nick Jenkins had offered to attend the next Council of Governors meeting to give an update on this. **N Jenkins**

17/54 e-CARE UPDATE

Helen Beck reported that the first payment of GDE (Global Digital Exemplar) money had been received and a meeting was taking place next week to discuss this.

June Carpenter asked about the patient portal. Helen Beck explained that this was purchased as part of the original package, but its implementation could be delayed until it had been refined. This would allow patients to access their own information but the Trust still needed to look at exactly what they would be able to see.

A very basic online form would be released in October and WSFT would be working patient representatives on what they could access; it was considered that the move towards this needed to be gradual.

June Carpenter asked about the update to computers and why this was not a version later than 2008. Helen Beck explained that there were some issues around compatibility of more recent versions with clinical systems and software. The next stage would be to upgrade to 2012. It was explained that Microsoft only supported two generations.

Barry Moult noted that this linked with the cyber-security issue and asked what the strategy was for upgrading computers. Helen Beck said that WSFT had been lucky and one of the reasons was its investment in early warning systems, also a cycle of adding patches and upgrading. Work was ongoing in IT as patches had to be checked with clinical systems before installation but this had been reviewed and it was hoped to reduce the time between release and installation from eight to four weeks. The Chairman reported that the audit committee had already been following this up.

It was proposed to ask Mike Bone, Chief Information Officer, to give a short presentation to the Council of Governors. **R Jones**

17/55 ANNUAL REPORT & ACCOUNTS 2016/17

The Council of Governors received the annual report and accounts for 2016/17. It was confirmed that a summary would also be available.

Richard Jones thanked Governors for their contribution to this document.

17/56 ANNUAL AUDIT LETTER & QUALITY REPORT LIMITED ASSURANCE REVIEW

Lisa Clampin explained that the annual audit letter was a letter to Governors summarising the key items of all the work done by BDO as auditors throughout the year. She referred to the executive summary (page 1) and explained the audit conclusions which included financial statements, use of resources and quality report.

Neville Hounsome said that from a NED's point of view the control of CIPs was not as could as it could have been, but this had improved and was not the case anymore.

The Chairman thanked Lisa Clampin on behalf of the Council of Governors for all her work and support.

17/57 ANNUAL EXTERNAL AUDIT REVIEW

It was explained that BDO had been appointed for a period of three years, but each year a review of their performance was undertaken by the Audit Committee.

The Council of Governors considered the feedback from the Audit Committee and approved the recommendation that BDO should remain in appointment as the Trust's external auditors until their current contract ended.

GOVERNANCE

17/58 EQUALITY & DIVERSITY ACTION PLAN

Denise Pora explained that the Trust was currently consulting on its draft equality and diversity objectives and action plan and she would be very pleased to receive feedback and views from Governors. She explained that each year a number of equality objectives were identified, as detailed in item 2, and an associated action plan developed to assist in achieving these objectives.

The Chairman reported that a new frailty unit had been established in the hospital, with the aim of discharging frail patients as quickly as possible so that they did not spend longer than necessary as an inpatient.

Jayne Gilbert asked if it was noted and understood that the area served by WSFT had a low proportion of BME groups. Denise Pora confirmed that this was the case but it was also noteworthy that the Trust has a higher proportion of BME staff than the local community. This was particularly the case amongst medical staff. However, it had been identified that shortlisted white candidates were 1.94 times more likely to be appointed than shortlisted BME candidates.

The Chairman explained that through NHSI the Trust would be taking an intern with a view to developing her to a point where she was competent to apply for a Board position.

Joe Pajak asked if anything was needed to provide support for employees who were from the EU in the light of Brexit. Denise Pora confirmed that ongoing support was being provided to EU employees. Rowan Procter explained that following the Brexit vote WSFT had set up schemes to enable EU staff to talk to someone if they had any concerns.

Alan Rose asked about the 1.94 likelihood of a white person being appointed and if this information was published. Denise Pora confirmed that this would be published online along with the Trust's action plan and objectives.

Liz Steele referred to the action plan and asked if including cultural competence in 2030 Leaders Programme was correct. Denise Pora confirmed that 2030 was correct.

17/59 APPOINTMENT OF DEPUTY LEAD GOVERNOR

Following the process approved by the Council of Governors on 11 May 2017 a nomination for the Deputy Lead Governor was role was received from Liz Steele.

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

17/60 LEAD GOVERNOR REPORT

This report was received and the content noted.

17/61 STAFF GOVERNOR REPORT

This report was received and the content noted.

Richard Jones reported that Nick Finch had been appointed as the Trust's Freedom to Speak Up guardian.

ITEMS FOR INFORMATION

17/62 DATES FOR MEETINGS FOR 2018

The dates for meetings for 2018 were received and noted as follows:-

Wednesday 21 February
Thursday 17 May
Thursday 9 August
Wednesday 14 November
Annual Members Meeting Tuesday 11 September 2018

17/63 REFLECTIONS ON MEETING

It was considered to have been a good meeting with good discussion.

17/64 DATES OF COUNCIL OF GOVERNORS MEETING FOR 2017

Tuesday 12 September 2017 - Annual Members Meeting
Thursday 16 November 2017

REPORT TO:	Council of Governors
MEETING DATE:	16 November 2017
SUBJECT:	Matters Arising Action Sheet from Council of Governors Meeting of 10 August 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

No outstanding actions.

Completed action points

Ref.	Date of Meeting	Item	Action	Action taken	**Action By**	Completion date
150	16 August 2017	17/53	Nick Jenkins to provide update on pathology services.	Agenda item 11	N Jenkins	16 Nov 17
151	16 August 2017	17/54	Short update on e-Care to be given to CoG	Agenda item 12	R Jones	16 Nov 17

Council of Governors – 16 November 2017

AGENDA ITEM:	7
PRESENTED BY:	Steve Dunn, Chief Executive Officer
PREPARED BY:	Steve Dunn, Chief Executive Officer
DATE PREPARED:	7 November 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.

We continue to strive for the **integration of health and care services** in the west of Suffolk. This is in three key aspects on my report: the changes we are making to the delivery of community services; the system-based approach that we are taking to improve performance and prepare for winter; and the breadth of system-based experience of the our newly appointed chair.

Sunday 1 October saw the start of an exciting new way of working for the NHS in Suffolk, with staff from **community services, acute hospitals and primary care coming together in two alliances** to deliver high quality care for our patients. The alliances are made up of Ipswich Hospital NHS Trust (in the east) and us (in the west), with Norfolk and Suffolk NHS Foundation Trust (NSFT), Suffolk County Council and the Suffolk GP Federation in both. As part of these changes we welcome a new cohort of staff providing community services throughout the west of the county, as part of the west alliance, to the Trust. I am delighted to welcome our community colleagues, and through this development the work to deliver a fully integrated health and social care system for Suffolk.

We were delighted to share the news that **Sheila Childerhouse** has been appointed as our new chair. Sheila, who has vast experience of both the public and voluntary sector, will replace Mr Roger Quince, whose term ends in December. Having served on various local and regional health bodies since 1984 in non-executive and chair roles, most recently at the East of England Ambulance Service NHS Trust (EEAST) and Anglian Community Enterprise, Sheila brings a wealth of expertise to the position. I am very pleased to welcome Sheila's appointment and am confident that the Trust will benefit hugely from her extensive experience and expertise. I would also like to express our sincere thanks to Roger on behalf of everyone at the Trust. As a chair he has gone above and beyond, and we are immensely grateful for his unwavering dedication to, and leadership of, our hospital and services.

We have continued to face challenges with regards to the **four-hour A&E standard, and our referral to treatment (RTT) performance**. Following the launch of the BBC's NHS Tracker project (an online search tool that allows users to find out how their local services perform against the three key targets covering accident and emergency departments, cancer care and planned operations and treatment), the Trust did receive some local media interest on its performance during September. We are delighted to have met the national cancer standard, as we know it's vitally important that patients referred for cancer care start their treatment as quickly as possible. We're exceptionally

proud that our scores are higher than the national average, and that we've also regularly had some of the best early detection rates in the country. However we are not complacent, and there is clearly more to do. It's disappointing that we didn't meet the national A&E standard in September (88.9%), particularly after achieving it for the first quarter of the year, but the national average (89.7%) shows we are not the only ones tackling this challenge. We will continue to do everything we can to make sure that patients aren't waiting any longer than absolutely necessary but we recognise the challenge this presents in the context of sustained increased demand in ED. Whilst our referral to treatment (RTT) waiting times still aren't where we'd like them to be, we have made significant improvements; in October we were congratulated by Jeremy Hunt, Secretary of State for Health as the trust with the most improved monthly RTT performance in the country, and we have continued to make progress since.

September's performance shows referral to treatment (RTT) performance for patients on an incomplete pathway is 85.69% against a trajectory of 86.79%. Unfortunately we have reported 29 patients breaching 52 weeks. Patient choice continues to be a significant factor with many patients electing to wait longer for their treatment. I am pleased to report that we achieved the 62 day cancer standard with performance of 85.19% against a standard of 85% but failed to meet the two week wait rapid access standard with performance of 91.38% against a standard of 93% due to ongoing increased demand from dermatology. ED performance significantly deteriorated to 88.94%, a separate winter planning paper sets out actions to improve this position.

The **month 6 financial position** reports a loss of £652k for September which is worse than plan by £37k.The reported cumulative position is therefore £78k worse than plan. The 2017-18 budgets include a cost improvement plan (CIP) of £13.3m of which £5.94m has been achieved by the end of September (45%). Delivering the control total will ensure we receive Sustainability and Transformation Funding (S&TF) of £5.2m, resulting in a year end net deficit of £5.9m. We continue to work with KPMG as part of the financial improvement programme (FIP) for 2017/18 and beyond. The focus of FIP is to ensure that robust CIPs are in place to deliver the control total for 2017/18 and a CIP pipeline for future years.

In preparation for winter and as part of our on-going Red2Green programme we continue to drive a number of initiative across the health system to support patient flow:

- A simple scheme to reduce the time care home residents spend in hospital will be trialled from October. The **red bag initiative** will be run for three months in conjunction with six care homes, and it is hoped that, in addition to reducing length of stay, it will make patients' time with us less stressful. The process involves packing a specially numbered 'red bag' with all the information and personal belongings relevant to a care home resident when they need to go into hospital. The bag will contain personal items such as clothes, so that the patient can up and be dressed if possible, glasses, dentures, hearing aid and reading materials, and the patient's notes (the My Care Wishes folder) will be inserted into a clear pocket with a handover sheet from the care home.

- The newly launched **support to go home service**, which started on 11 September, is so far proving to be a great success. The service is hosted by the Trust and is provided in partnership with Suffolk County Council. The team consists of an occupational therapist, care co-ordinator and reablement support workers who help patients with washing, dressing, medication prompts and meal preparation in their own home. The team of health and care professionals led by Trust occupational therapist Suzie Myhill aims to prevent delays in discharge from the hospital, if there is a delay in the commencement of a planned care package. The reablement support workers provide short-term care to patients within their homes bridging the gap while they await their on-going package of care.

- We started the east-wide 100 day **#endPJparalysis** challenge three weeks ago, and are gradually rolling it out to all our wards. So far, across eight wards now participating, we have supported 955 patients to be up, dressed and moving where possible before midday. Helping patients retain their level of mobility is so important, for their health and wellbeing and particularly in helping to reduce their length of stay and keep their strength so they can continue their simple daily living tasks. This is one of a number of initiatives to support patient flow throughout the hospital. We'll keep you updated on others over the coming months.

- To support patient flow the **5Q Care Test (5QCT**), a new 'discharge to assess' model, has been introduced locally. 5QCT poses five questions for patients, which will help establish whether their post-discharge needs are primarily health or social care related. This test is used to support decision-making about the level of care a person needs. It can be conducted in hospital, to determine whether a patient's complex needs require an NHS funded community placement.

- The way hospital patients are assessed for **NHS Continuing Healthcare** (NHS CHC) has changed. NHS CHC checklists and full assessments will no longer be carried out in hospital for any patients with an NHS Ipswich and East Suffolk or West Suffolk clinical commissioning groups (CCG) GP. NHS CHC is the package of care arranged and funded by the NHS for people with complex ongoing health needs. Until now, a patient's eligibility for NHS CHC funding has been assessed as part of the hospital discharge process. However, this system has led to delays in discharging some patients and patients being subjected to unnecessarily lengthy and intrusive assessments when the majority may not be eligible for funding.

- Our **STP plans** will also drive further integration and collaboration for the longer term that should help us meet future demands. This is exemplified by our focus at the annual member meeting on how we can support people to age well and for us to take a more prevention orientated approach to supporting the needs of our population.

- Like many NHS trusts, we are urging people to take action to protect themselves and others from the **flu this winter**. As well as providing the vaccine for free to staff and volunteers who aren't eligible to have a free elsewhere, we have been speaking out to the media to encourage the public to take precautions to prevent the virus spreading, such as washing hands frequently and thoroughly and getting the flu vaccine. Our consultant in respiratory medicine, Dr Thomas Pulimood, has been at the forefront of our flu campaign, and we're very grateful to him and the infection, prevention and control team for their ongoing support and efforts.

In addition to these initiatives, we are looking to improve patient experience and flow through improvements to the **physical environment in ED**. Plans to develop our emergency department are currently being completed, with building work ongoing to improve its functionality for staff and patients alike. As part of this work we're pleased to be implementing a primary care streaming unit; this front-door clinical streaming will mean our ED department is free to care for the sickest patients as a priority, whilst also ensuring those with a need for an urgent GP appointment see the right person for their health-complaint. We are working collectively with GPs, other acute trusts, and the wider health system to support people to see the right person, at the right time, for their healthcare needs, and we are always looking for ways of working collaboratively with partners to improve our patients' care and experience, and to transform our ways of working. It is still early days but the streaming service started at the end of October.

Ward F5 has achieved an incredible **500 days without having a pressure ulcer** on the ward. With Helen Beard, matron, I have thanked all staff on the ward for their dedication to patient safety and high quality care.

We scored a hat trick in October, with three of its staff members bagging **awards for their work** with the Trust. Jan Bloomfield, director of workforce and communications, won the Lifetime Achievement Award at the Bury Free Press Business Awards, while Abigail Johnson won Apprentice/Trainee of the Year in the same ceremony. The Trust's diabetes inpatient specialist nurses also got in on the winning streak at the annual Quality in Care Diabetes Awards in Guildford. The team were presented with the Hypo Awareness Week Excellence Award for their efforts in raising awareness of diabetes complications during National Hypo Awareness Week, which took place from October 2 to 8.

Community consultant paediatrician, Dr Lucy Grove, has been awarded Best Doctor at the prestigious national **2017 WellChild Awards**. Picked from hundreds of nominations from across the UK, she collected her award on 16 October at the Royal Lancaster Hotel in London. The Awards are run by WellChild, the national charity for seriously ill children, to celebrate the courage of children coping with serious illnesses or complex conditions and honour the dedication of professionals who

go the extra mile to help sick children and their families. Part of the integrated community paediatrics services team provided by West Suffolk NHS Foundation Trust, Dr Grove was one of the stars of the show at the high profile awards ceremony, attended by many of WellChild's celebrity supporters including royal patron Prince Harry. She was nominated by her colleagues Paula Veal, Julie Castle and Helen Hood and Charmaine Peploe, the mother of one of Dr Grove's patients, Katie.

We have been busy preparing for our next **Care Quality Commission (CQC) inspection**, which will include a 'well led' review on 30 November to 1 December 2017 and prior to this an unannounced inspection of at least one core area. Whilst the visit isn't anything to be concerned about, we are making sure we're prepared so we get the basics right and can showcase the things we're really proud of. We've produced a handy guidance booklet for staff and developed some useful work sheets to help staff reflect on their own practice. I also ran a day of drop-in briefing sessions for staff. What we do know is that we all love our hospital, that we are proud of the care we deliver, and are proud of where we work. We intend to show this off again to the CQC, and make this another opportunity to shine.

At the end of July we held the launch of our first ever **A-Z of ideas and innovation** in the education centre – designed to showcase the very best ideas from across the Trust. Colleagues from across hospital and community services were invited to profile their home-grown innovations in a marketplace setting, with many of you dropping in to share ideas and knowledge - and to discover some of the inventive developments going on within the hospital. A range of departments came along, including:

- infection prevention, with their innovative wash stations, red aprons and UV light and gel used to educate others on spreading pathogens
- housekeeping and their air mattress request system to help ease pressure sores for patients and audit data for clinicians
- theatre staff with their red hats to identify the lead clinician in surgery
- health coaching discussing how clinicians are learning to help patients with long-term lifestyle and behavioural changes
- dementia twiddle-muffs, the memory walk, and digital 'Dave'

Roy Lilley founder of the Academy of Fabulous NHS Stuff, NHS writer, broadcaster, commentator and conference speaker was in attendance, and was impressed with the array of ideas on offer commenting: "Twenty six fresh, innovative ideas... department after department showing off! It was stunning. "Was there ever so many good ideas in one place?" Roy also launched our brand new 'Five O'clock Club' leadership meeting; designed to bring leaders together each month to listen to a guest speaker from the private or public sector, it aims to inspire and motivate with new ideas and techniques.

After many weeks of preparation and testing the **phase 2 launch of e-Care** is taking place over the weekend 27/28/29 October. This will bring a number of functional improvements including:

- new TTO prescribing workflow
- New dynamic documents for clerking, progress notes, frailty and outcomes measures for AHPs
- Paediatrics department is going live with e-Care
- New nursing care plans, enhanced recovery pathways and admission pathways
- New diabetes care plan and insulin prescribing
- New admission, transfer and discharge workflows which will replace current functionality (patient flow)
- Introduction of portering and housekeeping requests via e-Care (patient flow)
- Medicines enhancements – alert for duplicate paracetamol prescribing, retrospective documentation following arrest/resuscitation and new pharmacy care organiser.

The Trust is well underway in its process to recruit its next term of **staff and public governors**. With a huge variety of candidate applications received and submitted, members are able to cast their votes to choose their governors until 22 November. We know our hospital governors play a vital role in the workings of our Trust; they represent the interests of staff and their community; they are the voice of the people, sharing ideas, concerns, and suggestions on a wider platform; they tell the

Board what they think our hospital should offer, and work with them to ensure that community and staff needs are taken into account in the planning of services; they bring valuable perspective and contribution to the Trust's activities; and they have real influence on the strategic direction and governance of the Trust. I'd like to express our sincere thanks to all our current governors, whether standing again or otherwise, for all their hard work and support of our Trust and its people.

We continue to work with North East Essex and Suffolk Pathology Services (**NEESPS**) to address the concerns raised by the MHRA regarding transfusion services. Progress updates are provided to the MHRA and we are working with Colchester and Ipswich hospitals, our partners in NEESPS, to ensure that effective clinically-led governance arrangements allow effective monitoring of quality and performance with timely escalation of identified concerns. These arrangements have been strengthened through clear executive oversight and monthly review by the executive team of operational performance information.

As part of the agreed capital programme a business case for the **main entrance refurbishment** is being finalised for consideration by the Board. The proposal is to fully refurbish the main hospital entrance concourse with an extended café, new pharmacy unit and a new toilet block. The proposal sets out to provide a clean, crisp, modern entry point to the hospital. Jayne Gilbert, Nick Finch and Judy Cory met with Jacqui Grimwood, Estates & Facilities Development Manager at the early stage of the design process in 2016 and had been impressed by the plans. A potential plan is appended to this report along with some artistic impressions of what could be created. It is anticipated that between the Friends' Shop, café area and pharmacy the key items currently stocked by WH Smith would still be available.

The **My WiSH Charity's Every Heart Matters** appeal has hit the £100,000 mark after being launched just over a month ago. The appeal is aiming to raise £500,000 to build a brand new cardiac centre at the hospital in Bury St Edmunds and was officially launched last month by Newmarket jockey Frankie Dettori. The appeal needs to raise the money to support the build of a new cardiac diagnostic unit alongside the cardiac suite to create a fully integrated cardiac centre that will enhance the treatment of all cardiac patients.

As part of Suffolk and North East Essex STP we have published our delivery guide for '**A healthier long term future**' (attached). Like other STPs, the organisations which are part of the Suffolk and North East Essex Sustainability and Transformation Partnership originally came together in 2016 to develop proposals for local health and care services. In early 2017 a more formalised STP Partnership Board was formed. Key principles for the STP Board are that:

- The STP is not a statutory body. As such each individual partner organisations have the same accountability and responsibility. It's a case of 'both the organisation and our partners', as against 'either/or'
- The STP works according to the local needs of people in Suffolk and North East Essex which will be different to other parts of the country.

Our partnership includes all NHS organisations within the footprint, local government, other health sector bodies, local hospices, ambulance service and other community and voluntary sector organisations. Leadership for the STP is drawn from across these local stakeholders.

Our **annual members meeting** on 12 September was attended by more than 300 people, and it made us exceptionally proud as a service so see so many people there to show their support to our hospital and our staff. The Trust's public health registrar Dr Helena Jopling and our consultant cardiologist Dr Pegah Salahshouri delivered special interest talks about ageing well with a focus on health and wellbeing. We have an important and continuing role to play in helping our community to age and keep well, and will continue to focus on new, innovative ways of doing so.

Our staff have **continued to praise the trust in the latest staff survey**, with more than 95% saying they would recommend it as a place to receive care or treatment – beating the national average (81%). More than 870 people in the team responded to the questionnaire, which asked colleagues to think about their experience of the hospital from April to June this year (quarter one). Results from the latest Staff Friends and Family Test (FFT), published by NHS England last week (24 August), gave the Trust the 14th best score in England for the question, 'How likely are you to recommend

this organisation to friends and family if they needed care or treatment?'

Chief Executive blog
http://www.wsh.nhs.uk/News-room/news-posts/The-next-inspection-a-sense-of-deja-vu.aspx

DELIVER FOR TODAY

New ambulance response standards go live
The East of England Ambulance Service NHS Trust (EEAST), which covers Suffolk, has gone live with new response standards. The new categories, which were approved by Health Secretary Jeremy Hunt in July, change how emergency calls are triaged, responded to and reported.
The Ambulance Response Programme, commissioned in 2015, has been the world's largest clinical ambulance trial, involving independent analysis of 14m emergency calls over 18 months. It's estimated the changes will save 250 lives annually across England.

Patient praise for our diabetes care
As a condition that affects more than three million people in England alone, diabetes is a long-standing item on the NHS radar. We were therefore thrilled to hear that patients here at the Trust are pleased with the care they are receiving from our diabetes unit; according to the 2016 National Diabetes Inpatient Audit (NaDIA) results, 86% of patients were satisfied or very satisfied with the overall care of their diabetes. A further 81% felt they could take control of their diabetes care whilst in our hospital, compared to the average in England of 60%. The NaDIA measures the quality of care provided to people with diabetes who are admitted to hospital. The care patients receive and the help they get in managing their condition really matters, because national research has shown that if their condition is well managed they can live long, fulfilling lives.

Caring for carers
When people think of hospital care, their natural instinct is to think of the unwell patients we look after. But just as important is recognising the crucial role that carers play in looking after their loved ones, and we have a responsibility to care for and recognise them too. We were delighted that local charity, Suffolk Family Carers, recognised our commitment to supporting family carers this month by presenting us with a Family Carer Friendly Hospital Award. We have worked hard to ensure our practices and policies identify and support family carers alongside the patients themselves. Here, family carers have access to a range of support such as extended visiting times, information packs, including a badge identifying them so that staff know they are the right person to talk to about the patient's care and treatment. One to one support for family carers is also provided by Suffolk Family Carer support and information workers who operate throughout the hospital on the wards and in outpatient departments. We're very proud of the work we do to support family carers, and make their experience easier when their loved one is in our hospital.

INVEST IN QUALITY, STAFF AND CLINICAL LEADERSHIP

Strengthening the culture for quality improvement at WSFT
West Suffolk's continued efforts to innovate and drive positive change has led to a new era of junior doctor quality improvement this month with the introduction of the West Suffolk Siklos Audit and Quality Improvement initiative for foundation doctors. This is in celebration of the services of recently retired medical consultant, Dr Siklos. The initiative has been set up to fuel meaningful changes in clinical practice and processes over the coming months. Over the coming year, the Siklos programme will be extended to staff working in any setting, clinical and non-clinical alike. Everyone at WSFT has the freedom to improve the way they work and it all contributes ultimately to better patient care.

Healthcare careers on the agenda at local jobs fair
To help support our recruitment ambitions, the Trust took part in an exciting careers fair on 14 October to help encourage people to join our fantastic Trust team. Staff from the Trust and Suffolk County Council's Home First Service were on hand at the 'Careers in Health and Care' stand in the centre of Bury St Edmunds to provide advice and guidance on how to get into a career in health and social care, and talk over the many opportunities and career paths that exist locally. Here in West

Suffolk we are seeking to bolster our team of nurses and nursing assistants to deliver the area's first 'Buurtzorg' style team, which tests a Dutch model of integrated health and personal care.

Caring for those who care for patients
Not just a place that cares for patients, we make it a priority to support our staff's health, and physical and mental wellbeing. This was celebrated on World Mental Health Day (10 October), to support the international theme of 'mental health in the workplace'. The Trust took it as an opportunity to raise awareness of the number of support mechanisms in place to help staff look after their own wellbeing, including: a 24 hour-a-day telephone and online counselling service; a range of books on self-help and mental wellbeing topics in the library; the 'Tea and Empathy' service, which offers on-call emotional support from a team of 25 senior staff; and our partnership with a debt management service for any staff who may be experiencing money worries. The Trust hopes to build on this work by providing line manager training in mental health awareness over the next 12-18 months.

See through the eyes of those with sight loss
Channel 4 has partnered with RNIB, alongside five advertisers, to enable viewers for the first time to 'see' an ad break through the eyes of two million people living with sight loss conditions in the UK today. The ad break was then repeated with audio description. The series of adverts first screened last Monday on Channel 4 for National Eye Health Week, simulate the vision of five common eye conditions. If you didn't see it, click on the link below and have a look: **http://www.rnib.org.uk/channel4-eyehealth**

Staff nurse's bright idea helps the medicine go down
Sometimes, it's the simple things that can make the biggest difference. A simple idea from Kate Ramsey, one of our staff nurses, has instantly improved patient safety – and it's all started with a cup. Kate came up with the idea of green cups being used to signify a drink that contains soluble medication. This system helps avoid medication being mistaken for water and tipped away, and identifies it as priority for the patient to consume. After Kate submitted her idea in a staff suggestion box, a member of our transformation team got in touch to help make it happen. We have implemented Kate's innovation across all hospital wards, and it goes to show why it's so important we listen to our staff, and how we should all encourage staff on every level to put forward their ideas in a free and open forum.

Involving patients in their care
The Trust has been working with patient representatives to find out how we can make the most of the technology available to us, whilst continuing to have full engagement with our patients and keeping them at the centre of everything we do. Feedback from the representatives was assessed and some 'top tips' have been produced to ensure we keep the focus on our patients:

- Keep eye contact
- Ensure the computer workstation on wheels (WOW) is not a barrier between you and your patient
- Put yourself in your patient's shoes – how would you feel?
- Explain to your patient what you are doing on the computer
- Show them the screen, if appropriate, and if they seem interested.

Medic Bleep pilot
The Trust trialled Medic Bleep, a WhatsApp style communication app with tailored healthcare functionality that meets NHS information governance standards. The Trust is keen to use this type of technology to improve communication efficiency within and between teams in the hospital, as well with its primary and community care partners in west Suffolk. While an evaluation of the trial takes place necessary improvements are being made to the Trust's Wi-Fi infrastructure.

BUILD A JOINED-UP FUTURE

Health campaign launched to keep antibiotics working
As experts around the world warn of a "post-antibiotic apocalypse" and "the end of modern medicine", Public Health England (PHE) has launched a major new campaign to help 'Keep Antibiotics Working'. The campaign warns people that taking antibiotics when they are not needed

puts them at risk of a more severe or longer infection, and urges people to take their doctor's advice on antibiotics and whether they need them. Latest statistics show that, worryingly, four in 10 patients with an E.coli bloodstream infection in England cannot be treated with the most commonly used antibiotic in hospitals. The campaign will run across England for eight weeks and will be supported with advertising, partnerships with local pharmacies and GP surgeries, and social media activity.

Supporting the national research agenda

We have seen the second biggest percentage increase in clinical studies conducted of all acute trusts in the country, according to the annual National Institute for Health Research (NIHR) Research Activity League Table. Research teams at the Trust increased the number of studies delivered by 58% in the last year alone, offering more opportunities for patients than ever before. We also placed fifth out of all acute trusts in the country for increasing participant recruitment, which is up 243% on the previous year. Taking part in these studies helps us to advance medical knowledge and patient care in the long term, and patients with cancer, diabetes, stroke, arthritis, eye issues, stomach problems, pain, respiratory problems and skin issues have taken part in clinical studies here at the Trust.

Annex - Concourse redevelopment

Proposal

Artistic impression – main entrance (1)

Artistic impression – café area (2)

Artistic impression – café area and pharmacy (3)

REPORT TO:	Council of Governors
MEETING DATE:	16 November 2017
SUBJECT:	Governor issues
AGENDA ITEM:	8
PREPARED BY:	June Carpenter, Lead Governor Richard Jones, Trust Secretary & Head of Governance
PRESENTED BY:	June Carpenter, Lead Governor
FOR:	Information

Response to feedback from June Carpenter, following informal Governors meeting on 31 October 2017.

1. **Governor training - will this be just for the new Governors and a refresher for the old ones? Perhaps a section on finance could be useful.**

   The induction programme is targeted to both existing and new governors. Governors who have stood for election have already been sent the date for the induction session with Claire Lea on 3 February 2018. Sheila Childerhouse will also be attending this session.

   A more NHS focused induction session is also being scheduled for March 2018. This will include a focus on NHS structures, regulation and financing and provide an insight into the issues and challenges facing the WSFT.

   Again the intention is to offer this date to new and existing governors as these sessions provide a valuable opportunity for the Governors to network and refresh their knowledge.

2. **Department visits - we feel that the new and old governors should be offered visits to various departments in the hospital, we all found these very informative. Could these visits include ED (to see the changes and how this has impacted on the departmental flow) and Glastonbury Court.**

   We will continue to offer these visits, although uptake has been relatively poor. The target for the visits has been support services/departments, such as pharmacy and radiology.

   ED and Glastonbury Court are active clinical areas and therefore visits by groups are not appropriate. However, these areas will be included in future quality walkabouts when a governor is in attendance. This will allow the experience of the governor present to be shared with others. Governors also have the opportunity to take part in environmental walkabouts which focus more on general public areas (waiting rooms, corridors, outpatients, courtyards) to support the department managers in ensuring that the Trust's corporate identity and values are represented accurately.

3. Presentations - the CoG presentations have ceased and we were told that the governors and NEDs might have joint sessions, could these be reinstated. Again very helpful for the new Governors.

We will develop a programme of presentations for 2018, either solely for governors or as a joint governor/board sessions. These will be focused towards quality improvement and strategic developments but suggestions for specific topics are most welcome.

Part of the Quality & Risk Committee meeting agenda is now structured to allow a quality presentation when time allows. Governors are asked to hold these dates/times in their diary and it will be confirmed in the month of the meeting whether a presentation scheduled.

- 26 January 2018 – 2pm
- 29 March 2018 – 2pm
- 29 June 2018 – 2pm
- 28 September 2018 – 2pm

Other relevant events and presentations will be shared with Governors when scheduled.

4. What is the 5 o' clock club?

These events are designed to bring leaders together each month to listen to a guest speaker from the private or public sector, it aims to inspire and motivate with new ideas and techniques. Governors are welcome to attend the sessions and programme will be shared.

- 21.11.2017 –Steve Turpie, Previously Global Head of Sourcing & Procurement, Zurich Insurance Company and Non-Executive Director WSH will talk about people engagement and leadership

- 11.01.2018 – Dr Harietta Hughes national guardian for the NHS. Dr Hughes is the medical director for NHS England's north central and east London region. As an already practicing GP and GP appraiser. As national guardian she works closely with local Freedom to Speak Up guardians and all NHS trusts to improve the local culture of raising concerns, and ensure the delivery of high quality and safe patient care.

- 27.02.2018 – Claire Sullivan, Director of Employment Relations and Union Services at the Chartered Society of Physiotherapists.

5. Schedule updates on:

a. Front entrance – an update is included in the CEO report to the meeting. The business case is scheduled to be considered by the Board on the 1 December (delayed from 3 November).

b. Moreton Hall physio - how is this going , is it financially viable? How has it impacted on the trust physio department - a report has been scheduled for the Council of Governors meeting on 21 February 2018.

6. Criteria for closed board items?

The majority of the Board's business is conducted in open session. There are however circumstances when matters need to be considered in private (closed) session of the Board. This is determined through review of the agenda by the executive team with the Chair holding the final decision, in consultation with the Trust Secretary and Chief Executive. Triggers for consideration in closed session include:

a) being contrary to the Data Protection Act 1998 or any other Act of Parliament or rule of law prohibiting or restricting the disclosure of information by or to a third party e.g. patient identifiable information

b) relating to personnel matters e.g. staff disciplinary investigation
c) matters of a management, planning or forecasting nature e.g. new or evolving ideas which may need to consider prior to discussion in public or is part of an ongoing discussion, and disclosure could jeopardise the outcome
d) relates to commercial negotiations where disclosure could prejudice the Trust's position, or could prejudice future negotiations of a similar nature
e) has been supplied in confidence by a third party
f) concerns legal advice or Counsel's opinion, or is otherwise covered by legal professional privilege

It is also possible that a matter may not itself be precluded from consideration in open session but where it is necessary or desirable to decide or to discuss it with or by reference to any other matters as set out above.

As part of the reflection at the end of a closed meeting the Board can and has considered whether any items could have been received in the open session.

7. Trust policy for raising concerns about sexual harassment?

In the first instance we would hope the member of staff would report this immediately to their line manager (or if this was not appropriate HR) who would ensure appropriate action was taken and support provided to the individual reporting harassment.

Formally raising concerns would be done via the Trust's Policy Against Bullying and Harassment or the grievance procedure. The Policy Against Bullying and Harassment contains clear guidance on what to do plus staff also have access to Trusted Partners who are independent members of staff that staff can talk to about any concerns and discuss options. All new staff are made aware of the policy during their departmental induction. The Trust's Equality and Diversity: Supporting Equal Opportunities Policy also gives clear guidance and is referenced to the Policy Against Bullying and Harassment and grievance policies so staff are aware of the route to follow.

There is also the option of raising concerns with Nick Finch the Trust's Freedom to Speak up Guardian.

8. Meeting the new chair?

Sheila Childerhouse is keen to get to know the Governors and to support this is happy to meet informally but will also be attending the governor induction session on 3 February 2018. The programme for the day will therefore include time to allow networking and discussion. On an ongoing basis Sheila is also keen to engage with Governors through the regular informal NED meetings and as part of the quality walkabouts.

9. Noted the following:

a. STP glad to see the invite to the meeting in Colchester
b. Quality Walkabout, pleased to be receiving feedback from Paul Morris
c. Next Informal Governors meeting February 5th at 5.30

Recommendation:

To <u>note</u> issues raised and responses.

REPORT TO:	Council of Governors
MEETING DATE:	16 November 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:	Gary Norgate - Non-Executive Director
FOR:	Information - To update the Council of Governors on quality and operational performance

The performance for Q2 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.

The most recent performance shows **referral to treatment (RTT) performance** for patients on an incomplete pathway is 85.69% against a trajectory of 86.79%. Unfortunately we have reported 90 patients breaching 52 weeks for the quarter. Patient choice continues to be a significant factor with many patients electing to wait longer for their treatment. We achieved the 62 day cancer standard with performance of 85.19% against a standard of 85% but while we achieved the quarterly target for September we failed to meet the two week wait rapid access standard with performance of 91.38% against a standard of 93% due to ongoing increased demand from dermatology.

Despite sustained high patient numbers, the Trust delivered 90.54% **four-hour A&E performance** for Q2. While below the standard of 95%, this level of performance secured access to £390k sustainability and transformation funding. ED performance significantly deteriorated to 88.94%, a winter planning report to the Board set out actions to improve this position. This focused on:

- Discharges earlier in the day through the creation of a discharge waiting area
- Increased senior focus on patient flow within the Hospital Control Room
- Bed and ED capacity
- Improved discharges at weekends

We are not complacent in maintaining focus on ED performance and the CEO's report details a range of interventions to maintain patient flow through 'red to green' and other initiatives.

1. Performance against local targets and measures

(a) Patient safety dashboard

Within the **patient safety dashboard** 7/34 indicators for which data was available were reported as 'green' throughout Q2, including:

- Infection prevention indicators - Preventing surgical site infection pre-operative, ventilator associated pneumonia, urinary catheter insertion, Clostridium *difficile* - prevention of spread and quarterly MRSA screening.
- Quarterly Standard principle compliance and Environment/Isolation
- Avoidable serious injuries or deaths resulting from falls

Due to reporting limitations we remain unable to report Falls per 1000 Beds days and Falls with moderate/severe harm/death per 1000 bed days.

The maternity and community dashboards are also reported to the board as part of the monthly quality and performance report. This includes more than ~100 indicators cover activity, booking clinical outcomes, workforce, risk and patient experience.

The Trust rated the number of **patient falls** as red in two of the three months in the quarter. In Q2 there were 173 patient falls an increase compared to Q1 but a reduction compared to the three previous quarters – 156 in Q1, 187 in Q4, 194 in Q3 and 178 in Q2.

The Falls Focus Group continues to drive falls reduction and prevention. Work has commenced on the updating of the current Datix and e-Care systems to ensure that they are reflective of current practice and responsive in tackling the issue of patients falling. Options relating to footwear are being considered at present to assist in safe mobilisation and reduction of falls. The cost involved with this is minimal but in other trusts this has demonstrated some positive results. A staff pocket guide is currently under development to assist staff in the completion of lying and standing blood pressures as well as the commencement of appropriate tasks in reducing falls and minimising the impact if they have occurred. There would be a cost associated with this though previous use of staff pocket guides had been positively demonstrated in regards to MEWS scoring and Sepsis identification. The Trust has taken part in the National Falls Audit and we anticipate results to be available later in the year. The Trust are at present unable to provide data on Falls per 1000 bed days though the e-Care team from Cerner are currently working on rectifying the situation.

The Trust saw the same number of **hospital acquired pressure ulcers (HAPU)** in Q2 (35) in the previous quarter. The quarterly data shows 35 in Q1, 33 in Q4, 58 in Q3 and 38 in Q2. Although the numbers of HAPU remains high, the number deemed avoidable is significantly lower - year to date 31% of HAPUs, for which reviews have been completed, were deemed avoidable.

High acuity has been identified in the high number of HAPUs, and despite the focus to get patients up and dressed, many wards have experienced an increase in bed-bound, frail, acutely unwell patients. Many of these individuals have been at the end of life. This has most likely impacted on the decrease in number of falls in September, although this is difficult to evidence. Due to staff sickness and planned leave, the Tissue Viability team has experienced some deficits during September, leading to delayed review of reported potential HAPUs. There has been concern raised by the TV team that this has led to some inaccurate grading of ulcers by ward teams, in particular with regard to grading as pressure damage when moisture damage is evident. Further recruitment within the team to support Maternity leave will decrease this risk going forward. The Tissue Viability team have launched bite-size study sessions which commenced in September, these are on various subjects including pressure ulcer management and reporting, there has been a good initial turn out which should support the accuracy of pressure area grading and reporting on the wards. As well as this Heel Hero's is being launched and plans for the National Stop the Pressure day next month which will further raise the profile of pressure area prevention. TVN team has been working with ward staff to strengthen and develop wound care skills.

Despite some staff deficits, there generally remains good visibility and support for the Ward teams from the TV team.

There has been greater focus from the team on those wards who experience the majority of reported HAPUs, with an increased promotion of pressure ulcer prevention and working in conjunction with the Ward Managers and Senior Matrons to actively support the improvement of staff knowledge and practice in promoting skin health and integrity. The first meeting of the Pressure Ulcer Prevention focus group was in early September, with the next meeting on the 25th October. This was led by Senior Matron Danni Elliott, with the support of the Tissue Viability Nurse specialists. The aim of this group is to promote the concept of sharing good practice amongst teams and highlight the importance of accurate risk assessment and early preventative measures. Ultimately, the objective with the focus group is to improve knowledge and awareness to eliminate the occurrence of avoidable pressure damage.

Coupled with this, is the launch of the compliance report from the patient safety dashboard. The information team are now able to extract data from the dashboard, in order to, monitor compliance with the patient safety assessments related to falls prevention, nutrition risk assessments and pressure ulcer prevention. This report also provides data regarding the timeliness of assessments and initiation of care plans and is a useful tool for Ward Managers and Matrons to promote compliance and ultimately, improve patient care. Early indicators demonstrate that this report is already influencing an improvement in compliance with risk assessment.

(b) Patient experience dashboard

Within the **patient experience dashboard** 16/20 indicators for which data was available were reported as 'green' throughout Q2.

All recommender indicators were rated as green for each month in the quarter – inpatient, outpatients, short stay, A&E, A&E children, birthing unit, F1 (parent and young person) and stroke.

The **number of complaints** remained low with 36 in Q2 2017/18 compared to 30 in Q1, 41 in Q4, 42 in Q3 and 74 in Q2.

Disturbance from other patients continues to be identified by patients as the most common reason for **noise at night**. In a local survey conducted in September, 80% of patients said they slept 'as well as could be expected' and 80% state they were offered a form of sleeping aid e.g. ear plugs, an eye mask. We will continue to monitor and make ear plugs available to patients.

The communication of **delays in being seen** in the outpatient department has historically been an area of poor performance. Since introduction of the new pagers in August this indicator has maintained a 'green' rating.

The **chaperone policy** is currently under review and this question will be altered to reflect the new policy. It should be made clear that having a chaperone present is not always the preference of the patient. Improved performance for this indicator has been delivered since Q1 – 65% in June '17 compared to 82% in September '17.

(c) Clinical effectiveness dashboard

Within the **clinical effectiveness dashboard** all six indicators for which data was available were reported as 'green' for each month in Q2.

For the latest reported period the Trust's overall reported **SHMI** (summary hospital-level mortality indicator) was 90.25 – 'as expected'; the **HSMR** (hospital standardised mortality ratio) was 86.0 - statistically 'lower than expected'.

During 2017/18, trusts are required to collect and publish specified information on deaths. In September the Board approved the learning from deaths policy and received the outcome of Q1 death reviews.

In quarter 1 there were 224 inpatient deaths

- 193 have been reviewed
- 188 were judged to be definitely not preventable
- 2 were judged to have slight evidence of preventability
- 3 were judged to be possibly preventable, 50-50 but a close call

Of the 5 with some evidence of preventability, one has been subject to an investigation under the Serious Incident framework. Four were awaiting peer review by the Learning from Deaths group.

(d) Other targets and indicators

Table 1: Performance against national targets

Target or Indicator (per Risk Assessment Framework)	Target	Q2	Q1	Q4	Q3
Referral to treatment time, 18 weeks in aggregate, incomplete pathways	92%	85.85%	81.77%*	95.2%*	96.8%*
RTT waiter over 52 weeks for incomplete pathway	0	90	44	-	-
A&E Clinical Quality - Total Time in A&E under 4 hours	95%	90.54%	95.12%	91.5%	86.0%
Cancer 62 Day Waits for first treatment (from urgent GP referral)	85%	85.41%	85.79%	87.0%	85.9%
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral)	90%	96.23%	97.56%	94.2%	100%
Cancer 31 day wait for second or subsequent treatment - surgery	94%	100%	100%	100%	100%
Cancer 31 day wait for second or subsequent treatment - drug treatments	98%	100%	100%	99.5%	100%
Cancer 31 day wait from diagnosis to first treatment	96%	100%	100%	100%	100%
Cancer 2 week (all cancers)	93%	94.12	94.2%	98.9%	91.4%
Cancer 2 week (breast symptoms)	93%	98.81	94.5%	96.7%	85.3%
C. *diff* due to lapses in care (YTD)	16	3	3	9	1

***** Estimated data due to reporting issues

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 was based on estimates as we were unable to accurately track activity at the patient level. We now have a functional patient tracking list (PTL) within e-Care and working with our digital partner, Cerner, we have made significant progress to improve reporting - since June we have been reporting actual rather than estimated performance.

Detailed action plans for each of the all specialties with RTT and capacity issues have been developed and further validation work of the new PTL continues in all areas. Actual numbers above 18 weeks are 350 less than trajectory (2,467 against 2,823) achieved through additional treatments above plan and ongoing validation. However, as the incomplete PTL size is 1902 less than trajectory assumption (17,236 against 19,138) we have not seen the planned improved percentage performance.

We continue to work with the national Intensive Support Team (IST) and KPMG to ensure our systems and process are optimised and ensure we have effective capacity and demand information.

Recommendation:

To note the summary report.

REPORT TO:	Council of Governors
MEETING DATE:	16 November 2017
SUBJECT:	Summary Finance Report
AGENDA ITEM:	10
PREPARED BY:	Nick Macdonald, Deputy Director of Finance
PRESENTED BY:	Neville Hounsome - Non-Executive Director
FOR:	Information - update on Financial Performance

EXECUTIVE SUMMARY:

This report provides an overview of key issues during Q1 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 Q2 position reports a YTD loss of £4.0m, against a planned loss of £3.9m.
- This position includes STF funding of £1.9m.We have forecast STF funding of £5.2m for the year.
- The Use of Resources Rating (UoR) is 3 YTD (1 being highest, 4 being lowest)
- The cost improvement programme has a target of £6.0m YTD and there is currently a shortfall of £44k against this. This target represents 45% of the full year CIP.

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%).
- Receiving Sustainability and Transformation Funding – dependent on Financial and Operational performance
- Working across the system to minimise delays in discharge

I&E headlines for September 2017

The reported I&E for September 2017 YTD is a deficit of £3,953k, against a planned deficit of £3,875k. This results in an adverse variance of £78k YTD.

1. Use of Resources (UoR) Rating

Providers' financial performance is formally assessed via five "Use of Resources (UoR) Metrics. The highest score is a 1 and 4 is the lowest. Under the UoR we score a 3 cumulatively to September 2017.

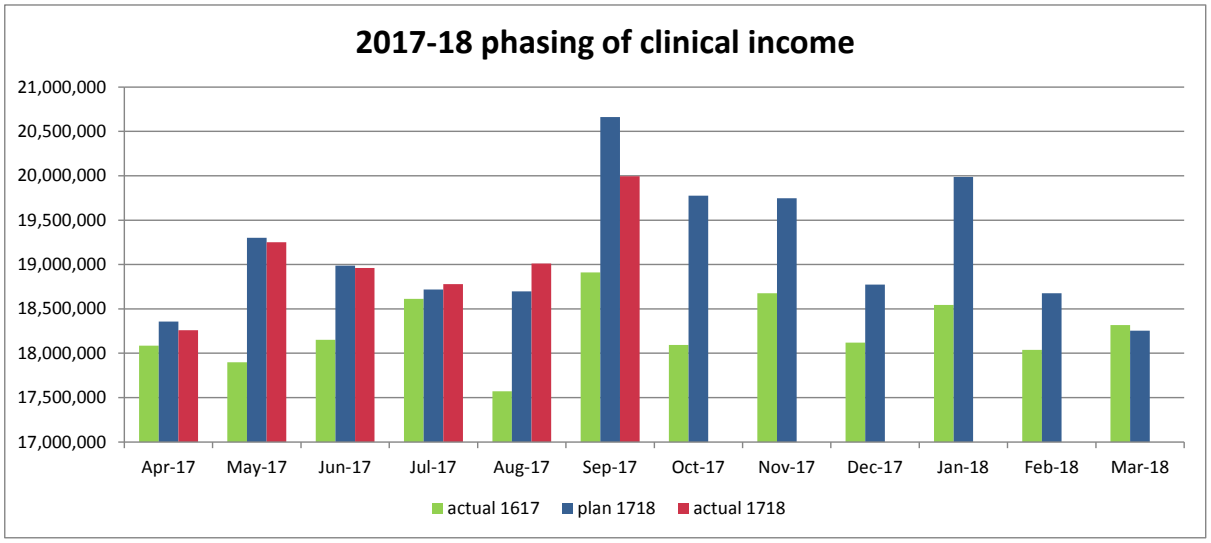
Metric	Value	Score
Capital Service Capacity rating	-0.883	4
Liquidity rating	-12.703	3
I&E Margin rating	-3.04%	4
I&E Margin Variance rating	0.13%	1
Agency	-41.68%	1
Use of Resources Rating after Overrides		**3**

2. Performance against I & E plan

SUMMARY INCOME AND EXPENDITURE ACCOUNT - September 2017	Sep-17			Year to date			Year end forecast		
	Budget £m	Actual £m	Variance £m	Budget £m	Actual £m	Variance £m	Budget £m	Actual £m	Variance £m
NHS Contract Income	20.3	19.7	(0.7)	112.9	112.4	(0.5)	224.7	223.9	(0.9)
Other Income	3.3	3.6	0.4	14.5	16.3	1.7	27.2	29.6	2.4
Total Income	**23.6**	**23.3**	**(0.3)**	**127.4**	**128.6**	**1.2**	**251.9**	**253.4**	**1.5**
Pay Costs	12.0	12.0	0.1	72.5	72.2	0.3	144.8	144.8	0.0
Non-pay Costs	12.1	11.9	0.2	57.9	59.3	(1.4)	109.6	111.1	(1.6)
Operating Expenditure	**24.1**	**23.8**	**0.3**	**130.4**	**131.5**	**(1.1)**	**254.4**	**255.9**	**(1.6)**
Contingency and Reserves	0.0	0.0	0.0	0.0	0.0	0.0	2.5	2.5	0.0
EBITDA	**(0.5)**	**(0.5)**	**(0.0)**	**(2.9)**	**(2.9)**	**0.1**	**(5.0)**	**(5.0)**	**(0.0)**
EBITDA margin	(0.7%)	(0.9%)	(0.2%)	(0.9%)	(0.7%)	0.1%	0.1%	0.1%	(0.0%)
Depreciation	0.4	0.3	0.0	2.0	2.1	(0.1)	4.7	4.7	0.0
Finance costs	0.1	0.1	(0.0)	0.8	0.9	(0.1)	1.4	1.4	0.0
SURPLUS/(DEFICIT) pre S&TF	**(1.0)**	**(1.0)**	**(0.0)**	**(5.7)**	**(5.9)**	**(0.2)**	**(11.1)**	**(11.1)**	**(0.0)**
S&T funding - Financial Performance	0.2	0.2	0.0	1.3	1.3	0.1	3.6	3.6	0.0
S&T funding - A&E Performance	0.1	0.1	0.0	0.5	0.6	0.0	1.6	1.6	0.0
SURPLUS/(DEFICIT) incl S&TF	**(0.6)**	**(0.7)**	**(0.0)**	**(3.9)**	**(4.0)**	**(0.1)**	**(5.9)**	**(5.9)**	**(0.0)**

Performance against Income plan

The chart below summarises the phasing of the clinical income plan for 2017-18, including Suffolk Community Health. This phasing is in line with activity phasing and does not take into account the block payment.



	Current Month			Year to Date		
Income (£000s)	Plan	Actual	Variance	Plan	Actual	Variance
Accident and Emergency	676	719	43	4,139	4,308	170
Other Services	3,983	2,953	(1,030)	14,941	12,823	(2,119)
CQUIN	296	306	10	1,778	1,807	29
Elective	2,657	2,816	159	15,555	16,515	961
Non Elective	4,819	5,377	558	29,808	31,327	1,520
Emergency Threshold Adjustment	(284)	(469)	(185)	(1,732)	(2,256)	(524)
Outpatients	2,787	2,569	(218)	16,138	15,586	(552)
Community	5,379	5,379	0	32,276	32,276	0
Total	**20,314**	**19,652**	**(662)**	**112,903**	**112,387**	**(516)**

3. Performance against Expenditure plan - Workforce

Monthly Expenditure Acute services only				
As at September 2017	Sep-17	Aug-17	Sep-16	YTD 2017-18
	£'000	£'000	£'000	£'000
Budgeted costs in month	**10,906**	**10,917**	**10,729**	**65,740**
Substantive Staff	9,706	9,798	9,465	58,190
Medical Agency Staff (includes 'contracted in' staff)	100	114	187	756
Medical Locum Staff	169	233	160	1,279
Additional Medical sessions	233	373	231	1,619
Nursing Agency Staff	39	(2)	195	329
Nursing Bank Staff	247	178	187	1,175
Other Agency Staff	47	91	140	394
Other Bank Staff	175	137	139	884
Overtime	95	88	79	544
On Call	50	55	48	311
Total temporary expenditure	1,157	1,266	1,366	7,291
Total expenditure on pay	**10,862**	**11,064**	**10,831**	**65,480**
Variance (F/(A))	44	(148)	(102)	260
Temp Staff costs % of Total Pay	10.6%	11.4%	12.6%	11.1%
Memo : Total agency spend in month	187	203	522	1,479

Monthly whole time equivalents (WTE) Acute Services only			
As at September 2017	Sep-17	Aug-17	Sep-16
	WTE	WTE	WTE
Budgeted WTE in month	**3,021.0**	**2,992.9**	**3,036.3**
Employed substantive WTE in month	**2748.12**	**2751.1**	**2,710.5**
Medical Agency Staff (includes 'contracted in' staff)	8.26	7.9	16.0
Medical Locum	14.26	14.35	14.9
Additional Sessions	20.36	29.37	18.1
Nursing Agency	7.94	4.11	30.1
Nursing Bank	78.14	59.07	68.3
Other Agency	16.2	20.36	34.2
Other Bank	87.8	67.79	72.6
Overtime	29.61	40.52	36.7
On call Worked	7.02	8.87	8.0
Total equivalent temporary WTE	**269.6**	**252.3**	**299.0**
Total equivalent employed WTE	**3,017.7**	**3,003.4**	**3,009.5**
Variance (F/(A))	3.3	(10.5)	26.8
Temp Staff WTE % of Total Pay	8.9%	8.4%	9.9%
Memo : Total agency WTE in month	32.4	32.4	80.4
Sickness Rates (Sept/Aug)	2.68%	2.54%	3.85%
Mat Leave	2.3%	2.4%	2.1%

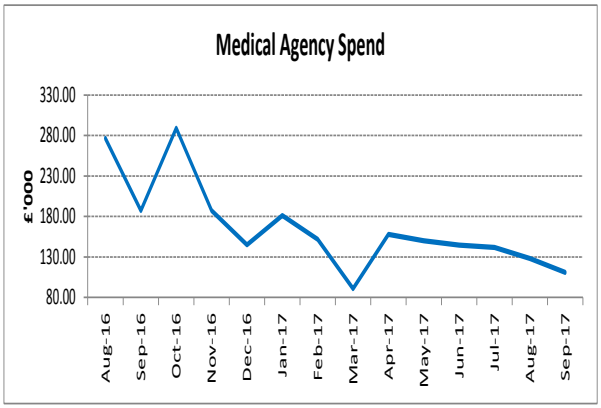
Monthly Expenditure Community Service				
As at September 2017	Sep-17	Aug-17	Sep-16	YTD 2017-18
	£'000	£'000	£'000	£'000
Budgeted costs in month	**1,125**	**1,125**	**1,007**	**6,737**
Substantive Staff	1,035	1,053	971	6,278
Medical Agency Staff (includes 'contracted in' staff)	11	14	0	77
Medical Locum Staff	3	3	3	20
Additional Medical sessions	0	0	0	0
Nursing Agency Staff	0	0	1	3
Nursing Bank Staff	15	14	3	82
Other Agency Staff	22	26	43	153
Other Bank Staff	12	10	13	63
Overtime	5	6	4	28
On Call	1	1	1	7
Total temporary expenditure	69	74	67	433
Total expenditure on pay	**1,104**	**1,127**	**1,038**	**6,712**
Variance (F/(A))	21	(3)	(6)	25
Temp Staff costs % of Total Pay	6.3%	6.6%	6.5%	6.5%
Memo : Total agency spend in month	33	40	44	233

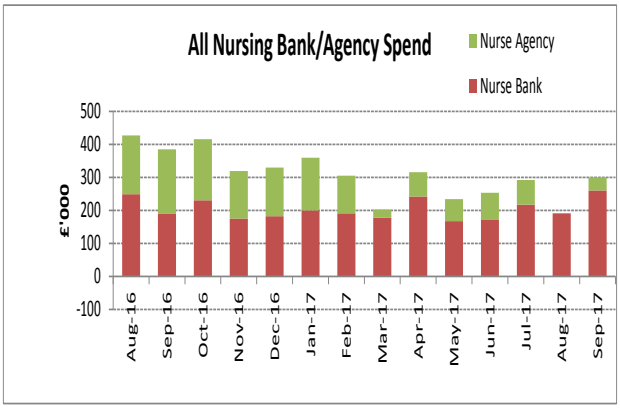
Monthly whole time equivalents (WTE) Community Services			
As at September 2017	Sep-17	Aug-17	Sep-16
	WTE	WTE	WTE
Budgeted WTE in month	**377.25**	**375.25**	**334.1**
Employed substantive WTE in month	**345.6**	**349.7**	**317.5**
Medical Agency Staff (includes 'contracted in' staff)	0.7	0.9	0.0
Medical Locum	0.4	0.4	0.4
Additional Sessions	0.0	0.0	0.0
Nursing Agency	0.1	0.1	0.2
Nursing Bank	4.8	4.2	0.9
Other Agency	5.6	7.1	11.5
Other Bank	3.5	3.1	3.2
Overtime	1.9	3.1	2.0
On call Worked	0.0	0.0	0.0
Total equivalent temporary WTE	**16.9**	**18.7**	**18.2**
Total equivalent employed WTE	**362.6**	**368.4**	**335.7**
Variance (F/(A))	14.7	6.9	(1.5)
Temp Staff WTE % of Total Pay	4.7%	5.1%	5.4%
Memo : Total agency WTE in month	6.3	8.0	11.7
Sickness Rates (August /July)	4.32%	3.84%	3.96%
Mat Leave	1.3%	1.3%	1.3%

The overall WTE variance for Acute services is now 3.3 WTE below establishment. There are 8.2 WTE more WTE than in September 2016, although this includes an increase of 38 substantive WTEs.

The monthly cost of additional sessions decreased by £140k to £233k. These costs are for both Medical and Non-Medical staff

Suffolk Community Services staff numbers have decreased by 5.8 WTE during September.





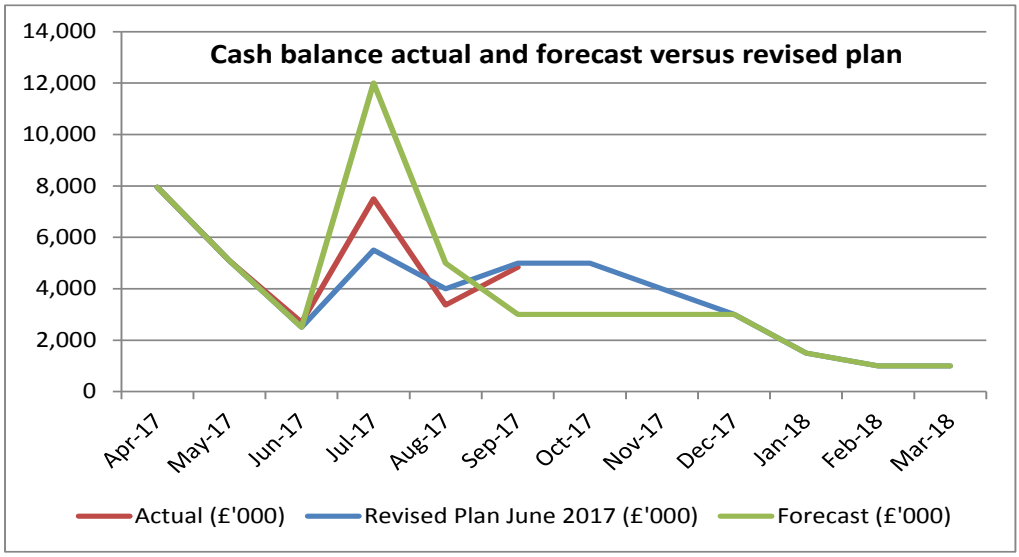
4. Balance Sheet

STATEMENT OF FINANCIAL POSITION

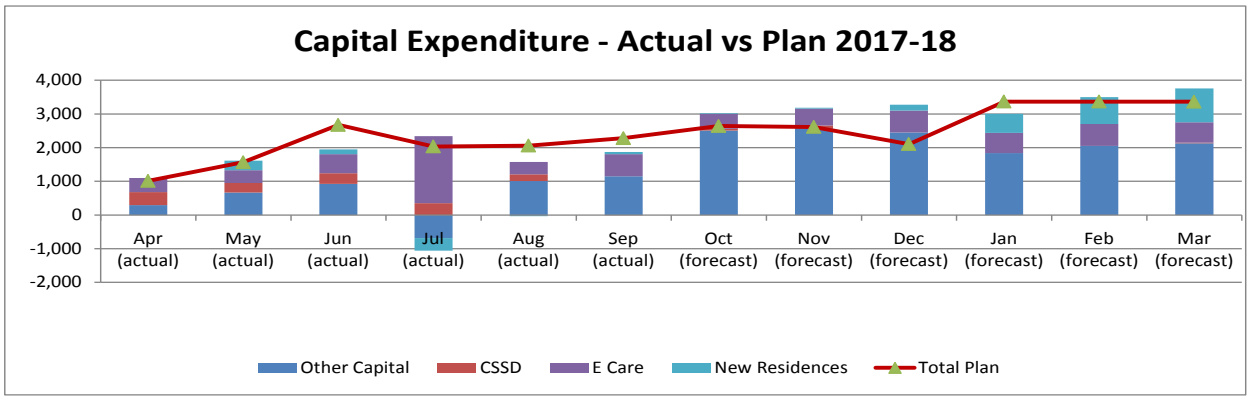
	As at 1 April 2017 £000	Plan 31 March 2018 £000	Plan YTD 30 Sept 2017 £000	As at 30 Sept 2017 £000	Variance YTD 30 Sept 2017 £000
Intangible assets	15,611	19,711	18,180	18,160	(20)
Property, plant and equipment	74,053	94,189	81,074	78,663	(2,411)
Trade and other receivables	0	0	0	0	0
Other financial assets	0	0	0	0	0
Total non-current assets	**89,664**	**113,900**	**99,254**	**96,823**	**(2,431)**
Inventories	2,693	2,600	2,700	2,359	(341)
Trade and other receivables	18,345	11,700	15,000	19,923	4,923
Non-current assets for sale	0	0	0	0	0
Cash and cash equivalents	1,352	1,000	5,000	4,846	(154)
Total current assets	**22,390**	**15,300**	**22,700**	**27,128**	**4,428**
Trade and other payables	(23,434)	(28,195)	(26,067)	(21,404)	4,663
Borrowing repayable within 1 year	(534)	(1,796)	(2,048)	(2,302)	(254)
Current ProvisionsProvisions	(61)	(61)	(84)	(89)	(5)
Other liabilities	(1,325)	(295)	(4,000)	(9,831)	(5,831)
Total current liabilities	**(25,354)**	**(30,347)**	**(32,199)**	**(33,625)**	**(1,426)**
Total assets less current liabilities	**86,700**	**98,853**	**89,755**	**90,325**	**570**
Borrowings	(44,375)	(55,951)	(47,326)	(47,618)	(292)
Provisions	(181)	(158)	(163)	(182)	(19)
Total non-current liabilities	**(44,556)**	**(56,109)**	**(47,489)**	**(47,800)**	**(311)**
Total assets employed	**42,144**	**42,744**	**42,266**	**42,524**	**258**
Financed by					
Public dividend capital	59,232	65,732	62,565	63,565	1,000
Revaluation reserve	3,621	3,621	3,621	3,621	(0)
Income and expenditure reserve	(20,709)	(26,609)	(23,920)	(24,662)	(742)
Total taxpayers' and others' equity	**42,144**	**42,744**	**42,266**	**42,524**	**258**

The cash at bank as at the end of September 2017 is £4.8m.

5. Cash flow 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 Forecast £'000	Nov Forecast £'000	Dec Forecast £'000	Jan Forecast £'000	Feb Forecast £'000	Mar Forecast £'000	Total 2017-18 £'000
E Care	415	382	567	1,990	369	654	448	501	648	599	648	599	7,820
CSSD	384	283	319	352	197	-10	50	75	0	0	0	25	1,675
New Residences	0	284	140	-373	-33	68	20	28	176	566	800	1,008	2,684
Other Schemes	296	665	922	-684	1,009	1,150	2,508	2,582	2,450	1,839	2,054	2,126	16,916
Total forecast / Forecast	1,095	1,613	1,947	1,285	1,542	1,862	3,026	3,186	3,274	3,004	3,502	3,758	29,095
Total Plan	1,012	1,568	2,673	2,034	2,058	2,283	2,643	2,612	2,103	3,365	3,365	3,363	29,082

The capital programme for the year is shown in the graph above.

The capital budget for the year was approved by the Trust Board in March 2017 at £28,082k. Following the bid for ED Primary Care Streaming this has been increased by £1m (the value of the bid). The balance of this scheme is being funded from the capital contingency fund. The £1m PDC funding for the ED Primary Care was received during July.

The CSSD build is nearing completion and the build expenditure forecast is in line with its budget of £1.6m for the year. The delay in the implementation has meant that the value of interest capitalised has increased. Once the CSSD is in operation this will revert to a revenue cost. The final expenditure for this project (except for retentions) will be paid in November.

Expenditure on e-Care for the year to date is £4,377k and is in line with the revised E-Care budget. The E-Care programme budget reflects the increased scope associated with the Global Digital Excellence (GDE) funding. The first tranche of this funding £3.3m was received in July. Initial indications are that the second tranche of funding will be received in December 2017, however past history would indicate that this timing is not guaranteed.

The forecasts for all projects have been reviewed by the relevant project managers. The expenditure profiles of these schemes have been re-phased. There are no significant financial risks to the budgets reported. Year to date the overall expenditure of £9,345k is below the plan of £11,905k. The current forecasts are in the stages of a major review and initial indications are that there will be some slippage on the Ambulatory Assessment Unit, Main Concourse, Labour Suite, Compartmentation, Staff Residences and Urology Relocation schemes. The review will be completed during November and at present the slippage cannot be quantified.

Recommendation:

To note the summary report.

REPORT TO:	Council of Governors
MEETING DATE:	16 November 2017
SUBJECT:	To receive update on implementation of e-Care and Global Digital Exemplar programme
AGENDA ITEM:	12
PRESENTED BY:	Sarah Jane Relf, e-Care/GDE Operational Lead
FOR:	Information

1.	**Purpose**
1.1	This paper provides the Council of Governors with an update on progress with e-Care implementation and the Global Digital Exemplar (GDE) programme to date and plans for next phase of development. The Council is asked to note the report.
2.	**The journey to date**
2.1	Our journey to digital maturity began in April 2013 when the trust board approved an outline business case to procure a new electronic patient record (EPR) system. In July 2014, Cerner Millennium was selected as preferred supplier for the EPR and the board approved the full business case to proceed with implementation. We branded this deployment and our digital transformation activities as e-Care.
2.2	We achieved a major milestone on our path to digital transformation in May 2016 when we went live with phase one of e-Care. At this stage we went live with the following components: • Replacement of the Patient Administration System (PAS). • Introduction of FirstNet within the emergency department • Introduction of electronic medicines management (EPMA) • Clinical documentation • Limited OrderComms functionality – requesting pathology and cardiology.
2.3	We built on these initial foundations with the introduction of full pathology OrderComms and sepsis/acute kidney infection (AKI) alerting in June 2017.
2.4	Phase two of implementation was launched on 29 October 2017 during which we brought paediatrics on line with e-Care and launched new functionality called patient flow which will transform how we manage beds in the hospital. In addition we introduced a range of new documentation, care plans and care pathways which will improve how we care for our patients. We also introduced some medication enhancements such as a new alert for duplicate paracetamol prescribing, a new and more intuitive workflow for creating discharge summaries and a new diabetic care plan.

3.	**Global digital excellence**
3.1	The West Suffolk NHS Foundation Trust (WSFT) is one of 16 chosen hospitals in the country to become a flagship Global Digital Exemplar (GDE), harnessing all things digital to allow them to become paper-free organisations. We were awarded GDE status last year, after bidding for a share of the central £100million NHS England put forward for the initiative. Awarded to hospitals considered to be the most advanced technologically, we have already begun putting our £10million portion of the funds to good use.
3.2	Our GDE programme covers four main pillars:

Pillar 1	Digital acute trust	Completing the internal journey of digitisation.
Pillar 2	Supporting the integrated care organisation	Creating the digital platform to support the regional ambitions of integrated care and population health
Pillar 3	Exemplar digital community	Building the organisation into a centre of digital excellence and acting as mentor and guide for other developing organisations.
Pillar 4	Hardware and infrastructure	Ensuring that we have a robust and compliant infrastructure at the foundation of the programme.

4.	**Pillar one – digital acute trust**
4.1	In section two we outlined the progress we have made to date in digitising the organisation. We will shortly be launching phase three which will introduce further functionality. We are currently in final stages of negotiation with Cerner and other suppliers but currently the programme should include the following: • VitalsLink – devices by which staff can measure observations which is then pulled directly into the patient record. • Endoscopy • Ophthalmology • Maternity • Theatres • Anaesthetics • Infection control • Voice recognition • Power Chart Touch – mobile solutions for clinicians giving access to the patient record via smartphones and tablets • Upgraded PAS
4.2	Whilst it is good to introduce new functionality it is important that we also focus on optimisation i.e. supporting staff to use the system in the most effective way. We have recruited two dedicated e-Care coaches that will work alongside staff to support them with this. We are also currently developing an optimisation strategy that will outline our approach and priorities.
5.	**Pillar two – supporting the integrated care organisation**
5.1	There are three main elements that underpin pillar two.

Patient portal	Providing a secure patient portal which would provide people with access to their own health records. There is

		the potential for people to be able to view test results, send online messages to their doctor and ultimately for us to integrate apps that enable people to manage and track their own conditions.
	Health Information Exchange (HIE)	Our aim is to integrate e-Care with other care providers across the county, creating one record for each patient's medical history that is available to all clinicians in real time. This would minimise duplication of work and speed up communications between health professionals.
	Population health	Introducing a population health management platform that will provide us with rich data source which can inform the priorities of our new integrated neighbourhood teams and provide us with intelligence that can underpin how we deliver services across partners. We will look to create a system wide business intelligence function working in partnership to delivery population health.
5.2	We will be launching the patient portal initially to our own staff as a pilot so that we can take the learning before we aim for wider public engagement. The HIE is already working in 12 GP practices providing GPs with a view only access to the e-Care electronic patient record. We will be commencing work with partners from health and social care on agreeing and then launching our population health approach.	
6.	**Pillar three – exemplar digital community**	
6.1	The GDEs are expected to produce best practice and technical guidance for other NHS trusts to follow, and help advise, support and inspire them to go fully digital, become more efficient and improve patient care. The WSFT has identified a 'fast follower' trust, Milton Keynes University Hospital, to partner with and pass on learning and experience. In addition we are aiming to spread our learning more widely and recently held a very successful event that focussed on our approach to allied health professional functionality within e-Care. More than 60 people from across the UK attended this popular event. We will be looking to hold further events over the next year.	
7.	**Pillar four – hardware and infrastructure**	
7.1	It is vital that we update the digital infrastructure across our Trust in order for the initiatives described above to become reality. Significant work has already happened under pillar four in line with agreed plan. Of particular note we are focussing on our digital security and on improving connectivity between health and social care organisations to support the high quality delivery of care and improve the patient journey. We are also working to provide improved secure digital access to our on-call clinicians, enabling them to review patient information remotely when necessary, therefore avoiding an initial delay to treatment while the clinician is travelling to site. These are just some of the examples of the technical projects that sit under pillar four.	
8.	**Recommendations**	
8.1	The council of governors is asked to note progress with e-Care and GDE programme including future projects about to be launched.	

Sarah Jane Relf
7 November 2017

NHS
West Suffolk
NHS Foundation Trust

Council of Governors – 16 November 2017

AGENDA ITEM:	Item 13
PRESENTED BY:	Richard Jones, Trust Secretary & Head of Governance
PREPARED BY:	Richard Jones, Trust Secretary & Head of Governance
DATE PREPARED:	7 November 2017
SUBJECT:	Review of the Trust's constitution
PURPOSE:	Approval

Background

The Trust regularly reviews its constitution in order to ensure that it reflects best practice, our strategy and the services we provide.

We have for some time described our strategic priority to integrate health and care services in the west of Suffolk. The Alliance model, with the Suffolk GP Federation, Suffolk County Council and Norfolk and Suffolk NHS Foundation Trust (NSFT), provides the vehicle to support the delivery of this priority as we continue to integrate our system's community, acute and primary care services.

As part of the Alliance it is proposed to establish a structure and team focus at the locality which would have devolved decision making and local budgets. Each locality team would be structured to include representatives from: statutory providers; the voluntary and community sector (VCS); Healthwatch; Borough Council and Housing.

It is proposed to reflect this ambition and developments within the management and governance structures of WSFT. Included within these planned changes is the proposed to extend the composition of the Council of Governors to better reflect this integrated working.

There are currently 25 governors on the WSFT Council of Governors with public (14), staff (5) and partner representatives (6). Public and staff governors are elected members, drawn from the public and staff membership. Together the governors form the body that represents the interests of members and partners in the local community and hold the board of directors to account for its performance.

The existing six appointed partner governors are:

- Two local authority governors (including the Borough Council and County Council)
- Friends of West Suffolk Hospital
- University of Cambridge
- West Suffolk College (also representing University Campus Suffolk)
- Community Action Suffolk

The position which is currently offered to Community Action Suffolk has been empty since February 2017.

Proposal

It is recognised that through the public, staff and partners governors the Council of Governors is well placed to fulfil its role. However, it is proposed to establish two partner governor positions to more directly reflect our integration ambition and provide a stronger voice for primary care within our community.

Recognising the voluntary and community sector will be represented within the new locality team structure it is proposed to use this governor position and create two new partner governor positions.

The proposed composition of the Council of Governors would therefore be:

- 14 Public governors (unchanged)
- 5 Staff governors (unchanged)
- 7 Partner governors (increased by one)
    - Two local authority governors (including the County Council)
    - Friends of West Suffolk Hospital governor
    - University of Cambridge governor
    - West Suffolk College governor (also representing University of Suffolk)
    - Two primary care governors

As required by the National Health Service Act 2006 the Public governors will maintain a majority on the Council of Governors.

We would propose to either ask the GP Federation, the CCG and LMC to nominate a partner to sit on the Council of Governors or ask the CCG to canvas GPs and the partner organisations to identify two primary care representatives to sit on the Council of Governors. This would send a strong signal regarding the importance of primary care and underpin future the Alliance working.

Recommendation

The proposed change to the WSFT constitution requires the approval of the Board and Council of Governors. The Council of Governors are therefore asked to approve the proposed constitutional change to establish two primary care representatives on the Council of Governors as partner governors.

Following approval the amendments to the constitution are effective immediately and we will seek nominations to the new positions to be effective from 1 December 2017.

Linked Strategic objective (link to website)	6. To deliver and demonstrate rigorous and transparent corporate and quality governance
Issue previously considered by: (e.g. committees or forums)	Board of Directors (September 2016 and 27 January 2017) Council of Governors (November 2016)
Risk description:	
Description of assurances: Summarise any evidence (positive/negative) regarding the reliability of the report	Legal opinion from Bevan Brittan will be sought on the final constitution changes and update to confirm legal and valid against the relevant Acts
Legislation / Regulatory requirements:	Compliance with National Health Service Act 2006 and Health and Social Care Act 2012.
Other key issues:	

Recommendation:
The Council of Governors approves the recommended changes to the constitution.

REPORT TO:	Council of Governors
MEETING DATE:	16 November 2017
SUBJECT:	Report from Lead Governor
AGENDA ITEM:	15
PRESENTED BY:	June Carpenter, Lead Governor
FOR:	Information

By now everyone will know that the Council of Governors has approved the appointment of the new Chair of the Trust, Sheila Childerhouse, who will take up her post on January 1st. She brings with her an excellent working knowledge of transformation and chairs the STP chairs group. This will be very helpful as the Trust moves forward. Some governors are going to the STP regional meeting were it will be our first time to see Sheila in action.

On 23 November 2017 the results of the governors election will be announced and WSH will have a new governing council, training is already planned for the new governors who I hope will embrace the role .

Since being involved with the Trust as a governor first in shadow form and then as an FT we have been fortunate to have Roger Quince as our excellent chair and leade . We wish him well in his retirement from the Trust.

Since being in shadow form we have learnt a lot about what is involved governor role and I hope that the new CoG will work enthusiastically to maintain the excellent standards that WSH alludes to.

June Carpenter
Lead Governor

REPORT TO:	Council of Governors
MEETING DATE:	16 August 2017
SUBJECT:	Staff Governor Report
AGENDA ITEM:	16
PRESENTED BY:	Nick Finch, Staff Governor – Freedom to Speak Up Guardian
FOR:	Information

Over the past couple of months I have met with the areas I represent by attending departmental meetings and have often been stopped in the corridors for a brief chat, this is sometimes a great way to pick up feedback both positive and negative.

I have been approached by a number of staff to find out about the role of staff governor and am pleased to say some of the people who have shown and interest are now standing for the role.

As this is my last report I wish the new staff governors the best of luck and can also wish Roger from the staff the best wishes for the future and thank you.