NHS
West Suffolk
NHS Foundation Trust

Council of Governors Meeting

Schedule	Wednesday, 14 Nov 2018 5:30 PM — 7:45 PM GMT
Venue	Northgate Room, 2nd Floor, Quince House
Organiser	Georgina Holmes

Agenda

Agenda 2018 11 14 Nov

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1. Apologies for absence
   For Reference - Presented by Alan Rose

2. Welcome and introductions
   For Reference - Presented by Alan Rose

3. Declarations of interests for items on the agenda
   For Reference - Presented by Alan Rose

4. Minutes of the previous meeting
   For Approval - Presented by Alan Rose

   Item 4 CoG minutes 2018 08 09 August.doc

5. Matters arising action sheet
   For Reference - Presented by Alan Rose

   Item 5 Matters Arising Action sheet report from 2018 08 9 August.doc

6. Chair's report
   For Reference - Presented by Alan Rose

   Item 6 Chair report to CoG.docx

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7. Chief Executive's report
   For Reference - Presented by Stephen Dunn
   Item 7 Chief Exec Report Nov 18.docx

8. Governor issues
   For Reference - Presented by June Carpenter
   Item 8 Governors issues.docx

9. Summery Quality & Performance report
   For Reference - Presented by Angus Eaton
   Item 9 Summary quality and performance report Nov 18.docx

10. Summery Finance & Workforce report
    For Reference - Presented by Richard Davies
    Item 10 Summary Finance Report November 2018 .docx

11. Quality presentation - how we measure quality
    For Reference - Presented by Rowan Procter

12. Non-Executive Director presentation
    For Reference - Presented by Louisa Pepper - NED

13. West Suffolk Alliance report
    For Reference - Presented by Rowan Procter
    Item 13 West Suffolk Alliance report.docx

14. Election of Lead and Deputy Lead Governor
    For Vote - Presented by Richard Jones
    Item 14 Election of lead & deputy lead governor.doc

15. Report from Nominations Committee (verbal)
    For Reference - Presented by June Carpenter

16. Report from Engagement Committee
    For Reference - Presented by Florence Bevan
    Item 16 Report from Engagement Committee.doc

17. Lead Governor report
    For Reference - Presented by June Carpenter

    Item 17 Report from Lead Governor.docx

18. Report from Staff Governors
    For Reference - Presented by Martin Wood

    Item 18 Report from Staff Governors .docx

19. Urgent items of any other business
    For Discussion - Presented by Alan Rose

20. Dates for meetings for 2019
    For Reference - Presented by Alan Rose

    CoG & Board Dates 2019.pdf

21. Reflections on meeting
    For Discussion - Presented by Alan Rose

Agenda 2018 11 14 Nov

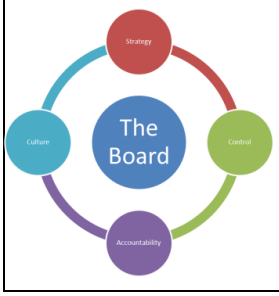
Council of Governors Meeting

There will be a meeting of the **COUNCIL OF GOVERNORS** of West Suffolk NHS Foundation Trust on Wednesday, **14 November 2018 at 17.30** in the Northgate Room, Quince House, West Suffolk Hospital

Sheila Childerhouse, Chair

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's focus in holding the Board to account is on strategy, control, accountability and culture.

17.30	**GENERAL BUSINESS**	
1.	**Apologies for absence** To receive any apologies for the meeting.	Alan Rose
2.	**Welcome and introductions** To welcome governors and attendees to the meeting.	Alan Rose
3.	**Declaration of interests for items on the agenda** To receive any declarations of interest for items on the agenda	Alan Rose
4.	**Minutes of the previous meeting** (enclosed) To approve the minutes of the meeting held on 9 August 2018	Alan Rose
5.	**Matters arising action sheet** (enclosed) To note updates on actions not covered elsewhere on the agenda	Alan Rose
6.	**Chair's report** (enclosed) To receive an update from the Chair	Alan Rose
7.	**Chief executive's report** (enclosed) To note a report on operational and strategic matters	Steve Dunn
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	Angus Eaton
10.	**Summary finance & workforce report** (enclosed) To note the summary report	Richard Davies

18.30	**INVEST IN QUALITY, STAFF AND CLINICAL LEADERSHIP**	
11.	**Quality presentation – how we measure quality** To receive a presentation	Rowan Procter
12.	**Non-Executive Director Presentation** To receive a presentation from Louisa Pepper	Louisa Pepper
19.00	**BUILD A JOINED UP FUTURE**	
13.	**West Suffolk Alliance report** (enclosed) To receive an update	Rowan Procter
19.10	**GOVERNANCE**	
14.	**Election of Lead and Deputy Lead Governor** (enclosed) To elect a lead and deputy lead governor	Richard Jones
15.	**Report from Nominations Committee** (verbal) To receive a report from the meeting of 30 October 2018	June Carpenter
16.	**Report from Engagement Committee** (enclosed) To receive the minutes from the meeting of 9 October 2018	Florence Bevan
17.	**Lead Governor report** (enclosed) To receive a report from the Lead Governor.	June Carpenter
18.	**Staff Governors report** (enclosed) To receive a report from the Staff Governors	Martin Wood
19.30	**ITEMS FOR INFORMATION**	
19.	**Urgent items of any other business** To consider any matters which, in the opinion of the Chair, should be considered as a matter of urgency	Alan Rose
20.	**Dates for meetings for 2019** Tuesday 12 February Monday 13 May Tuesday 6 August Wednesday 13 November Annual members meeting Tuesday 17 September (Apex)	Alan Rose
21.	**Reflections on meeting** To consider whether the right balance has been achieved in terms of information received and questions for assurance versus operational delivery	Alan Rose
19.35	**CLOSE**	

1. Apologies for absence

For Reference

Presented by Alan Rose

2. Welcome and introductions

For Reference

Presented by Alan Rose

3. Declarations of interests for items on the agenda

For Reference

Presented by Alan Rose

4. Minutes of the previous meeting

For Approval

Presented by Alan Rose

REPORT TO:	Council of Governors
MEETING DATE:	14 November 2018
SUBJECT:	Draft Minutes of the Council of Governors Meeting held on 9 August 2018
AGENDA ITEM:	4
PRESENTED BY:	Alan Rose, Deputy Chair
FOR:	Approval

DRAFT

MINUTES OF THE COUNCIL OF GOVERNORS' MEETING
HELD ON THURSDAY 9 AUGUST 2018 AT 17.30
IN THE NORTHGATE ROOM AT WEST SUFFOLK NHS FOUNDATION TRUST

COMMITTEE MEMBERS			
		Attendance	**Apologies**
Sheila Childerhouse	Chair	•	
Peter Alder	Public Governor	•	
Mary Allan	Public Governor	•	
Florence Bevan	Public Governor	•	
June Carpenter	Public Governor	•	
Peta Cook	Staff Governor	•	
Justine Corney	Public Governor	•	
Judy Cory	Partner Governor	•	
Jayne Gilbert	Public Governor	•	
Mark Gurnell	Partner Governor	•	
Andrew Hassan	Partner Governor	•	
Rebecca Hopfensperger	Partner Governor	•	
Javed Imam	Staff Governor		•
Amanda Keighley	Staff Governor	•	
Gordon McKay	Public Governor	•	
Sara Mildmay-White	Partner Governor	•	
Laraine Moody	Partner Governor	•	
Barry Moult	Public Governor	•	
Jayne Neal	Public Governor	•	
Adrian Osborne	Public Governor	•	
Joe Pajak	Public Governor	•	
Margaret Rutter	Public Governor		•
Gary Sharp	Staff Governor		•
Jane Skinner	Public Governor	•	
Liz Steele	Public Governor	•	
Martin Wood	Staff Governor	•	
In attendance			
Richard Davies	Non-Executive Director		
Angus Eaton	Non-Executive Director		
Georgina Holmes	FT Office Manager *(minutes)*		
Nick Jenkins	Executive Medical Director		
Richard Jones	Trust Secretary & Head of Governance		
Alan Rose	Non-Executive Director		

Action

GENERAL BUSINESS

18/37 APOLOGIES

Apologies for absence were noted as above.

It was noted that Stephen Dunn, Gary Norgate and Catherine Waller had also sent their apologies.

18/38 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting and congratulated Mark Gurnell on his promotion to Professor.

18/39 DECLARATIONS OF INTEREST

There were no declarations of interest relating to items on the agenda.

18/40 MINUTES OF THE COUNCIL OF GOVERNORS MEETING HELD ON 17 MAY 2018

The minutes of the meeting held on 17 May 2018 were approved as a true and accurate record.

18/41 MATTERS ARISING ACTION SHEET

The ongoing actions were reviewed and the following comments made:-

Item 160; follow up on the provision of Halal meals. Richard Jones had followed this up again today with the catering manager who had been very supportive in taking this forward. He had been unable to source chilled meals but had found a source for frozen meals which would require staff to pre-order by 9.00am for lunchtime. This would be trialled in the coming weeks.

Item 162; provide follow up on comments from patients on the number of letters they received and why they couldn't be communicated with by email or text if they wished. Judy Cory reported that she had received a number of letters relating to one operation within a short period. Richard Jones asked anyone who had evidence of this to collate the letters etc and forward them to Helen Beck. This would continue to be monitored and the use of electronic notification would be developed through the patient portal.

The completed actions were reviewed and the following comments made:-

Item 152; consider how governor visits and quality walkabouts can include the community. The Chair reported that she had highlighted to the NEDs the need for them to spend more time in the organisation and community.

Item 156; future CoG agendas to include 'urgent items of any other business'. The Chair requested that any items be given to her prior to the meeting.

Item 157; more information to be included in the Chair's report, ie highlights of visits/meetings. The Chair explained that she had included examples from internal, external and strategic visits/meetings in her report.

Item 159; follow up Judy Cory's concern re sugar tax and WH Smith still having items on their shelves that they should not be selling. Judy Cory that as at 1 August, takings in the Friends shop year on year were down by 7%. She considered that WH Smith was still pushing the boundaries but this was being monitored.

18/42 CHAIR'S UPDATE

Justine Corney requested that this report should focus on items that the Chair considered to be of importance, ie strategic issues.

The Chair gave an update on STP and explained that a governance and leadership review was currently being undertaken by the Kings Fund. As part of this she was being interviewed as chair or the STP chairs' group and also as chair of WSFT. She considered an external body undertaking this review to be very helpful. It was likely to be late Autumn before the process was completed.

The Chair reported that a closed session of this meeting had taken place prior to this meeting, where the Council of Governors approved the appointment of Louisa Pepper as a Non-Executive Director of WSFT, subject to completion of fit and proper person's regulations.

The Council of Governors had also approved the recommendation from the board of directors to appoint Alan Rose as deputy chair for a one year term (until 31 July 2019).

18/43 CHIEF EXECUTIVE'S REPORT

It was noted that this had been a very busy period with a number of high profile visitors.

Liz Steele asked about winter pressures. It was explained that this would be discussed under item 11.

Liz Steele said that she was very pleased that reusable cups had been introduced, which Margaret Rutter had issue previously raised as an issue. Nick Jenkins also highlighted the fact that every member of staff had been provided with a re-usable 'My WiSH' water bottle which had been particularly beneficial during this summer, although this had not been foreseen. This demonstrated how seriously the organisation took the welfare of staff.

Peta Cook said that she felt that this report was rather hospital focussed; there continued to an issue in the community around IT and estates which it would be useful to highlight. She explained that IT was still having a significant effect on the ability of services to function efficiently and there was a particular issue in estates with the lack of speech and therapy clinic space.

The Chair agreed that this should be included in the report. She explained that she had asked one of the NEDs to take a particular interest in IT in the community. Peta Cook said that it would be very good to provide updates to staff in the community, eg in the green sheet, so that they could see that the organisation was striving to address these issues. **S Childerhouse /R Jones**

Barry Moult asked if it was possible to see the IT strategy/plan for the next four to five years so the work plan for the community could be seen.

Joe Pajak apologised that he had been unable to attend the closed session of this meeting and asked if there was anything that the Chair could say in this meeting about pathology services. The Chair explained that the scrutiny committee and board were very focussed on this and were looking at options for the future. This work was being undertaken at pace and a briefing would be sent to governors following the briefing to the board at the end of the August and further updates would be provided on any progress to report. **R Jones**

Gordon McKay asked about progress with Buurtzorg. It was explained that this was going well but it was too soon for an evaluation. Feedback had been very good but there was a need to understand how this could operate on a larger scale within the financial restrictions of health and social care. Amanda Keighley reported that the team were very keen to expand and trying to see if this was achievable. It was explained that an external analysis and evaluation was being undertaken.

Jayne Gilbert referred to the Haverhill to West Suffolk hospital bus service and said that this was good news as previously people did not have the choice to go to West Suffolk hospital because of the lack of a bus service. She asked if bus passes could be used on this service. It was thought that this could be done as it was community transport, but this would be confirmed. **R Jones / G Holmes**

The Chair reported on the recent visit by Ruth May, chief nurse for NHSI who had spent a morning as a bleep volunteer which had been very inspirational for the volunteers.

18/44 GOVERNOR ISSUES

Jayne Gilbert said that she was not satisfied with the answer to item one which referred to the removal of staff discounts in the Courtyard Café. She understood that

even staff who worked in Courtyard Café were not eligible for discount which meant that they had to go up to Time Out if they wanted to purchase anything or take a break.

The Chair explained that it was recognised that this could be an issue for some staff, but at times this facility became very busy and congested, therefore it was felt that the focus should be on patients and visitors. It was suggested that staff governors should feedback any negative comments relating to this.

Staff governors

DELIVER FOR TODAY

18/45 SUMMARY QUALITY & PERFORMANCE REPORT

Richard Davies explained that he had been very impressed by the quantity and quality of data that was scrutinised at board meetings. However, this data was only useful if it was used to inform quality improvement. This report showed that the Trust continued to perform well and meet targets and that there was very good ongoing focus on areas that were not doing so well. There was also evidence that the data was being used to improve quality and there was increased visibility of community data.

More information was provided on quality walkabouts which helped to identify issues. They also provided an opportunity for staff to raise issues directly and there was confidence that action was taken to address issues that were identified.

He referred to areas that required improvement, ie focus on prevention of pressure ulcers, falls and harm free falls. Board meetings were updated on the work that was being undertaken to improve pressure ulcer performance and the Trust was also collaborating with NHSI to disseminate best practice.

Discharge summaries still needed to be improved; however there was some mitigation and even though discharge summaries were not always produced there would be some form of communication. It was also noted that not every visit to the hospital required a discharge summary. There was a need to understand what key information was not being communicated and it was important that discharge summaries were of good quality and relevant. It was also important that IT systems were able to communicate with each other; GDE should enable this to be achieved which would eventually negate the need for discharge summaries.

Another area requiring improvement was complaint response times. The current issue was due to staffing issues that were being addressed.

Emergency department performance remained a concern although it had improved. It had been a busier summer than expected but Richard Davies said that he was assured that there was a comprehensive strategy to address this.

RTT improvement appeared to be on plan and moving in the right direction. The board recognised the hard work by some of the clinical teams to achieve this.

The drop in performance for cancer waiting times and referrals to treatment was due to the increase in demand and GPs becoming much more risk adverse. The Trust was working with the CCG to address this.

Staff appraisals continued to be an issue but this was more about lack of reporting the completion of appraisals, rather than failure to undertake them.

June Carpenter referred to winter pressures which occurred every year. She had taken part in a quality walkabout with the Chair and someone had been waiting 7½ hours in A&E which was unacceptable. She understood that one of the reasons for this was the changeover of junior doctors, but as this happened on a regular basis it

should have been accounted for. Richard Davies said that this was unlikely to be due to one factor and there had been an issue in emergency departments nationally, as this has been a particularly busy summer. He agreed that the junior doctor changeover was known about and should have been prepared for and was not acceptable as an excuse.

Nick Jenkins explained that 20% more people had attended the emergency department in July this year than last year which, was one of the reasons that it had not coped as well as it should have. 231 people had attended on Saturday and this had continued with a similar number on Sunday and Monday. Significant changes had been made within the department but it was still very challenging.

The Trust was not performing as well as it should and he would explain more about the plans to address this under agenda item 11.

He stressed that staff in the emergency department were working extremely hard. The Chair agreed and added that community staff were also working hard to keep people from coming into hospital but this had been extremely difficult in these weather conditions.

Joe Pajak asked if the Trust was keeping a record of the impact the very hot weather was having on the population. The Chair said that public health was likely to be looking at this.

Joe Pajak referred to appraisals and asked if there were different models in other trusts that were achieving better results. Richard Davies explained that the problem was not that appraisals weren't being undertaken, but that they were not being reported and recorded as having been undertaken. The Chair said that there was also an issue around the quality of appraisals and this was being looked at. Joe Pajak noted that if the quality of appraisals was not good the Trust was unlikely to have good staff survey results.

Gordon McKay asked what percentage of people who came into the emergency department did not need to come in. Nick Jenkins said that very few people who attended could have had their care provided elsewhere, which was a testament to local primary care services.

Barry Moult asked about sepsis and noted that this was not in the report. Richard Davies explained that he had looked at this and with neutropaenic patients the Trust performed very well in hours, when patients could go straight to the MacMillan unit. However, there were a small number of patients out of hours where there was a delay in their being treated within the target time. The other group of patients were those who might have sepsis and were not neutropaenic but this was not a major problem within WSFT. A system was being set up to alert staff of the possibility of sepsis and trying to ensure that these patients are not missed. Nick Jenkins confirmed that this was the case and that there was a greater focus on sepsis screening. E-care would alert clinicians to the possibility of sepsis and this continued to be developed.

The number of deaths from sepsis at WSFT was much lower than might be expected in an organisation of this size. When a patient died of sepsis this went through the learning from deaths process.

18/46 SUMMARY FINANCE & WORKFORCE REPORT

Alan Rose reminded the governors that WSFT would receive funding this year of £223m which came from the fixed block contract and a small amount of additional money for training. In April the plan had been to spend 10% (£20m) more than this figure, however the Trust was asked to commit to a CIP which aimed to save 5% (£10m), through a series of initiatives, eg procurement, bay based nursing, more

efficient use of community equipment. The CIP was currently on target; KPMG had assisted in putting together this programme which was being overseen by the project management office (PMO). The board had been very reluctant in agreeing to the 5% CIP and had insisted that under no circumstances this should affect quality of patient care or safety. If the CIP was achieved there would still be a deficit of £10.2m (5%) and this had been agreed by the regulator.

At the end of quarter one the Trust was behind the financial plan due to it having been penalised for the emergency department not achieving the national standard. It was also continuing to have to employ more temporary staff, eg nurses and medical staff. As a result of the deficit the Trust was short of cash which meant that the finance team were having to work with NHSI for a loan to enable the organisation to continue to operate. He assured governors that the NEDs were constantly checking that cash was being managed effectively. The loan meant that WSFT had to pay £2m a year in interest which reduced the money that could be spent on patient care.

The Trust also required capital and would be spending £29m this year, a large part of which was for upkeep of the buildings. It had successfully bid for funding for projects such as the staff residences, car park etc, but in future funding would be decided by the STP or at national level which would constrain capital expenditure.

Peter Alder thanked Alan Rose for a very good explanation and asked for assurance that the Trust was invoicing for work undertaken by the hospital for other organisations. Alan Rose explained that this was carefully managed by the finance team and audited. Richard Jones confirmed that the auditors checked this carefully as part of the annual accounts. He also explained that the Trust worked collaboratively and in partnership with other organisations to do the right thing for patients.

Florence Bevan referred to media coverage on supplies purchased for NHS hospitals and asked for assurance from the NEDs that everything was done to keep costs down in purchasing. Alan Rose explained that WSFT was part of the east of England procurement hub. It was also part of a new national procurement initiative, 'Category Towers', which aimed to tighten up purchasing processes and costs. The audit team looked closely at these two procurement methods and provided quarterly reports. Procurement savings were also part of the CIP.

Jayne Gilbert referred to the tendering process, she understood that only certain companies could tender and asked if this was the case. Alan Rose explained that there was a purchasing framework and that companies had to meet certain requirements and standards. It was confirmed that the board were satisfied with the restrictions on tendering as this ensured value for money, quality and safety.

INVEST IN QUALITY, STAFF AND CLINICAL LEADERSHIP

18/47 QUALITY PRESENTATION – DEVELOPMENTS TO SUPPORT EMERGENCY DEMAND

Nick Jenkins explained that NHSI required organisations to plan for 92% bed occupancy. He outlined the assumptions that had been made and the plans to increase capacity but stressed that November to January would be particularly challenging.

The cath lab was planned to open on 19 November and would release 27 beds. The development of the acute assessment unit (AAU) had been accelerated so that 50% would be ready in six months' time and the remaining 50% a year later. This would provide 20 additional trolley spaces.

It was planned that G9 would be utilised as an escalation ward, as required, from 1 December until 31 March.

The plans to staff the increased capacity included a number of nurses who had already been recruited from the Philippines but had not yet started. There were 16 nursing apprenticeships, both internal and external, and offers had been made to 17 newly qualified nurses. There were also cash incentives for registered nurses who joined the Trust or staff who introduced a registered nurse.

The key risks/mitigation and proposed responses were explained.

The Chair thanked Nick Jenkins for a very concise and informative presentation. She explained that the board had spent a great deal of time scrutinising this and were assured as they could be, however there were still of lot of 'unknowns'. They would continue to ask for more assurance.

A copy of this presentation would be emailed to governors. **G Holmes**

18/48 TRAINING & DEVELOPMENT PROGRAMME

June Carpenter explained that the proposal for presentations etc at informal governors meetings had been discussed and it was felt that there would not be time for additional activities. She proposed that there should be separate meetings with two or three presentations scheduled.

The Chair acknowledged that the informal meetings were very important to governors but said that additional meetings for presentations etc would depend on the majority of governors being available.

The governors considered and agreed the proposed training and development programme as set out in the report.

It was requested that a training session on TPP/NEESPS should be arranged for new governors. **R Jones**

BUILD A JOINED UP FUTURE

18/49 ANNUAL REPORT & ACCOUNTS 2017/18

The governors received and noted the Annual Report & Accounts for 2017/18 and the link to the Trust website.

18/50 ANNUAL AUDIT LETTER & QUALITY REPORT LIMITED ASSURANCE REVIEW

Angus Eaton explained that the external auditors, BDO, wrote an annual letter to the Trust. They assessed a series of tests against various elements and had issued an unqualified opinion on the accounts but a qualified opinion on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources. The reason they had issued an unqualified opinion on the accounts was because Trust was in deficit.

They were also required to undertake a review of the quality report. There were two nationally mandated measures and also a measure that had been chosen by the Council of Governors, which was the data from the friends and family test. They had raised a couple of questions that were being followed up, however these were not considered to be material.

18/51 ANNUAL EXTERNAL AUDIT REVIEW

Angus Eaton explained that this report set out the audit committee's view of the performance of the auditors and the areas they had looked at.

The committee was satisfied with the performance of the auditors and considered that they worked effectively with internal audit. There were no areas of concern.

When BDO were appointed they had said that they would provide value added services. However, they had not been as pro-active as it was considered that they should be and this had been raised at the last audit committee meeting.
Liz Steele asked how the decision was made that the Trust was getting good value for money from BDO. Angus Eaton explained that the appointment of the external auditor involved a rigorous tendering process and it was made clear that BDO would be expected to deliver on their promises. This process would be undertaken again in two years' time.

The Council of Governors agreed the continued appointment of BDO as the Trust's external auditors.

GOVERNANCE

18/52 LEAD GOVERNOR & DEPUTY LEAD GOVERNOR APPOINTMENT

The Council of Governors approved the lead governor role specification and the process and timetable for nomination of the lead and deputy lead governor, as set out in the report.

18/53 REPORT FROM NOMINATIONS COMMITTEE

The governors received and noted this report.

18/54 REPORT FROM ENGAGEMENT COMMITTEE

Florence Bevan reported that the aim was to engage more with the community. The committee had been agreed that it would be more beneficial to link with some of the activities of My WiSH, rather than create new events. She would be attending a presentation with the fundraising manager, Sue Smith, in September and she and Peter Alder were also attending an event alongside the charity.

Richard Jones said that it was very useful to have new governors on the group as they were providing a fresh approach.

18/55 LEAD GOVERNOR REPORT

The governors received and noted this report.

18/56 STAFF GOVERNORS REPORT

The governors received and noted this report.

ITEMS FOR INFORMATION

18/57 URGENT ITEMS OF ANY OTHER BUSINESS

No items received.

18/58 DATES FOR COUNCILOF GOVERNOR MEETINGS FOR 2018/19

Future dates for meetings for 2018 and 2019 were noted as follows:-

2018:-
Wednesday 14 November
Annual Members Meeting Tuesday 11 September 2018

2019:-
Tuesday 12 February
Monday 13 May
Tuesday 6 August
Wednesday 13 November

Mark Gurnell noted that his attendance at meetings on a Tuesday could be a challenge due to his other commitments, which could mean that he may have to give his apologies for three meetings in a row. The governors noted this and that he would do his best to attend meetings when he was available.

18/59 REFLECTIONS ON MEETING

The Chair thanked everyone for attending the meeting and acknowledged that it was too long. She noted that governors would like to have more presentations/ briefings but said that their time commitment needed to be taken into account, particularly those who worked.

5. Matters arising action sheet

For Reference

Presented by Alan Rose

REPORT TO:	Council of Governors
MEETING DATE:	14 November 2018
SUBJECT:	Matters Arising Action Sheet from Council of Governors Meeting of 9 August 2018
AGENDA ITEM:	5
PRESENTED BY:	Alan Rose, Deputy 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.

No ongoing action points

Completed action points

Ref.	Date of Meeting	Item	Action	Action taken	**Action By**	Completion date
160	17 May 2018	18/24	Follow up on the provision of Halal meals with the catering manager. Javed Imam confirmed that he was happy to be the point of contact for this.	The catering manager had been unable to source chilled meals but had found a source for frozen meals which would require staff to pre-order by 9.00am for lunchtime. This would be trialled in the coming weeks. Catering has now sourced chicken breasts that are slaughtered in accordance with the Halal style which means that after speaking to staff who requested these meals they were happy for catering not to pursue an alternative any further.	R Jones / J Imam	14 Nov 18
166	9 August 2018	18/43	Include more information in the Chief Executive's report on how issues in the community were being addressed and make this information more visible to staff in the community through updates in the green sheet etc.	Agenda item – reflected in CEO report to Board and CoG. Also update on West Suffolk Alliance as part of the agenda.	S Dunn	14 Nov 18
167	9 August 2018	18/43	Send update/briefing to governors on NEESPS following the briefing to the board at the end of the August and provide further updates on any progress to report.	Update circulated on 12 October to all governors with focus on pathology accreditation. Briefing provided as part of closed meeting and with CEO report.	R Jones	14 Nov 18

Ref.	Date of Meeting	Item	Action	Action taken	**Action By**	Completion date
168	9 August 2018	18/43	Confirm whether bus passes can be used on the Haverhill to WSFT bus service.	Concessionary passes are not accepted because this is a booked service. The charge is £8 return from Haverhill to West Suffolk Hospital (£4 single). Lower fares are charged from intermediary villages. Charges for Haverhill, Wickhambrook and Chedburgh can be seen on the RIDE web site. Any other villages along the A143 can be booked by phone and the operator will tell the customer the fare on the phone. Update included in the 'Governors issues report' on the agenda.	G Holmes	14 Nov 18
169	9 August 2018	18/44	Staff governors to feedback any comments relating to the staff discount no longer being available in the Courtyard Café	Staff governors did not have any negative comments to feedback at their meeting on 6 November.	Staff governors	14 Nov 18
170	9 August 2018	18/47	Copy of quality presentation, 'developments to support emergency demand' to be emailed to governors.	Copy of presentation emailed to governors.	G Holmes	28 Aug 18
171	9 August 2018	18/48	Arrange a training session on TPP/ NEESPS for new governors.	Training session for new governors provided by Nick Jenkins and Craig Black on 27 September 2018.	G Holmes / R Jones	27 Sept 18

6. Chair's report

For Reference

Presented by Alan Rose

REPORT TO:	Council of Governors
MEETING DATE:	14 November 2018
SUBJECT:	Chair's report to Council of Governors
AGENDA ITEM:	6
PREPARED BY:	Sheila Childerhouse, Chair
PRESENTED BY:	Alan Rose, Deputy Chair
FOR:	Information

I intend to use this as a regular report to the Council of Governors to provide a summary of the focus of the meetings and activities I have been involved in.

I am continuing to maintain a balance between internally focused activities for the hospital and community services and the external partners that we work with.

System Transformation Partnership (STP) integrated care system transformation workshop (14/9/18)
The session received initial feedback from the King's Fund who were appointment to lead a leadership and governance review of our STP. Prior to the workshop one-to-one interviews were held with a wide range of leaders and the feedback they gave shaped the workshop. The day was led by Chris Ham, CEO and Matthew Kershaw, Visiting Senior Fellow from the Kings Fund. The session was extremely helpful in moving thinking forward and the key message that came from the day was that the 'collaboration of the willing' would be dependent on trust, transparency and confidence between partners.

Induction meeting with Ahmed Khalil, Consultant in Obstetrics & Gynaecology (19/9/18)
This was one of the regular meetings I have with newly appointed consultants as part of their induction. It is relatively unusual for trusts to commit to a whole weeks induction and gives the opportunity for the newly appointed consultants to meet with the whole leadership team. It's a valuable opportunity to emphasise the openness and inclusivity of the West Suffolk culture.

NHS Providers annual conference Manchester (10/10/18)
This was a great opportunity to network with leaders across the country. This year was very focused on the challenges of integration and there were some excellent examples of what others have achieved. The conference also provided an opportunity to influence the current leaders - as chair of WSFT I was invited to a small group meeting with Simon Stevens and Ian Dalton to discuss the 10 year plan as well as to the top table at the working dinner.

Induction meeting with the new lay member for patient involvement at WSCCG (16/10/18)
The new lay member is an experienced NHS leader and very keen to work collaboratively with the Trust. I think she will be an asset to the local system. After the initial meeting we were joined by Louisa Pepper, new NED and the Trust's dementia lead to discuss how we can work more effectively across the wider system.

Shadowing in the catering department (31/10/18)
I spent the morning helping prepare lunches for staff and patients - including whisking a vat of custard! It was great to gain some real insight into a non-clinical, but essential, area of the Trust. I was very impressed by the quality of the teamwork, the efficiency with which the hundreds of meals were produced and the absolute attention to detail to ensure patients receive exactly what they need and want. I will now have a very different perspective when I visit Time-out or see the trolleys delivering meals to the wards.

Recommendation

Governors are asked to note the report for information.

Annex A: List of meeting attended by Chair

Date	Meetings and events (2/8/18 until 31/10/18)
03/08/18	1:1 Catherine Waller, Honorary non-executive director
03/08/18	1:1 Jan Bloomfield
03/08/18	Ruth May, NHSI executive director of nursing
07/08/18	Quality walkabout
07/08/18	1:1 Tara Rose, head of communications
07/08/18	Charles Simpson, Chair of St Nicholas Hospice
07/08/18	Ed Garrett, WSCCG
08/08/18	Scrutiny committee
08/08/18	Tel-call with non-executive directors
09/08/18	STP Chairs meeting
09/08/18	Council of Governors meeting
10/08/18	STP Board meeting
21/08/18	Quality walkabout
21/08/18	1:1 Stephen Dunn, CEO
21/08/18	1:1 Matthew Kershaw, ICS Kings Fund
21/08/18	Louisa Pepper, non-executive director
21/08/18	Tel-call feedback to NED candidate
24/08/18	Opening of endoscopy unit
28/08/18	1:1 Stephen Dunn, CEO
28/08/18	Induction meeting with Sarah Watson, Head of Nursing Medicine
28/08/18	Tel-call with NHSI
29/08/18	Shadowing community nurses in Mildenhall and Brandon
04/09/18	Quality walkabout
04/09/18	NHSI PRM meeting
04/09/18	1:1 Stephen Dunn, CEO
04/09/18	Review of NEESPS with Stephen Dunn & Nick Jenkins
04/09/18	Annual members meeting rehearsal
04/09/18	1:1 Tara Rose, head of communications
04/09/18	Induction meeting with Rain Welham-Cobb, Pathology services manager
05/09/18	Lynda Tuck, WSCCG
05/09/18	1:1 Jan Bloomfield, exec director
06/09/18	Shadowing critical care unit
11/09/18	Quality walkabout
11/09/18	STP Chairs meeting
11/09/18	Annual members meeting, Apex Bury St Edmunds
12/09/18	1:1 Alan Rose
12/09/18	Scrutiny committee meeting
12/09/18	5 O'Clock Club, Dame Gill Morgan
14/09/18	STP ICS Transformation workshop
18/09/18	Security & portering tour with Darren Cooksey
18/09/18	1:1 Stephen Dunn
18/09/18	Induction meeting with Nicola Cottington, ADO Medicine
18/09/18	MWSG meeting, West Suffolk House
19/09/18	Tour of Wedgewood House
19/09/18	Induction meeting with Ahmed Khalil, Consultant Obs & Gynae
25/09/18	Quality walkabout
25/09/18	Induction meeting with Christine Portelli, Consultant Obs & Gynae
25/09/18	1:1 Jan Bloomfield, exec director
25/09/18	1:1 Stephen Dunn, CEO
26/09/18	Ian Gallin, Forest Heath District & St Edmundsbury Council
27/09/18	1:1 Alan Rose
27/09/18	Trust board development session

Date	Meetings and events (2/8/18 until 31/10/18)
28/09/18	Trust board meeting
28/09/18	Quality and risk committee meeting
02/10/18	Quality walkabout
02/10/18	1:1 Barry Moult, Governor
02/10/18	1:1 Stephen Dun, CEO
02/10/18	Induction with Darin Geary, senior operations manager, women's & children's
02/10/18	1:2 Georgia Holmes & Richard Jones
02/10/18	1:1 Tara Rose, head of communications
02/10/18	1:1 Nick Jenkins
03/10/18	Nicola Beech, Suffolk CC
09/10/18	NHS Providers annual conference, Manchester
10/10/18	NHS Providers annual conference, Manchester
11/10/18	One clinical community, Ipswich
11/10/18	STP Chairs meeting
12/10/18	STP Board meeting
12/10/18	1:1 Susanna Howard, STP
15/10/18	Tel-call NHS executive search
16/10/18	Quality walkabout
16/10/18	Dementia team
16/10/18	1:1 Lynda Tuck, WSCCG
16/10/18	STP Integrated care design group
17/10/18	Tel-call with non-executive directors
19/10/18	Tel-call with Stephen Dunn, CEO
23/10/18	1:1 Stephen Dunn, CEO
23/10/18	Shadowing bleep volunteer
23/10/18	Tel-call with exec director of workforce & communication prospective candidate
23/10/18	1:1 Alan Rose
23/10/18	1:1 Garry Sharp, Staff Governor
24/10/18	NHSI Midlands & East Chairs networking event, London
30/10/18	Quality walkabout
30/10/18	1:1 Louisa Pepper, non-executive director
30/10/18	1:1 Stephen Dunn, CEO
30/10/18	1:1 Catherine Waller, departing honorary non-executive director
30/10/18	John Fry & Mark Davies, Norfolk & Norwich NHS Foundation Trust
30/10/18	Tel-call with exec director of workforce & communication prospective candidate
31/10/18	Shadowing catering department
31/10/18	Cath lab handover to clinical staff
31/10/18	Ian McKee, voluntary services manager

7. Chief Executive's report

For Reference

Presented by Stephen Dunn

Council of Governors – 14 November 2018

AGENDA ITEM:	7
PRESENTED BY:	Steve Dunn, Chief Executive Officer
PREPARED BY:	Steve Dunn, Chief Executive Officer
DATE PREPARED:	6 November 2018
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 aimed to highlight some of the key strategic issues and challenges that the organisation is addressing.

In recent months I have been travelling around the county, **meeting community colleagues** at their bases to share information and listen to their views. WSFT community staff work from Woodbridge to Haverhill, from Ipswich to Sudbury and all points in between, so the Trust is providing a truly countywide community service. I was keen to hear first-hand from staff about how the transition had felt, and how things now feel one year in. I was truly heartened to hear that unlike previous transitions this one was felt to have gone smoothly and that staff felt pleased to be part of a local NHS system. A typical session was at Darbishire House in Bury, where I met clinicians and support staff from a range of community services who work in a variety of roles in the towns, villages and remote areas of west Suffolk. A focus of these events has been to update people on the progress of the West Suffolk Alliance, developing the integration of health, social care and other services to benefit local people. The Alliance is an exciting new way of working and I was able to assure colleagues that the community voice was being heard throughout the Trust. It was clear that there has been good progress in building relationships between Trust colleagues based at the hospital and in the community – we are all on the same team. The focus now is to build resilience into our healthcare system by developing those relationships, and further investing in community services to ensure more people are able to be cared for at home.

One of the reasons we are working in this new **Alliance way** is that we are seeing year on year increases in demand. We have the second oldest population in the country, more homes are being built all the time – and this is not a problem that is going away so we need to work in a different way. This is why our strategy is to invest in community services to shift activity, prevent admission and get people home quickly, supporting them to stay at home. Services – such as the early intervention team – already working in tandem with social and primary care and the voluntary sector; and initiatives such as the neighbourhood nursing team at Barrow (Buurtzorg); and community beds at Glastonbury Court, funded by the Trust are designed to meet the year on year increases in demand. There are also three new beds open at Newmarket Community Hospital. Moreover simple initiatives such as staff rotation across community, council and hospital settings, for example will build expertise, understanding and resilience into the system.

At the end of July, we reopened the **X-ray department based at the Healthy Living Centre** in Thetford. The service closed in September 2017, but NHS South Norfolk Clinical Commissioning Group, which commissions the service, remained committed to it and approached us to be the new provider. We're absolutely delighted to have been able to reinstate this community based service to our Thetford patients. Working closely with local GPs, the department can provide basic x-rays such as chest, neck, spine, hands and feet, and the results are then sent to our consultant radiologists at West Suffolk Hospital, who review the patient's images and advise on the next steps of care. We really are committed to working closely with our community services; this shows that with a little effort and perseverance, we can make a difference. This really will benefit patients, as some will be able to avoid making a trip to hospital at all, saving them both time and money, and making their care that bit closer to home.

I've often said that for one of the smaller hospital trusts in the region, we punch well above our weight. We've proved that yet again, with data from NHS England showing that west Suffolk is the best performing area in the country for **minimising excess bed days** (the term used to describe where people are still in hospital when they no longer need to be there). Latest figures from NHS England show the NHS West Suffolk Clinical Commissioning Group (CCG) area has fewer excess bed days — for its size of population than any of the other 194 CCGs in the country. In 2017 there were 12.2 excess bed days per 1000 population in west Suffolk, against a national average of 37.8. We know that reducing delays and getting people out of hospital and back into their own home or care home as soon as medically safe to do so is a priority, and it's only through close working between us and partners at the CCG and Suffolk County Council that we've been able to achieve this. It just shows that by working together as a system we really can make positive change for patients which will help with winter pressure and support our integration ambitions.

Following the successful **West Suffolk Alliance discharge to optimise and assess** pathway 1 workshop held earlier in the summer, acute, community and social services colleagues have been working collaboratively to shape a process that integrates current practices to support and improve patient discharges from hospital. Pathway 1 is for 'medically optimised' patients who can return home with additional support, with all comprehensive assessments undertaken in their own home. Assessments that are completed in a patient's own home will benefit them as they are more relaxed and in an environment that they know well. By removing steps that normally cause a delay in the discharge process, we will ensure we value patients' time and reduce the risk of deconditioning. We are now ready to carry out a test and learn phase on two wards - G5 and F3. Training sessions have been held to inform and support staff during the first stage of implementation. To ensure patients receive the appropriate services in the community, and to support a safe discharge, joint assessments between health and social care teams (occupational therapists and reablement team leads) are planned, to share knowledge and build confidence in trusted assessments. A trusted assessment involves a trusted assessor – someone acting on behalf of, and with, the permission of multiple organisations – carrying out an assessment of health and/or social care needs in a variety of health or social care settings. Joint meetings between acute, community and social services are planned during the test and learn phase to ensure all processes are working as expected. Other wards will be invited to participate as the pathway progresses.

As part of winter planning and based on predicted peaks in demand, the Trust also recently held a **multi-agency discharge event (MADE)** working with the wider health and social care system to find new ways to both recover and cope with demand. The MADE event took place on 9 and 10 October, with predicted peaks in demand on 7 and 14 October. This was spot on – we saw 241 attendances to the emergency department and 83 admissions to the hospital on Sunday 14 October alone. In addition to managing demand through West Suffolk Hospital we welcomed system partners in to ensure we had a rounded view of the various patient pathways in the west of Suffolk, and to showcase how we are working together across health and social care.

The aim of the MADE event was to: benefit patients, by ensuring care is delivered in the right place at the right time; benefit acute staff to ensure they gain a greater understanding of services available outside of the acute organisation; and benefit wider health and social care system partners to ensure they get a realistic flavour of the demands faced in an acute setting. On 9 and 10 October teams

consisting of Trust staff and system partners attended board rounds where redtogreen reviews took place for all patients led by the executive chief nurse. Red reasons were escalated to a team in the hospital control centre and all actions were followed up in the afternoon and reported back. Teams also spoke directly to patients – asking the standard four questions to check if they understood about their stay and discharge plans: Statistically, the MADE contributed to a decrease in breaches and a slight increase in the number of discharges leading up to 14 October. The performance of the hospital would have undoubtedly been much poorer without it. As a result of findings from the day, recommendations have been made about working practices and if any changes are to be implemented, these will be communicated in due course.

We're absolutely delighted that last month, our **four-hour emergency department (ED) performance** came in at an amazing 95.9%,exceeding the national standard of 95% and making us one of the top performing trusts in the Midlands and East region. This mammoth effort didn't just come into play in September though; for the second quarter of the financial year (July – September), our ED performance has been 90.75%. This means we have beaten our quarterly target and thanks to this achievement we're now set to earn an additional £250,000. These results haven't happened by chance. Teams in ED, acute assessment and patient flow have changed their ways of working to try and make these improvements happen; as well as using the Trust's internal professional standards and escalating quickly, they swapped and worked additional shifts and had a fantastic response from speciality teams in support.

Thank you to everyone who has played a part in this, including those on the wards and in the community who have helped to free up beds for ED patients and generally helped flow across the hospital. Every little piece does make a difference, and whilst time-targets aren't the only indicator of how we're doing as a trust these results do show the very real impact the hard work has. We have also had a quality walkabout in ED from the exec team in the last week, which showed what progress we have made in improving the safety and effectiveness of the care we give to patients. Our challenge now is to try and sustain what we're doing, but I have no doubt that with this dedicated and energetic team we can do it!

This year, as the Council of Governors knows, we started our **planning for winter** even earlier, way back in January in fact because it was so busy last year. We need to create some additional space if we are to cope and we need extra staff to staff that space safely. As I write this we are on track to open a new acute assessment unit (AAU) in December, which will mean that patients referred in by GPs go straight for assessment in a dedicated and properly equipped facility. We will also open our new cardiac centre at the hospital around the same time, which will mean shorter lengths of stay, better local care as patients will no longer have to go to Papworth for angiograms and pacemakers, and also it will free up another ward! I would like to pass on my thanks to everyone who supported and donated to the MyWiSH Every Heart Matters appeal which has almost achieved its goal to contribute £500,000 towards this development.

Our main concern is the same as others across the NHS – staffing these services safely. This has been part of our on-going focus. We have been trying to offer flexible roles to encourage nurses back to nursing, been overseas to recruit nurses (and have already started to welcome new nursing colleagues from the Philippines). And we're offering lots of opportunities for people to get on the nursing ladder, including as a nursing assistant for which absolutely no prior healthcare experience is needed. Nurses and nursing assistants are not only some of the most caring people I know, but some of the best leaders.

We are also supporting our staff to have flu jabs to protect themselves, their patients and their colleagues. I've had mine! It's not overdramatic to say that it really can be the difference between life and death - flu is a killer. I'm delighted that, at the time of writing, more than 2,134 of our staff have opted to have the **flu vaccination**. That will likely have gone up even further at the time of reading! This is such great news and proves that our staff are dedicated to protecting themselves and those around them. Thank you to each and every one of you! We are committed to achieving the ambition of 100% of front line healthcare workers being vaccinated and appended to this report is our self-assessment against the national best practice management for healthcare worker vaccination.

For **September's performance** there were 64 falls and 14 Trust acquired pressure ulcers. There was one C. difficile case in the month. The Trust failed to deliver on the target for 2 week wait for urgent GP referrals, with reported performance at 80.9% and Cancer 62 day GP referral with reported performance 77.4% due to significant increases in demand. The 4 hour wait performance for the emergency department for September was 95.9% with attendances continuing at an increased level year on year level at 11% (adjusted). The quarterly position against the 4 hour standard also achieved the target for Q2 resulting in payment of Provider Transformation Funds (PSF). RTT performance against the 18 week standard has improved in September performance of 89.9%, with two long waiting patients reported for the month.

The **month six financial position** reports a deficit of £7.1m. This is £0.7m worse than planned, partly due to provider sustainability funding (PSF) funding being behind plan as a result of ED performance in Q1 (£0.2m). The Trust has now agreed a control total to make a deficit of £13.8m which will provide PSF of £3.7m should ED and financial targets be met. Therefore the Trust is now planning on a net deficit of £10.1m for 2018-19. In order to achieve the control total the 2018-19 budgets now include a stretch cost improvement programme (CIP) of £2.8m bringing the total CIP plan to £12.2m (5%). The Trust is currently applying for the cash support from the Department of Health (DH) to support this revenue deficit, and also the planned capital programme of £28.1m.

We continue to work with **North East Essex and Suffolk Pathology Services (NEESPS)** and East Suffolk and North Essex Foundation Trust (ESNEFT) to address the deficiencies identified by the MHRA during their unannounced inspection in July 2018. A new governance model has been agreed led by the Strategic Pathology Board which has representation from relevant partner organisations. Based on detailed gap analysis an action plan is being developed to achieve UKAS accreditation and compliance to Blood Safety and Quality (amendment) Regulations (BSQR) standards for blood transfusion for all sites served by the network. We have maintained open communication with the pathology staff on the WSH site to ensure they have visibility of our commitment to the delivery of sustainable laboratory services. On the 5 November members of the executive teams from WSFT and ESNEFT met to review the position. Following open and constructive discussion a commitment was made to deliver improvements in the pathology service being delivered and for the executive teams to meet again in two months to review progress.

A commitment has been made for a funding for the NHS of 3.4% a year over the next five years. NHSI has been tasked with developing a **long term plan for the NHS** to set out how this funding will be used to drive improvement. This is likely to be published in November this year. As part of this work 14 chief executives have been chosen to work with national leads to co-design the future vision and plan. I am delighted, and humbled, to have been asked to lead the digital workstream for this work. On the 19 September we hosted a meeting with Simon Eccles, NHS national chief clinical Information officer (CCIO) to talk about our digital journey and the wider NHS' digital future.

You may remember that we recently trialled an innovative alternative to pagers, an app called **Medic Bleep**, to try and improve communications between colleagues and save our clinicians' times. We heard news earlier this month that we, along with the Eastern Health Academic Science Network (EHASN) and app-creators Medic Creations, have been shortlisted for a National Health Service Journal award for our involvement in the pilot. We're in the 'Using Technology to Improve Efficiency' category; we won't find out until November whether or not we've won (and competition tends to be very stiff!), but this is a fantastic acknowledgement. As a global digital exemplar trust, we're always on the lookout for new technology and thinking about how we can digitally enhance what we do. It's great to be recognised as a Trust that is trying new approaches to communication and patient care. Work is onoging to implement Medic Bleep across the Trust, so watch this space.

I joined some of our fantastic estates team for the 'topping out' on our project to build three new **staff accommodation blocks** at West Suffolk Hospital. The topping out marks a milestone in the construction process when the building becomes watertight and work starts to progress in earnest on fitting out the interior. This new accommodation will help to attract new joiners to our Trust, and will ensure that our clinicians who live on site have a good experience and comfortable home to return to after a long shift. But alongside that, the blocks help support our commitment to sustainability as they

have some serious eco-friendly credentials, including solar panels, dual-flush toilets, LED lighting double glazing and high levels of insulation. We hope that they'll be completed sometime in February, and I'm looking forward to seeing the finished thing!

On the 12 September, more than 350 staff, governors, members and the public joined us in the Apex, Bury St Edmunds, to celebrate our **annual members' meeting**. Guests heard a reflection from myself about the year we've had, a look back at healthcare across the ages from chair Sheila Childerhouse, and a fantastic clinical talk about eye health from Dr Raj Hanspal. The event also held a number of stalls and displays from those in and outside the Trust, including our patient advice and liaison service (PALS) and patient portal teams, My WiSH Charity, and West Suffolk Physio (our private physiotherapy service), plus a fantastic exhibition by the Suffolk NHS Retirement Fellowship that included historic equipment and photos, to celebrate 70 years of the NHS and 40 years of the Fellowship. It was fantastic to see and welcome so many of our community. We are truly lucky to have such supporters of our Trust and our people.

Chief Executive blog
Get ready like us...winter is coming: https://www.wsh.nhs.uk/News-room/news-posts/Get-ready-like-us-winter-is-coming.aspx

Deliver for today

The Friends of West Suffolk Hospital
Did you know that last year's profits from the Friends' Shop amounted to £21,729? The money raised has allowed them to purchase various items for the benefit of hospital patients, such as six recliner chairs for surgical wards worth £12,000 and a continuous positive airway pressure (CPAP) machine for critical care worth £2,700. Both items have really helped to enhance patient experience here in the hospital. Thank you to the Friends and all those who support them - it is greatly appreciated!

Red bag scheme
The red bag pilot scheme is now being rolled out to all care homes in west Suffolk. The Trust recently held a care home forum which was well attended by care home colleagues, with enthusiastic debate around process improvements between organisations and ways to improve patient care. An initial pilot evaluation carried out with the West Suffolk Clinical Commissioning Group was positive, with care homes involved keen to use the red bags and agreement that fewer patient belongings were going missing as a result. It is hoped that, in addition to reducing length of stay, the scheme 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 contains personal items such as clothes, so that the patient can be dressed whilst with us if possible, glasses, dentures, hearing aid and reading materials, and the patient's notes (the My Care Wishes folder) are inserted into a clear pocket with a handover sheet from the care home. Ambulance staff hand the bag over on arrival at the hospital so that nurses and doctors have up-to-date information about the patient, including current medication, mobility and dietary requirements. This means fewer calls to the care home and easier interaction with the patient. When the patient is ready to leave hospital, their nurse will ensure that all belongings are back in the red bag, and include an update in the My Care Wishes folder.

End stigma and lack of understanding around ADHD
October is Attention Deficit Hyperactivity Disorder (ADHD) awareness month, and colleagues from the integrated community paediatric service (ICPS) are highlighting their work supporting children and young people with a diagnosis of ADHD, and their families. The community paediatricians and ADHD specialist nurses within ICPS, deal with one of the most prevalent childhood behavioural disorders. Between two and five per cent of children under 18 can be affected by this condition, which includes symptoms such as inattentiveness, hyperactivity and impulsiveness that often impacts a child's development, education and family life.

Palliative care summer conference
More than 130 delegates from across Suffolk attended the first summer palliative care conference in July at Kesgrave Conference Centre. It was organised by the community education hub and West Suffolk NHS Foundation Trust palliative care team, supported by St Elizabeth Hospice, Ipswich Hospital NHS Trust and St Nicholas Hospice.

Urology department honours former chief executive
Our newly refurbished urology department has been named after former chief executive, Johanna Finn, in recognition of her impact on the NHS and the Trust. An experienced leader, committed to local health services and the Suffolk community, Johanna worked across health and related education services during a 45-year-long career. The Trust was delighted to welcome her back to the hospital for the official opening of the unit.

Falls kit: new Razer chairs
The Trust now has a number of Razer chair fall recovery devices for use with patients who have fallen and have been assessed as having no new injuries requiring investigation.

Invest in quality, staff and clinical leadership

Community team rewarded as true gems
Members of the Bury Town community health team have been recognised by a local care home for their hard work and support for the residents. Davers Court in Shakers Lane presented a GEM (going the extra mile) award to members of the team who are aligned with the Mount Farm and Victoria surgeries in Bury.

Creative training
Our clinical skills team recently transformed our skills lab into a patient's living room. The set, complete with an actress as a patient, was used to immerse students from the universities of Suffolk and East Anglia in a realistic palliative care training scenario. That's creative training! One student commented: "It gave a great overview of how to optimise end of life care for patients."

Restart a Heart Day
Members of the community cardiac rehabilitation team marked Restart a Heart Day at Sudbury Health Centre and Newmarket Community Hospital, sharing information and advice. The team is supporting the Nation of Lifesavers campaign, which aims to encourage everyone to learn how to administer bystander CPR, and help save lives.

Mother and daughter duo head to South Africa for archery world championships
Our very own mother and daughter duo Karen and Natasja Pinches are heading out to sunny South Africa to compete together in the International Field Archery Association (IFAA) World Field Archery Championships 2018 from 5 to 13 October 2018. Both Karen, her daughter Natasja, and her husband Charlie are all avid archers, and regularly compete in both European and World Championships. Karen will compete in the female adult barebow category, while Natasja will compete in the female adult freestyle unlimited category, which includes "bows that have all the bells and whistles" according to her mum!

Top acute trust in the East for doctors' training
We have scored top in the East of England for doctors' overall training satisfaction in acute trusts, in the General Medical Council's (GMC) national training survey 2018. The GMC asks doctors in training, from foundation doctors to specialists, questions based on a number of criteria, including clinical supervision, educational supervision, induction, teamwork and supportive environment. The doctors surveyed by the GMC at the Trust rated their overall satisfaction as 79.41%, with clinical supervision during training scored 89.79%. Mr Peter Harris, director of post-graduate medical education and consultant obstetrician and gynaecologist at WSFT, said: "Our Trust consistently ranks in the top five trusts in the East of England for training, and I'm really glad to see us top this year. It is the culmination of many years' work, from people across the organisation; from our brilliant clinical and educational supervisors, medical staffing team and education centre staff.

Quality improvement coaches
To enable us to build our quality improvement (QI) capacity and capability, we are aiming to train at least 50 people to be quality improvement coaches. QI coaches will be people who are skilled in quality improvement and coaching/facilitation, and will coach colleagues and teams across the organisation to develop their own projects and see them to fruition. Projects will vary from supporting organisational wide quality priorities to individual and team projects. Coaches will be recruited not only for their aptitude for improvement science and coaching/facilitation, but also from roles where there is the flexibility to be able to give time to others.

Former patients meet staff who saved them
The Trust's critical care team recently held its 15th annual open evening for former patients. Every year patients who have needed extra support from the team are invited back to meet staff who cared for them and discuss different experiences. Critical care follow-up sister, Janet Thomas, works with the team to develop comprehensive programmes of rehabilitation and support for those who have been through the critical care unit. Now about to retire, she is leaving a legacy of best practice behind her.

Build a joined-up future

Undergraduate medical education
The new intake of students on the Cambridge Graduate Course in Medicine started at West Suffolk Hospital in September. This year the numbers have increased from 21 to 36. The students will be coming to the hospital for their clinical placements throughout the next four years.

International Physician Associate Week
This month's International Physician Associate Week has celebrated and promoted the role of physician associates (PAs) - healthcare professionals with a generalist medical education, who work alongside doctors to provide medical care as part of a multidisciplinary team. Physician associates are able to take medical histories from patients, carry out physical examinations and formulate differential diagnoses and management plans. They can also perform diagnostic and therapeutic procedures and request certain tests. The physician associate role in the UK is based on the role of physician assistants, which started in the USA in the 1960s. There are now more than 100,000 PAs in the USA, working as an integral part of their teams across every aspect of medicine. PAs have been practising in the UK since 2005. Currently there are 500 qualified PAs in the UK but this number is set to increase dramatically. There are now over 30 PA courses across the UK, meaning by 2020 there will be 3,000 qualified PAs and a further 1,000 graduating every year after that.

'**Bystander' CPR - Would you know what to do?**
Educating patients and their carers is an essential part of cardiac rehabilitation. Members of our community cardiac rehab team have been working with the British Heart Foundation (BHF) and, through its Heartstart programme, are now training patients and their families to enable them to deal with an emergency. As part of the BHF's Nation of LifeSavers and CPR campaign, this training is now delivered as part of the West Suffolk community cardiac rehab programme. To date, the team has trained 50 people, with further dates arranged. To find out more about Heartstart visit: https://www.bhf.org.uk/how-you-can-help/how-to-save-a-life/how-to-do-cpr/heartstart-training

NHS Improvement director shadows volunteers
During August, our volunteer team was joined by a new recruit. Ruth May, executive director of nursing at NHS Improvement, donned a volunteer uniform and took to the floor. Ruth, who shadowed our bleep volunteers, said: "It was a real pleasure meeting some of the wonderful NHS volunteers at West Suffolk Hospital. They showed me the huge benefits of volunteering - for the individual themselves, the patients they come into contact with and the staff they support.

Education Centre renaming honours local philanthropist
A generous legacy given to the West Suffolk Hospital more than 70 years ago was remembered last week at a renaming ceremony at the Hospital's Education Centre. In 1950 Robert Drummond, a

local farmer from Coney Weston, left £11,000, a sizeable amount of money at that time, to West Suffolk Hospital. This generous bequest was used to build a social and sports centre named Drummond Hall on the old Hospital Road site in 1956, for staff to use and enjoy. When the new hospital in Hardwick Lane was opened in 1973, the Drummond name came with it with the development of a new Drummond Sports and Social Centre on the site.

8. Governor issues

For Reference

Presented by June Carpenter

REPORT TO:	Council of Governors
MEETING DATE:	14 November 2018
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 23 October 2018.

1. **All governors would like to congratulate the Trust on the excellent annual members meeting, especially the Consultant from the Eye Unit.**

   The Governors thanks have been passed onto Dr Inderraj Hanspal.

2. **Thank you for Halal food now being provided and ready meals being looked into.**

   Noted and thanks have been passed to Brod Pooley, Catering Manager for his working in addressing this issue.

3. **INFORMATION: Would it be possible to have a presentation about PALS and the type of complaint, is there any pattern to the nature of the complaints?**

   Rowan Procter is providing a presentation at the Governors meeting in November to set out the arrangements for measuring quality. This will include the role of PALS as part of our quality assurance and improvement arrangements.

4. **INFORMATION: Are the emergency department (ED) improvements working efficiently and are there any plans to have a department in Sudbury?**

   We delivered 4-hour performance of 95.9% in September. The quarterly position also achieved the target for Q2 resulting in payment of Provider Transformation Funds (PSF). Improvements driven by:

   - Embedding internal professional standards and encouraging escalation
   - Regular meetings with staff including band 6 and band 7 meetings
   - Focus on filling vacant doctor shifts and better locum availability
   - Maintaining streaming to minors and paeds 24/7 where possible by second doctor
   - Rest of hospital response to ED

   Main breach reason continues to be delay to be seen by CDM at 51% of breaches (reduced from 63% in August). This is mainly due to reduced registrar cover in the late evening and overnight. Recent middle grade recruitment has taken place with new starters in January/February 2019. 15% of breaches are due to lack of beds - likely to increase in October. Actions from the national getting it right first time (GIRFT) initiative and Trustmarque feedback are being incorporated into recovery plan. Rapid actions are also being tested to free up co-ordinator time e.g. not attending

bed meetings.

There are no plans to establish an ED in Sudbury. It is unlikely that there would be sufficient activity to make such a facility clinically viable. The focus is on improving the environment of the department at the WSH site.

5. INFORMATION: Could we have an update on the bus to Haverhill, is it cost effective?

Extract from communication on Suffolk County Council website (25 September 2018)
More residents are encouraged to use a new community bus service linking Haverhill with West Suffolk Hospital in Bury St Edmunds. A 6-month pilot of the service started on 1 August 2018 however the number of passengers using the service has been much lower than anticipated. To make the service, which has been running for just over 6 weeks, a viable long-term option, an increase of passengers is needed.
https://www.suffolk.gov.uk/council-and-democracy/council-news/show/bus-service-between-haverhill-and-west-suffolk-hospital

Mary Evans, Suffolk County Council Cabinet Member for Highways, Transport and Rural Affairs has confirmed that while uptake has improved it is not yet sufficient to guarantee the sustainability of the service.

6. INFORMATION: While governors understand the shortage and age restrictions applied to the provision of flu jabs, providing governors with the facility to have theirs would send out a positive message.

Recognising the role that governors have within the hospital and community it has been agreed to provide flu vaccine vouchers to governors aged under 65 years. These vouchers can be used at Lloyds pharmacies in the high street to obtain the vaccination. Governors who are aged over 65 years will need to request the appropriate vaccine from their GP.

7. INFORMATION: We understand that some GP surgeries have paramedics working in them, is this helping with reducing the number of referrals to A&E?

Paramedics are being used to undertake GP activity e.g. home visits. While this supports the practice and could allow GPs to provide more patient appointments there is no evidence that this is impacting on ED attendances.

8. INFORMATION: Can governors have a tour of the new Cardiology unit?

In response to this request three options for attending tours of the new facility have been offered to Governors.

9. INFORMATION: NEESPS an update

Update as part of the Chief executives report and a briefing in the closed session.

10. ASSURANCE: Could we have assurance that as the A&E targets for neutropenic sepsis are down everything is being done to raise the awareness of sepsis and not put patients at risk.

There has been significant work to improve our sepsis management performance, including neutropenic sepsis. Improvement within the Trust and ED have been delivered through a number of changes:

- Employed a Band 7 educator for ED
- Red folder for neutropenic patients attending and work flow through the department
- Increased focus on spotting and treatment of sepsis, this included patient group directions (PGD) to improve prescribing practices
- Employed a band 6 sepsis nurse also who will start in Jan 2019

ED neutropenic sepsis performance for patients with door to needle time of 1 hour or less has

improved to 90.9% for September (an 18% improvement).

11. ASSURANCE: Can we have assurance that during the hot weather, drugs that are normally safe at room temperature are being stored within a cold area so as not to compromise their efficiency.

During the hot weather experienced during the summer of 2018 it was not possible to store all Trust medication in fully air conditioned areas across the whole Trust. The pharmacy department is fully air conditioned to protect the medication storage conditions, however the Trust does not have air conditioning in drug storage areas across clinical areas. As a result, on some days despite advice to clinical areas to minimise the temperature in drug storage areas medication was stored at temperatures above 25oC for a number of days. During the period of hot weather, regional and national medication quality assurance guidance was implemented which validated the storage of some medication up to 30oC with no adverse effect on the medication. Medications known to be adversely affected by above ambient temperatures were removed from use and replaced.

12. ASSURANCE: Is e-Care helping with the time factor in discharging patients?

The e-Care system was designed to reflect the discharge process that was in place at the time of go-live in that it allows the creation of a multi-professional discharge summary that is sent to the patient's GP after discharge. In addition there is the capability to record additional mandatory information that has been agreed between WSFT and the CCG and to create a copy of the summary that can be shared with the patient at point of discharge.

Some data that has been recorded during the patient stay is available to inform the creation of the summary and there is also the added benefit that the summary is being created from the same system that contains the full details of the patient encounter. Assuming that the relevant documentation is updated throughout the patient stay in preparation for discharge then this should accelerate the process at the point that they go home.

In summary, there is no definitive evidence that e-Care is supporting discharges earlier in the day. However, if the correct workflows are followed and there is sufficient preparation beforehand then it should not be a hindrance. There are improvements that can be introduced to make access to data easier to retrieve and this forms part of a future optimisation of the process scheduled for the next six months.

The use of e-Care across the patient journey including the visibility provided by the ward white boards is a key factoring in achieving length of stay reductions overall and Trust's position of best in country in term of excess bed days.

13. ASSURANCE: The Stroke unit has a good SNAP score despite no stroke consultant on call at weekends and a lack of qualified nurses. Can we be assured that these issues being addressed?

We can confirm that ward staffing issues on G8 has been significantly improved by the first two cohorts of the Pilipino nurses - three of these new arrivals have been allocated to G8. Successful consultant recruitment following Anne Nicolson's retirement means we do have consultant presence on site 7-days a week. At weekends the time on site means that they do not see all patients, but would review new stroke admissions.

14. Patients are still getting several appointment letters and the community ones go out on poor quality grey paper, we feel the same paper should be used giving a corporate image.

[Extract of staff briefing in Green Sheet]

<u>Photocopy paper has changed</u>

The NHS as a whole has agreed to only use core products for certain generic products across the country. One of these many products is A4 paper which means the Trust has moved to a sustainable recycled product that is a different colour but completely compatible with all printers

and photocopier. If you are printing letters to send out to patients these letters should be going through the Synertec portal and not being printed on this paper.

This is not a cost saving exercise by the Trust but a national programme focused on reducing product and price variation at product line level through commitment to a minimal number of suppliers. Underpinning the Operational Productivity Review by Lord Patrick Carter of Coles, this approach aims to drive cost out of the supply chain by collaboration and consolidating purchasing power.

http://www.supplychain.nhs.uk/savings/nationally-contracted-products/

The paper is manufactured using best in class environmental practises which does not allow any harmful bleaching in the manufacturing process. Additionally the paper does not contain optical brightening gents (OBAs) to whiten the paper as OBAs are not biodegradable and do not break down in the environment. The paper is manufactured under the Eco Label Blue Angel which forbids the use of harmful chemicals in the manufacturing process.

The whole Trust is switching over to the new type of paper, it could be that some areas with stock are still using the previous paper but this will be used up over time. It is recognised that patient letter not sent using Synertex will use the new paper e.g. community and internally generated such as complaint responses.

15. Can we be assured that the NEDs have a full understanding of community services and is there a NED with responsibility for them? Is there a NED with responsibility for community Paediatrics?

Community services are subject to review at each Board meeting and during 2018 this has been supplemented by two detailed presentation at the Quality and Risk Committee. These focused on Buurtzorg pilot and a reflection of the learning and improvements from the first year of managing community teams. The NEDs take a collective responsibility for services operated by the Trust, rather than identifying a single individual to take the lead. This aims to ensure that understanding and responsibility is shared across the Board as a whole. To support NEDs in their role they have also undertaken a range of activities to engage with community staff, these include: back to the floor, shadowing visits and engaging staff within team meetings.

We have identified NED leads for areas such as health and wellbeing, whistleblowing, and children's services. Richard Davies is the NED lead for children's services which would include safeguarding and community issues relating to paediatrics.

Recommendation:

To note issues raised and responses.

9. Summery Quality & Performance report

For Reference

Presented by Angus Eaton

REPORT TO:	Council of Governors
MEETING DATE:	14 November 2018
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:	Angus Eaton, 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 majority of local and national targets** (defined by NHS Improvement's (NHSI) Single Oversight Framework).

This report describes performance against these targets aligned to the care quality commission's (CQC) five key questions. This include a summary against identified areas for improvement.

CQC's five key questions

Are we safe?	You are protected from abuse and avoidable harm.
Are we effective?	Your care, treatment and support achieves good outcomes, helps you to maintain quality of life and is based on the best available evidence.
Are we caring?	Staff involve and treat you with compassion, kindness, dignity and respect.
Are we responsive?	Services are organised so that they meet your needs.
Are we well-led?	The leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

Community services
The dashboards include performance for both hospital and community services. Areas for note from community services include: reduction in falls and 'in our care' pressure ulcers; recovered community team and specialist nursing friend and family recommender scores to 100% and 94% respectively; low levels of complaints; community teams met response times targets; the childrens wheelchair service recovered performance to 100% referral to treatment (RTT) in Aug and September (adult service performance was 73% in September); and children in care services assessments continues to be a challenge in terms of initial health assessments being completed with 28 days.

Community services have continued to work on the measures and metrics required in order to demonstrate the impact of the changes being make. A live dataset is now in place at CCG and STP level for physical health, mental health and CYP. The measures developed so far are mainly indicators of health; and work continues on potential social care metrics. Once the population health analytics work has progressed further we will be able to produce similar charts at locality level.

Quality walkabout summary for Q2
Report from Paul Morris, Deputy Chief Nurse

During Q2 we visited a total of 11 areas including wards, clinic areas and laboratories and these were attended by the Chief Executive, Chair, Executive Chief Nurse, Medical Director, Director of Finance and Director of workforce and several non-executive directors and governors. The walkabouts have further served to observe and review real time care and service delivery in a multitude of settings whilst providing staff, patients and visitors the opportunity to escalate issues, concerns or indeed compliments of the area.

This quarter has also incorporated a larger CQC-style preparedness visit of the Emergency Department which has provided assurance for both the walkabout team and the ED staff that the department had worked hard to prepare for such a visit. This was an opportunity for staff to highlight any outstanding issues which needed to be escalated and addressed in terms of care and service delivery prior to another inspection and raised issues for example such as the need for clearer signage to the department.

The development of an electronic app to support live monitoring of daily checks is in progress and has been prioritised as we move into winter. The ability to escalate non-compliance to the Senior Nursing team will ensure safety and quality for all wards and departments.

From all the areas visited the actions which have been raised have been captured on an access database with a view to moving this to Datix to centralise the monitoring of the actions. The actions have been varied and are reflective of the issues raised as a result of these visits covering for example HR and an introduction of a 10% retainer for nursing staff, reviewing transport issues on Datix for patients waiting in the DWA, preparation of suction canisters in the clinical area and exploring a better process for updating ward boards/information. These actions are now monitored through the Trust's quality group for assurance of completion.

Recommendation:

To note the summary report.

Summary quality & performance report

Are we safe?

Within the **safety dashboard** 15/33 indicators for which data was available were reported as 'green' throughout Q2, including:

- Infection prevention indicators – C difficile and MRSA bacteraemia, central venous catheter insertion, peripheral cannula insertion, preventing surgical site infection pre- and peri- operatively, ventilator associated pneumonia, urinary catheter insertion, community attributable MSRA bacteraemia, environmental isolation.
- Serious harm as a result of falls
- Timely serious incident report
- Risk register red/amber risks in date and action completion

Areas for improvement

- There were a total of 181 **falls** during Q2 (compared to 202 falls reported during Q1). None of those resulting in significant harm were found to be avoidable. The Falls Focus Group continues to meet and we are participating in the NHSI falls collaborative. The focus for improvement includes:
    - Automatic lying and standing BP task activated for all patients over 65 who are admitted to in-patient areas.
    - Bay Based Nursing model being progressed in appropriate areas to ensure a higher ratio of staff available to observe patients and reduce the number of falls – have seen a reduction of falls in July 2018 potentially due to change in establishment
    - Relaunch of Falls Focus Group focusing on ward based champions and the sharing of best practice to reduce falls, plan for shorter monthly meetings rather than quarterly
    - Sourcing improved gripper socks with grippers over whole sock rather than sole only
    - NHSI Collaborative work in relation to frequent fallers – target of 10% reduction in frequent fallers. Work focused around highlighting frequent fallers and in depth MDT discussions at huddle.
    - Falls training to be reviewed in light of NHSI collaborative work
- **MRSA decolonisation** compliance has decreased in September to 86% from 97% in August. September is the last month of paper prescribing with a move to e-Care to – which should address documentation issues going forward. The wards with poor performance for the month have been identified and coached.

Are we effective?

Within the **effective dashboard** 6/13 indicators for which data was available were reported as 'green' for each month in Q2, including:

- Management of the central alerts system (CAS)
- Patients with a personal health plan
- WHO checklist compliance
- NHS number coding
- Cancer two week wait services available on choose and book
- Operations cancelled for the second time.

Areas for improvement

- Baseline and risk assessments for **national clinical audit reports** was red for the Q2. This elates to historical reports for which baseline assessments are required to identify relevant implications for the Trust
- Clear and complete documentation in a patient's health record is directly linked to the quality of care they receive. A **discharge summary** group has driven improvement through key operational areas. Changes to the recording of data and clear application of clinical definitions are being agreed with the CCG to ensure clarity for when a discharge summary is required
- **Cancelled operation patients offered date within 28 days** – three patients were unable to be booked in September. Reasons for delay need for specialist clinical review, consultant leave and capacity constraints.

Are we caring?

Within the **caring dashboard** 19/26 indicators for which data was available were reported as 'green' throughout Q2.

The following **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), community paediatrics and stroke.

Complaints accepted or upheld by the ombudsman was green along with the number of PALS enquires becoming complaints. Performance for complaints responded to within the agreed deadline improved significantly during the quarter achieving 100% in September.

Are we responsive?

Within the **responsive dashboard** 16/34 indicators for which data was available were reported as 'green' throughout Q2.

The table sets out performance against the national service standards. Six of the 11 standards have been met.

Target or Indicator (per Risk Assessment Framework)	Target	Q2	Q1	Q4	Q3
Referral to treatment time, 18 weeks in aggregate, incomplete pathways	92%	90.2%	91.3%	89.76%	88.32%
RTT waiter over 52 weeks for incomplete pathway	0	2	43	51	62
A&E Clinical Quality - Total Time in A&E under 4 hours	95%	93.5%	90.8%	84.77%	87.02%
Cancer 62 Day Waits for first treatment (from urgent GP referral)	85%	83.1%	87.9%	84.67%	89.28%
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral)	90%	92.9%	90.9%	91.50%	94.44%
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%	100%	100%
Cancer 31 day wait from diagnosis to first treatment	96%	99.0%	100%	100%	99.75%
Cancer 2 week (all cancers)	93%	89.3%	94.1%	97.41%	92.79%
Cancer 2 week (breast symptoms)	93%	94.2%	88.0%	94.14%	99.71%
C. *diff* due to lapses in care (YTD)	16	3	1	3	10

Areas for improvement

- **ED Performance -** we delivered 4-hour performance of 95.9% in September. The quarterly position also achieved the target for Q2 resulting in payment of Provider Transformation Funds (PSF). Improvements driven by:

    - Embedding internal professional standards and encouraging escalation
    - Regular meetings with staff including band 6 and band 7 meetings
    - Focus on filling vacant doctor shifts and better locum availability
    - Maintaining streaming to minors and paeds 24/7 where possible by second doctor
    - Rest of hospital response to ED

    Main breach reason continues to be delay to be seen by CDM at 51% of breaches (reduced from 63% in August). This is mainly due to reduced registrar cover in the late evening and overnight. Recent middle grade recruitment has taken place with new starters in January/February 2019. 15% of breaches are due to lack of beds - likely to increase in October. Actions from the national getting it right first time (GIRFT) initiative and Trustmarque feedback are being incorporated into recovery plan. Rapid actions are also being tested to free up co-ordinator time e.g. not attending bed meetings.

- **RTT – 18 weeks** - performance in September is slightly improved from August from 89.3% to 89.9%. Targeted work is being undertaken to reduce the backlog in challenged specialties. Options to outsource ophthalmology are currently being reviewed along with options to support vascular services. Urology continues to have pressure particularly around cancer services, which is impacting their ability to deliver 18 week performance. New equipment will support cancer targets and a new consultant, starting in January, will support recovery of 18 week performance. Gynaecology is starting to see some improvement with the new consultant being embedded into clinics and theatres.

    Long waiting patients has continued to reduce, with two 52+ week waits in September and four predicted for October (due to patient choice at the end of the pathway).

- **Cancer Standards -** September performance is below national standard and recovery action plans are in place for Colorectal, Urology & Head & Neck. There is a significant capacity deficit for two-week wait skin referrals - additional clinics continue to be scheduled and additional locum support is being accessed.

Are we well-led?

Within the **well-led dashboard** 18/29 indicators for which data was available were reported as ‘green’ throughout Q2, including:

- Recruitment timescales and DBS checks
- 16 of the 25 mandatory training requirements

Areas for improvement

- All staff to have an **appraisal** - The appraisal compliance percentage has improved in the quarter from 69.3% in June to 76.9% in September. All executives have improvement in appraisal as part of their objectives for 2018-19 and this forms a significant focus in divisional performance review meetings

- Further analysis is underway to set out clear plans to improve **mandatory training** compliance for blood products and transfusion processes.

10. Summery Finance & Workforce report

For Reference

Presented by Richard Davies

REPORT TO:	Council of Governors
MEETING DATE:	14 November 2018
SUBJECT:	Summary Finance & Workforce Report
AGENDA ITEM:	10
PREPARED BY:	Nick Macdonald, Deputy Director of Finance
PRESENTED BY:	Richard Davies, Non-Executive Director
FOR:	Information - update on Financial Performance

EXECUTIVE SUMMARY:

This report provides an overview of key issues during Q2 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 £7.1m, against a planned loss of £6.4m.
- This position includes STF funding of £1.1m.
- The Use of Resources Rating (UoR) is 3 YTD (1 being highest, 4 being lowest)

Key risks

- Securing cash loan support from DH for the 2018/19 revenue and capital plans.
- Delivering the £12.2m cost improvement programme.
- Containing the increase in demand to that included in the plan (3.2%).
- Recruitment of Registered Nurses to ensure the Trust is fully staffed for the additional capacity required for winter

I&E headlines for September 2018

The reported I&E for September 2018 is a deficit of £1,465k, against a planned deficit of £1,401k. This results in an adverse variance of £64k in month (£695k YTD).

This overspend predominantly relates to

- underperformance against the A&E performance in Q1 (£165k adverse variance against PSF)
- pay award underfunded (£300k)
- community equipment backlog of wheelchairs (£200k)

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 2018.

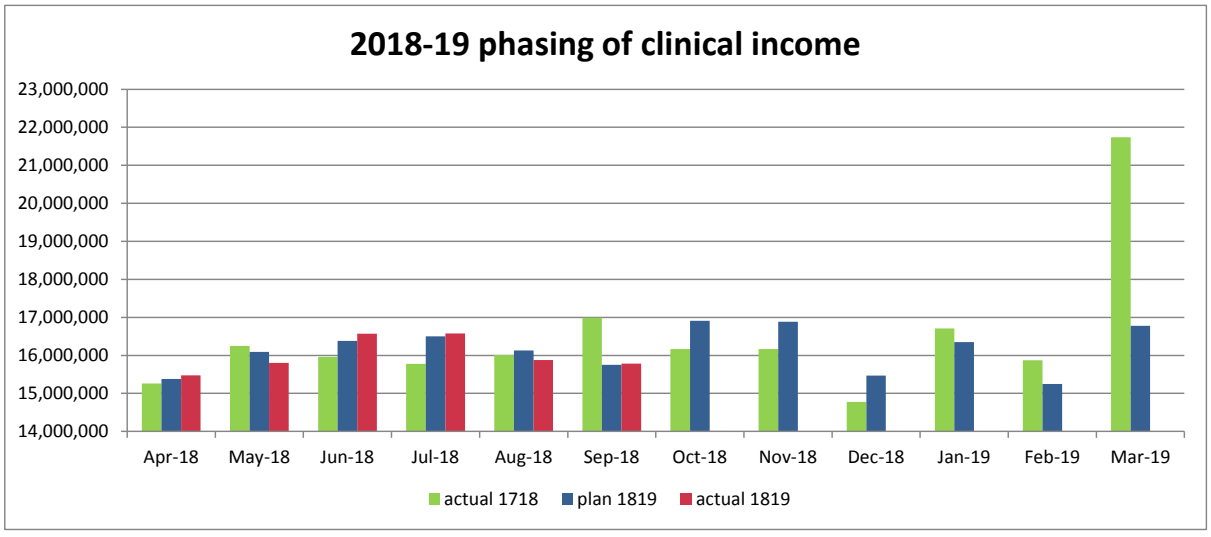
Metric	Value	Score
Capital Service Capacity rating	-0.920	4
Liquidity rating	-19.185	4
I&E Margin rating	-6.20%	4
I&E Margin Variance rating	0.20%	1
Agency	-24.90%	1
Use of Resources Rating after Overrides		**3**

2. Performance against I & E plan

SUMMARY INCOME AND EXPENDITURE ACCOUNT - September 2018	Sep-18 Budget £m	Sep-18 Actual £m	Sep-18 Variance £m	Year to date Budget £m	Year to date Actual £m	Year to date Variance £m	Year end forecast Budget	Year end forecast Actual	Year end forecast Variance F/(A)
NHS Contract Income	15.5	15.4	(0.1)	95.0	95.0	0.1	190.2	191.5	1.3
Other Income	3.1	2.7	(0.4)	18.5	18.4	(0.2)	38.5	38.3	(0.3)
Total Income	**18.6**	**18.1**	**(0.5)**	**113.5**	**113.4**	**(0.0)**	**228.8**	**229.8**	**1.0**
Pay Costs	13.3	13.5	(0.1)	78.8	79.7	(0.9)	157.4	160.4	(3.1)
Non-pay Costs	6.1	5.8	0.3	37.4	37.5	(0.2)	75.8	74.1	1.7
Operating Expenditure	**19.5**	**19.3**	**0.2**	**116.2**	**117.2**	**(1.1)**	**233.1**	**234.5**	**(1.4)**
Contingency and Reserves	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
EBITDA excl STF	**(0.9)**	**(1.2)**	**(0.3)**	**(2.7)**	**(3.8)**	**(1.1)**	**(4.3)**	**(4.8)**	**(0.4)**
Depreciation	0.5	0.5	(0.0)	3.5	3.1	0.4	6.5	6.5	0.0
Finance costs	0.3	0.3	(0.0)	1.5	1.3	0.2	3.0	2.6	0.4
SURPLUS/(DEFICIT) pre PSF	**(1.7)**	**(2.0)**	**(0.4)**	**(7.7)**	**(8.2)**	**(0.5)**	**(13.9)**	**(13.9)**	**0.0**
Provider Sustainability Funding (PSF)									
PSF - Financial Performance	0.2	0.2	0.0	0.9	0.9	0.0	2.6	2.6	0.0
PSF - A&E Performance	0.1	0.4	0.3	0.4	0.2	(0.2)	1.1	0.9	(0.2)
SURPLUS/(DEFICIT) incl PSF	**(1.4)**	**(1.5)**	**(0.1)**	**(6.4)**	**(7.1)**	**(0.7)**	**(10.2)**	**(10.3)**	**(0.2)**

Performance against Income plan

The chart below summarises the phasing of the clinical income plan for 2018-19, including Suffolk Community Health. This phasing is in line with activity phasing and does not take into account the block payment but does include Provider Sustainability Funding (PSF) which is the reason for the significant increase in March 2018.



Income (£000s)	Plan	Actual	Variance	Plan	Actual	Variance
Accident and Emergency	689	721	32	4,209	4,464	255
Other Services	1,970	2,068	98	11,766	12,461	696
CQUIN	305	301	(5)	1,886	1,876	(11)
Elective	2,840	2,618	(222)	17,806	16,170	(1,636)
Non Elective	5,224	5,067	(157)	32,011	32,132	121
Emergency Threshold Adjustment	(343)	(341)	1	(2,104)	(2,165)	(60)
Outpatients	2,700	2,865	164	16,664	17,387	723
Community	2,120	2,120	0	12,718	12,718	0
Total	15,506	15,418	(89)	94,955	95,043	88

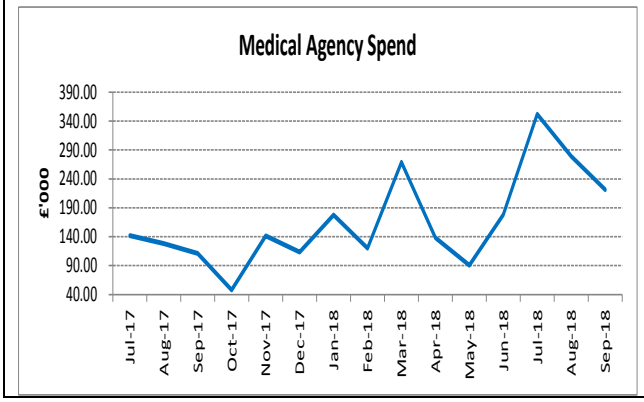
3. Performance against Expenditure plan - Workforce

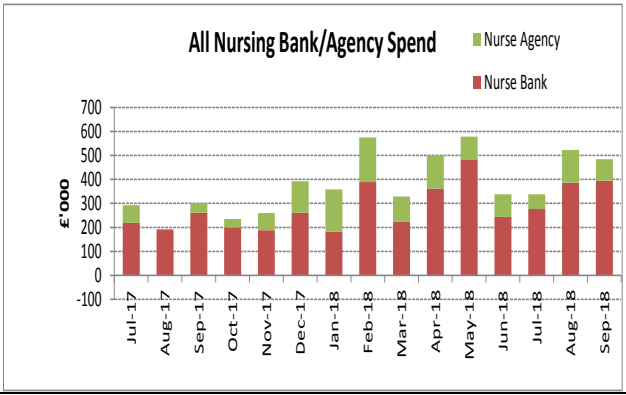
Monthly Expenditure (£) Acute services only				
As at September 2018	Sep-18	Aug-18	Sep-17	YTD 2018-19
	£'000	£'000	£'000	£'000
Budgeted costs in month	**11,691**	**12,539**	**10,906**	**69,437**
Substantive Staff	10,452	10,890	9,706	67,248
Medical Agency Staff (includes 'contracted in' staff)	185	268	100	179
Medical Locum Staff	210	241	169	1,067
Additional Medical sessions	248	269	233	384
Nursing Agency Staff	87	125	39	77
Nursing Bank Staff	372	365	247	538
Other Agency Staff	99	39	47	60
Other Bank Staff	150	192	175	296
Overtime	111	121	95	125
On Call	56	61	50	302
Total temporary expenditure	1,518	1,681	1,157	3,028
Total expenditure on pay	**11,970**	**12,571**	**10,862**	**70,276**
Variance (F/(A))	(279)	(31)	44	(839)
Temp Staff costs % of Total Pay	12.7%	13.4%	10.6%	4.3%
Memo : Total agency spend in month	371	431	187	315

Monthly Whole Time Equivalents (WTE) Acute Services only			
As at September 2018	Sep-18	Aug-18	Sep-17
	WTE	WTE	WTE
Budgeted WTE in month	**3,142.7**	**3,141.7**	**3,021.0**
Employed substantive WTE in month	2789.32	2776.83	2748.12
Medical Agency Staff (includes 'contracted in' staff)	16.78	22.09	8.26
Medical Locum	19.15	21.38	14.26
Additional Sessions	21.5	19.4	20.36
Nursing Agency	16.95	24.65	7.94
Nursing Bank	86.1	86.38	78.14
Other Agency	10.9	11.6	16.2
Other Bank	74.58	73.64	87.8
Overtime	31.39	33.03	29.61
On call Worked	6.65	7.21	7.02
Total equivalent temporary WTE	**284.0**	**299.4**	**269.6**
Total equivalent employed WTE	**3,073.3**	**3,076.2**	**3,017.7**
Variance (F/(A))	69.3	65.5	3.3
Temp Staff WTE % of Total Pay	9.2%	9.7%	8.9%
Memo : Total agency WTE in month	44.6	58.3	32.4
Sickness Rates	3.86%	3.83%	2.68%
Mat Leave	2.89%	2.94%	2.3%

Monthly Expenditure (£) Community Service Only				
As at September 2018	Sep-18	Aug-18	Sep-17	YTD 2018-19
	£'000	£'000	£'000	£'000
Budgeted costs in month	**1,633**	**1,633**	**1,125**	**9,357**
Substantive Staff	1,499	1,615	1,035	9,012
Medical Agency Staff (includes 'contracted in' staff)	14	12	11	70
Medical Locum Staff	3	3	3	18
Additional Medical sessions	1	1	0	3
Nursing Agency Staff	3	12	0	43
Nursing Bank Staff	23	22	15	113
Other Agency Staff	(18)	17	22	56
Other Bank Staff	10	13	12	52
Overtime	7	8	5	46
On Call	3	3	1	18
Total temporary expenditure	47	89	70	420
Total expenditure on pay	**1,545**	**1,704**	**1,104**	**9,432**
Variance (F/(A))	88	(71)	21	(75)
Temp Staff costs % of Total Pay	3.0%	5.2%	6.3%	4.5%
Memo : Total agency spend in month	0	40	33	169

Monthly Whole Time Equivalents (WTE) Community Services Only			
As at September 2018	Sep-18	Aug-18	Sep-17
	WTE	WTE	WTE
Budgeted WTE in month	**486.93**	**486.93**	**377.25**
Employed substantive WTE in month	463.71	468.57	345.6
Medical Agency Staff (includes 'contracted in' staff)	0.92	0.00	0.7
Medical Locum	0.35	0.35	0.4
Additional Sessions	0.00	0.00	0.0
Nursing Agency	1.30	1.88	0.1
Nursing Bank	5.56	5.46	4.8
Other Agency	2.67	4.17	5.6
Other Bank	3.90	2.83	3.5
Overtime	1.94	2.39	1.9
On call Worked	0.00	0.00	0.0
Total equivalent temporary WTE	**16.64**	**17.08**	**16.9**
Total equivalent employed WTE	**480.35**	**485.65**	**362.6**
Variance (F/(A))	6.58	1.28	14.70
Temp Staff WTE % of Total Pay	3.5%	3.5%	4.7%
Memo : Total agency WTE in month	4.9	6.1	6.3
Sickness Rates (Sep / Aug)	3.85%	3.79%	4.32%
Mat Leave	3.38%	2.82%	1.3%





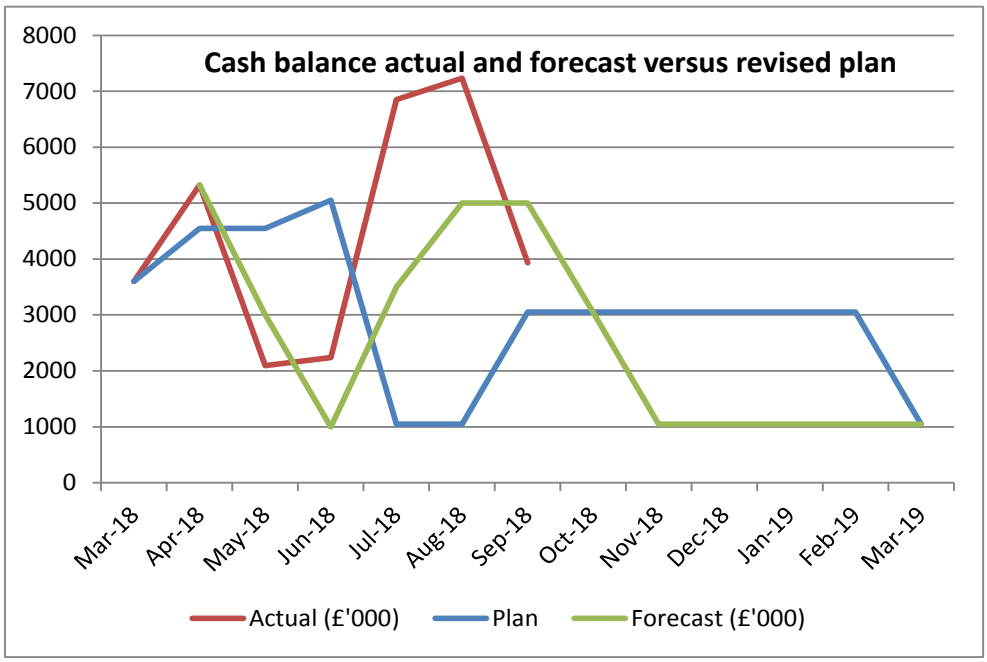
4. Balance Sheet

STATEMENT OF FINANCIAL POSITION

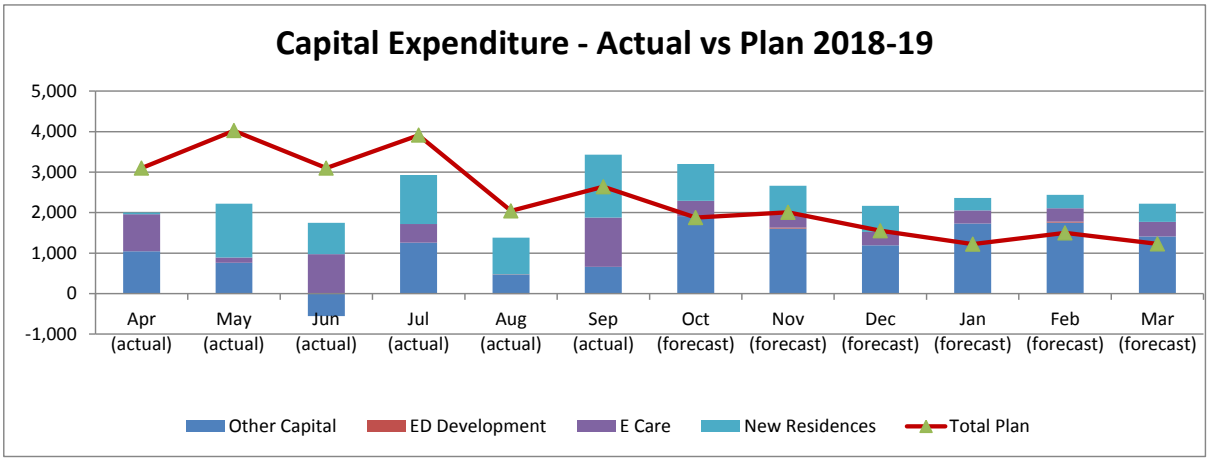
	As at 1 April 2018 * £000	Plan 31 March 2019 £000	Plan YTD 30 Sept 2018 £000	Actual at 30 Sept 2018 £000	Variance YTD 30 Sept 2018 £000
Intangible assets	23,852	27,909	26,224	26,490	266
Property, plant and equipment	94,170	111,399	105,510	101,568	(3,942)
Trade and other receivables	3,925	3,925	3,925	3,925	0
Other financial assets	0	0	0	0	0
Total non-current assets	**121,947**	**143,233**	**135,659**	**131,983**	**(3,676)**
Inventories	2,712	2,700	2,750	2,666	(84)
Trade and other receivables	21,413	19,500	19,000	19,676	676
Non-current assets for sale	0	0	0	0	0
Cash and cash equivalents	3,601	1,050	3,050	3,934	884
Total current assets	**27,726**	**23,250**	**24,800**	**26,276**	**1,476**
Trade and other payables	(26,135)	(27,499)	(26,277)	(23,527)	2,750
Borrowing repayable within 1 year	(3,114)	(3,357)	(3,376)	(3,083)	293
Current ProvisionsProvisions	(94)	(26)	(26)	(94)	(68)
Other liabilities	(963)	(1,000)	(7,000)	(9,198)	(2,198)
Total current liabilities	**(30,306)**	**(31,882)**	**(36,679)**	**(35,902)**	**777**
Total assets less current liabilities	**119,367**	**134,601**	**123,780**	**122,356**	**(1,424)**
Borrowings	(65,391)	(90,471)	(77,011)	(75,285)	1,726
Provisions	(124)	(158)	(158)	(124)	34
Total non-current liabilities	**(65,515)**	**(90,629)**	**(77,169)**	**(75,408)**	**1,761**
Total assets employed	**53,852**	**43,972**	**46,611**	**46,948**	**337**
Financed by					
Public dividend capital	65,803	66,103	65,803	66,008	205
Revaluation reserve	8,021	8,021	8,021	8,021	0
Income and expenditure reserve	(19,974)	(30,152)	(27,213)	(27,080)	133
Total taxpayers' and others' equity	**53,850**	**43,972**	**46,611**	**46,948**	**337**

The cash at bank as at the end of September 2018 is £3.9m.

5. Cash flow forecast for the year compared to actual



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 2018-19 £'000
E Care	916	131	975	457	-11	1,217	380	330	330	330	330	364	5,750
ED Development	0	0	0	0	9	0	0	20	0	0	20	0	50
New Residences	37	1,329	773	1,210	903	1,557	910	702	646	302	333	445	9,145
Other Schemes	1,047	760	-555	1,259	471	658	1,912	1,608	1,192	1,727	1,755	1,409	13,241
Total / Forecast	1,999	2,220	1,193	2,926	1,372	3,432	3,202	2,660	2,167	2,359	2,438	2,218	28,186
Total Plan	3,098	4,022	3,098	3,911	2,041	2,638	1,876	2,007	1,551	1,221	1,497	1,226	28,186

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

The reconfiguration of ED has been removed from the 2018/19 plan because a bid is being submitted for Wave 4 capital funding which, if successful, will be available during 2019/20.

Expenditure on e-Care for the year to date is £3,686k with a forecast for the year of £5,750k.

The forecast for the year is behind the plan submitted to NHSI so shows a favourable variance. This is because the timing of the implicit finance lease equipment additions in radiology and endoscopy has changed, there is slippage on Residences compared to plan plus most of the MModal (voice recognition) cost was incurred in 2017/18 instead of 2018/19. The next phase of the roof replacement programme commenced slightly later than the original plan forecast.

The forecasts for all projects have been reviewed by the relevant project managers. Since the reforecasting exercise in the previous month there have been no major changes in the forecast expenditure on the schemes.

As part of the capital plan the estates projects are committed to slippage totalling £1,217k currently there is only £287k slippage to find.

Recommendation:

To note the summary report.

11. Quality presentation - how we measure quality

For Reference

Presented by Rowan Procter

12. Non-Executive Director presentation

For Reference

Presented by Louisa Pepper - NED

13. West Suffolk Alliance report

For Reference

Presented by Rowan Procter

Council of Governors Meeting
14 November 2018

Agenda item:	13			
Prepared by:	Dawn Godbold, Director of Integration and Community Services			
Presented by:	Rowan Procter, Executive Chief Nurse			
Date prepared:	26 October 2018			
Subject:	West Suffolk community services update			
Purpose:	x	For information		For approval

1.0 Background

1.1 Since the 1st October 2017 the West Suffolk Foundation Trust (WSFT) has been providing both acute and community services in an Alliance with partners operating under a memorandum of understanding (MOU).

1.2 The Alliance brings together the acute hospital, community, social care, mental health and Suffolk GP Federation to form an integrated financial and management delivery framework which will transform outcomes and experience for patients. Care will be based around localities and neighbourhoods, rather than around organisations.

1.3 In the west of Suffolk there are 6 localities: Bury Town, Bury Rural, Newmarket, Mildenhall/Brandon, Haverhill and Sudbury.

1.4 The community services that are part of the trust now are:

- Integrated paediatric Specialist Services
- 6 community health teams (nurses, therapists, support workers, matrons)
- Neurology, Epilepsy, Parkinson's services
- Adult Speech and Language therapy
- Admission Prevention Service
- Community Equipment and Wheelchair Service
- Lymphoedema
- Heart Failure and Cardiac Rehabilitation
- COPD and pulmonary rehabilitation
- Newmarket Community Hospital
- Community beds in Bury St Edmunds and Sudbury

1.5 The Services work out of a variety of locations across both the east and west of Suffolk. They have bases in GP practices, health centres, schools and independent buildings. Services are provided to people in their own homes, in clinics, via community groups and schools.

1.6 Since the transition we have formed a new Trust division called 'community and integrated services'. It was agreed that the division would evolve in line with opportunities for integration and closer working between services.

1.7 As a result the integrated therapies service that was previously in the clinical support services division has moved to be part of the community and integrated services division, as that group of services deliver care in the hospital as well as in the community.

2.0 Progress in last 12 months

2.1 There have been many examples of staff changing the way they work both across the community and secondary care interface but also across the wider health and care system. Examples include:

- Shared professional structures
- Shared education forums
- Sharing of information
- Use of trusted assessment
- Rotational posts
- Shared management forums
- Integrated respiratory service
- System wide therapy strategy
- Integrated speech and language service for adults

2.2 In line with its ambition the Trust itself has followed through on its commitment to invest in community services. Examples include:

- Community staff are members of all Trust sub-committees
- 2 community staff elected as governors
- 3 additional beds at Newmarket hospital
- Invested in additional community matron and COPD team posts
- Created a head of nursing and senior matron post for the division
- Invested in new IT equipment and support

2.3 Comments from staff on the benefits of integration include:

'It has brought community and acute services much closer, not only with better communication and understanding of the roles and responsibilities but also with the day to day challenges'

'It has allowed us to support each other with challenges, and sharing teaching sessions has helped break down some of the barriers which used to exist'

'Our affiliation to the Trust has been positive; there is easier access to services such as HR and a much more visible presence from senior leaders'

'Staff are gradually seeing the benefits of belonging to an organisation in the same county who do care for the wellbeing of staff'

2.4 The Trust has also made good progress working with system partners helping to build an integrated health and care system for west Suffolk, taking a lead role in the development of shared decision making forums, shared transformation plans and building trusted and mature relationships.

2.5 The governance of the system is evolving well, and there is now a clear structure for monitoring, and escalating transformation progress. We have formed a System Executive Group (SEG) whose members are system leaders across the West of Suffolk.

2.6 The remit and primary functions of the SEG is to:

- Oversee and ensure integration across the health and care system
- Oversee and ensure the successful evolution from Alliance working to fully functioning integrated system
- Eventual local commissioning

2.7 In addition we have formed an alliance steering group and a transformation programme group. It is these forums that will track progress of the 8 programmes of work contained in the delivery plan.

2.8 In time the governance structure will include 6 Locality Delivery Groups based around natural communities and primary care clusters. Each Locality Delivery Group will have statutory and non-statutory membership and will, in time, have devolved responsibility for resource allocation and decision making for the locality as well as over-seeing service delivery and quality.

3.0 The next 12 months

3.1 During 2018 we will continue to strengthen and embed both acute and community integration and the Alliance way of working, taking the opportunity to move services and contracts into the Alliance space wherever possible.

3.2 Our ambition is to build our care model, together with partners, around communities, maximising opportunities for integration at every step. We will move from a health and care system that is reactive and fragmented, towards one that is pro-active, holistic and preventative, in which people are empowered to play a central role in managing their own care.

3.3 Our transformation plans aim to bring health and care services together to support the provision of one co-ordinated care response that is underpinned by prevention, self-care, early intervention and reablement rather than long term treatment and lifelong service dependency.

3.4 In 2019 we will:

- Develop integrated pathways for: frailty, cardiology, high intensity users
- Create integrated acute and community services for: tissue viability, adult safeguarding, mandatory training, education and workforce development
- Move to the pilot phase of the Buurtzorg test and learn project
- Complete the re-design review of county wide paediatric services
- Implement a new divisional management structure
- Establish the locality lead role
- Join up the reactive care services (acute/community/social care) into one integrated team
- Continue to improve digital technology
- Continue to develop the health and wellbeing hubs in each locality
- Explore opportunities for provision of some domiciliary care services
- Agree metrics and reporting framework

- Establish closer working with primary care
- Have a clear plan for mental health provision
- Have a shared communication and engagement strategy across the system
- Have early drafts of a locality plan with priorities for each of the 6 localities
- Create more joint posts with partners

4.0 Conclusion

4.1 The integration journey is progressing well; we have had a successful transition for community services. One year in we have seen services and staff become more embedded into the Trust and a significant amount of progress with integration between services and the wider system

4.2 The alliance way of working is evolving fast and the pace of change has been good. There are significant opportunities to further improve services, quality and outcomes by continuing to work in a collaborative way.

5.0 Recommendation

5.1 The Council of Governors is asked to note the content of the report.

14. Election of Lead and Deputy Lead Governor

For Vote

Presented by Richard Jones

REPORT TO:	Council of Governors
MEETING DATE:	15 November 2018
SUBJECT:	Election of Lead & Deputy Lead Governor
AGENDA ITEM:	14
PRESENTED BY:	Richard Jones, Trust Secretary & Head of Governance
FOR:	Approval

1. Background

June Carpenter and Liz Steele's terms of office as **Lead and Deputy Lead Governor** comes to an end on 30 November 2018. It was agreed at the Council of Governors meeting on 9 August 2018 that the election for Lead and Deputy Lead Governor should take place on 14 November 2018.

In accordance with the terms and conditions for the roles nominations for the role were invited from the Public Governors, the closing date was 2 November 2018.

It should be noted that the terms and conditions state that; "The Lead Governor may stand for a maximum term of five years after which they may not stand again until one year has lapsed". As June Carpenter has served five years as Lead Governor since the Trust became a Foundation Trust, she us unable to stand again for this role. I ask that the Governors **thank June for her service in the role** during this time.

2. Nominations

2.1 Lead Governor

Two nomination statements have been received from the following public governors for the role of Lead Governor:

Barry Moult
I have been a staff now public Governor since the Trust became a foundation Trust.
I fully understand the role and requirements of Lead Governor. I'm not afraid to raise, and at times have difficult conversations with the Chair and the NEDs. The role is important in representing the views, and being a voice of all Governors. Having taken semi retirement I have the time to commit to the role.

Liz Steele
I have been a governor for 3 years and understand the role fully. I attend all meetings and training and support the Trust at events. I contribute to Board and Governor meetings when appropriate and I have chaired informal and NED/Governor meetings. I was a head teacher for 20 years and so have experience of leadership. As deputy lead I have met with the Chairman regularly.

I have a loyalty towards the hospital but challenge when appropriate. I have the time to spend on the role of Lead Governor. I live locally and am always available at short notice. .

2.2 Deputy Lead Governor

Two nominations have been received for Deputy Lead Governor; in the event of not being elected as Lead Governor Liz Steele would also wish to stand for Deputy Lead Governor.

Florence Bevan
I regard the role of lead or deputy lead governor, not as a badge of office but as a commitment to service.

Serving on Council has been a privilege but also a challenging learning curve, and hence I am strongly committed to ongoing governor training, including workshops with the Board and NEDs.

There is a broad diversity of experience on the Council and I would like to foster a growing participation, to strengthen a unity of support for the Board's drive for continued excellence.

To that end I would commit my time, effort and integrity.

Liz Steele
I have been a governor for 3 years and understand the role fully. I attend all meetings and training and support the Trust at events. I contribute to Board and Governor meetings when appropriate and I have chaired informal and NED/Governor meetings. I was a head teacher for 20 years and so have experience of leadership. As deputy lead I have met with the Chairman regularly.

I have a loyalty towards the hospital but challenge when appropriate. I have the time to spend on the role of Deputy Lead Governor. I live locally and am always available at short notice. .

3. Process

All governors present at the Council of Governors meeting on 14 November 2018 are entitled to vote for the Lead and Deputy Governor (public, staff and nominated partners). Governors are asked to complete the attached ballot forms for **both** lead and deputy lead governor roles (Annex A and Annex B) and bring with them to the meeting, where they will be collected at the start of the meeting.

At the appropriate item on the agenda the votes will be counted and the candidate with the highest number of votes for each role will be declared elected as Lead Governor and Deputy Governor.

In the event of Liz Steele being elected as Lead Governor, the votes for Deputy Lead Governor will not be counted as Florence Bevan will be the only nomination.

Note: In accordance with the Council of Governors' Standing Orders, members must be present at the meeting to be entitled to vote, ie "3.27 In no circumstances may an absent member vote by proxy. Absence is defined as being absent at the time of the vote."

Throughout the process all votes will remain anonymous.

Annex A

COUNCIL OF GOVERNORS

LEAD GOVERNOR

Ballot Form

All governors are entitled to vote (public, staff and partner).

Please complete the ballot form by putting an 'X' in the box next to the candidate you wish to vote for. You may only vote for one candidate.

Barry Moult	
Liz Steele	

PLEASE BRING TO THE COUNCIL OF GOVERNORS' MEETING ON 14 NOVEMBER 2018.

At the start of the meeting ballot forms will be collected from each governor. When all ballots have been counted the Trust Secretary will read out the name of the candidate with the highest number of votes.

The candidate with the most votes will be deemed elected to the Lead Governor position.

Throughout this process votes will remain anonymous.

Annex B

COUNCIL OF GOVERNORS

DEPUTY LEAD GOVERNOR

Ballot Form

All governors are entitled to vote (public, staff and partner).

Please complete the ballot form by putting an 'X' in the box next to the candidate you wish to vote for. You may only vote for one candidate.

Florence Bevan	
Liz Steele	

PLEASE BRING TO THE COUNCIL OF GOVERNORS' MEETING ON 14 NOVEMBER 2018.

At the start of the meeting ballot forms will be collected from each governor. When all ballots have been counted the Trust Secretary will read out the name of the candidate with the highest number of votes.

The candidate with the most votes will be deemed elected to the Lead Governor position.

Throughout this process votes will remain anonymous.

15. Report from Nominations Committee (verbal)

For Reference

Presented by June Carpenter

16. Report from Engagement Committee

For Reference

Presented by Florence Bevan

REPORT TO:	Council of Governors
MEETING DATE:	14 November 2018
SUBJECT:	Report from Engagement Committee meeting held on 9 October 2018
AGENDA ITEM:	16
PRESENTED BY:	Florence Bevan, Chair of Engagement Committee
FOR:	Information

The attached minutes summarise discussions that took place at the Engagement Committee meeting on 9 October 2018.

Recommendation

Governors receive the minutes for information.

DRAFT

MINUTES OF THE COUNCIL OF GOVERNORS ENGAGEMENT COMMITTEE

HELD ON TUESDAY 9 OCTOBER 2018, 4.30pm

IN THE EDUCATION CENTRE AT WEST SUFFOLK HOSPITAL

COMMITTEE MEMBERS			
		Attendance	**Apologies**
Peter Alder	Public Governor	•	
Florence Bevan	Public Governor	•	
June Carpenter	Public Governor (Lead Governor)	•	
Peta Cook	Staff Governor	•	
Jayne Gilbert	Public Governor	•	
Gordon McKay	Public Governor	•	
In attendance			
Georgina Holmes	FT Office Manager		
Richard Jones	Trust Secretary / Head of Governance		
Cassia Nice	Patient Experience Lead		

Action

18/20 APOLOGIES

There were no apologies for absence.

18/21 MINUTES OF MEETING HELD ON 10 JULY 2018

The minutes of the meeting were agreed as a true and accurate record.

18/22 MATTERS ARISING ACTION SHEET

The ongoing actions were reviewed and the following issue raised:-

Item 3 – pilot an event in the community similar to the Courtyard Café. Peta Cook reported that she and Amanda Keighley had undertaken a Courtyard Café style event at Newmarket hospital on 18 August and there had been very good feedback. As not as many people used this facility as the Courtyard Café it was proposed to find out which was the busiest day of the week and plan the next session accordingly. **P Cook / G Holmes**

The completed actions were reviewed and the following issues raised:-

Item 8 – Sue Smith to notify George Holmes of any opportunities for governors to attend events/groups with the charitable funds team. Richard Jones said that it was very disappointing that there had not been as much activity as hoped. Sue Smith had sent her apologies for today's meeting but he had asked her for a list of activities for the next few months.

Item 10 – Follow up feedback from Courtyard Café that there should be clearer information/signage about what the money from car parking was used for. Cassia Nice confirmed that comments received by the patient experience team were always fed back to estates.

18/23 EXPERIENCE OF CARE

Cassia Nice gave a verbal report on the Patient and Carers Experience Group meeting (PCEG) which Florence Bevan had attended.

There would be focussed work on the catering department on food as this had not scored as highly as previously in a recent assessment. There had also been feedback on discharge waiting times and providing information on free wifi. It was proposed to produce a policy re pet dogs being taken onto wards and the circumstances in which this would be allowed, eg end of life patients.

She explained activities that governors could get involved in, ie area observations, which involved observing an area but not speaking to anyone. The purpose was to identify issues that could be fed back to the department manager and quickly resolved; this should include both positives and negatives. It would also be possible to do this at Newmarket.

It was agreed that members of the engagement committee should pilot this and then open it up to other governors. Cassia Nice to provide George Holmes with a schedule for the next few months. **C Nice / G Holmes**

Other activities included speaking to patients about specific subjects, eg food and assisting with Always event which would be tested on one ward and then gradually rolled out to others. This would ascertain and act what information would make patients feel more comfortable when they came into hospital and.

18/24 CHARITABLE FUNDS BRIEFING

Richard Jones would follow up with Sue Smith re a forward plan and also informing George Holmes of any events that came up at short notice that governors could attend. It was noted that ideally these should be speaking/presentations rather than other events. **R Jones**

Florence Bevan agreed and said that she did not consider that it had been worthwhile attending the model railway event in Beyton as people were only interested in the purpose they were going there for.

18/25 CONSIDERATION OF ENGAGEMENT PLAN FOR 2018-19

<u>Membership numbers</u>

The current membership numbers were reviewed and it was noted that these had decreased over the last year. This was partly due to staff leavers not being transferred to public members until GDPR issues have been clarified.

A discussion took place around engaging younger people. Cassia Nice suggested a closed Facebook page, webenair etc.

<u>Approaches to engagement within the community</u>

Peta Cook suggested engaging with community paediatrics as many would have long term conditions, there was also a patient experience committee in the community and younger people in the community could provide good feedback. It was harder to get feedback from adults in the community as they were often seen in their own homes. There was a proposal to get feedback from this sector through pre-arranged telephone conversations with volunteers. She confirmed that this would adhere to GDPR.

Peter Alder suggested working with good neighbourhood teams, eg Horringer, and contacting Community Action Suffolk.

As previously discussed it was proposed that a further Courtyard Café style event should be arranged for a busy day at Newmarket. **G Holmes / P Cook**

Feedback from engagement/experience activities

Feedback from the recent talks on eye conditions at Thetford and Sudbury and the annual members meeting had been very positive and these events continued to be very popular.

As previously reported, and from previous experience, attendance at public events such as markets and the model railway exhibition was not worthwhile.

Medicine for members 2019

Richard Jones explained that following the success of the talks on eye conditions at Thetford and Sudbury it had been decided to take this toithe AMM. Going out to smaller venues first was the ideal way to test out a topic and speaker for the AMM.

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The following topics were suggested:-
Diabetes
Stroke / head injuries
Falls prevention / ageing well
Pain management (Marcia Schofield)
Understanding the audience (aimed at specific audience)
New cardiac facility

Richard Jones to discuss the above proposals with the executive team so that regional events can be arranged for spring 2019. **R Jones**

18/26 FEEDBACK REPORTS

Courtyard Cafe

Feedback continued to be very positive on the whole

The poor attitude of a locum was noted and it was proposed to clarify whether long term locums went through an induction process and whether all locums and bank staff were given the patient first booklet.

Peta Cook explained that she always spoke to locums/temporary staff about the Trust's values and gave them the patient first leaflet before they went out into the community.

18/27 ISSUES FOR ESCALATION TO THE COUNCIL OF GOVERNORS

It was proposed to escalate the question relating to the induction of long term locums and whether all locums and bank staff were made aware of the Trust's values and given the patient first booklet. **G Holmes / R Jones**

18/28 DATE OF FUTURE MEETING

Thursday 17 January, 4.30pm. Venue to be confirmed.

17. Lead Governor report

For Reference

Presented by June Carpenter

REPORT TO:	Council of Governors
MEETING DATE:	14 November 2018
SUBJECT:	Report from Lead Governor
AGENDA ITEM:	17
PRESENTED BY:	June Carpenter, Lead Governor
FOR:	Information

During my time in this role I am pleased that the CoG has grown from strength to strength. In the original shadow form we had little knowledge of the working of the Trust or our role within it but I think we have developed into a fully functional board with training and guidance from the trust.

Today with other governors I visited the new Cath Lab a further impressive development of this outstanding Trust.

I thank Governors for their support during my time as lead governor and wish the new person all the best for their term of office.

June Carpenter

June Carpenter
Lead Governor

18. Report from Staff Governors

For Reference

Presented by Martin Wood

REPORT TO:	Council of Governors
MEETING DATE:	14 November 2018
SUBJECT:	Report from Staff Governors
AGENDA ITEM:	18
PRESENTED BY:	Martin Wood, Staff Governor
FOR:	Information

Staff governors continue to engage with staff within their link areas and at the recent quarterly staff governor meeting with Jan Bloomfield, Richard Jones and Georgina Holmes fed back issues they had encountered.

It was requested to consider providing greater visibility on building works around the hospital, through communication such the green sheet and staff briefing email. This would give staff a better understanding of capital projects being undertaken and the reasons why.

Staff had commented on the increased difficulty with parking on site over recent months. It was accepted that this was due to the large number of building projects currently going on and spaces either being cordoned off to accommodate equipment etc, or contractors requiring parking spaces. Jean le Fleming was very aware of the issues and doing everything possible to resolve the situation, which should improve as projects are completed over the next few months.

It was noted that staff in the community had greatly appreciated the visits from board members over the summer. The plan was for these to continue and a NED would also be involved in the mock CQC visits in the community.

Concerns were expressed about the number of mandatory training sessions for community staff and the impact this can have on service delivery. This will be discussed with HR.

It was confirmed that no concerns had been raised as a result of removal of staff discounts for using the Courtyard Café.

Peta Cook and Amanda Keighley reported that they had undertaken a Courtyard Café style session in the café at Newmarket hospital. This had been very successful and feedback had been positive. It was proposed to arrange further sessions as part of the governor engagement programme for 2019.

In addition to engaging with staff and providing feedback, the staff governors also felt that they were able to provide public/partner governors with an understanding of operational issues they raised at informal meetings. This helped to reduce the number of operational issues/questions escalated to the Council of Governors meetings.

19. Urgent items of any other business

For Discussion

Presented by Alan Rose

20. Dates for meetings for 2019

For Reference

Presented by Alan Rose

COUNCIL OF GOVERNOR MEETING DATES 2019

NORTHGATE ROOM OR EDUCATION CENTRE (tbc)

Open (Public) Session commences 5.30 – 8.00pm (approx.)

Tuesday 12 February
Monday 13 May
Tuesday 6 August
Wednesday 13 November

Annual Members Meeting Tuesday 17 September (Apex, Bury St Edmunds) – 5.30-7.45pm

TRUST BOARD MEETING DATES 2019

ALL GOVERNORS ARE WELCOME TO ATTEND TRUST BOARD MEETINGS AS OBSERVERS

NORTHGATE ROOM

Open (Public) Session commences 9.15am – 11.15am

Friday 25 January
Friday 1 March
Friday 29 March
Friday 27 April
Friday 24 May
Friday 28 June
Friday 26 July
No meeting in August
Friday 27 September
Friday 1 November
Friday 29 November
No meeting in December

Annual Members Meeting Tuesday 17 September (Apex, Bury St Edmunds) – 5.30-7.45pm

21. Reflections on meeting

For Discussion

Presented by Alan Rose