


## Council of Governors Meeting

There will be a meeting of the **COUNCIL OF GOVERNORS** of West Suffolk NHS Foundation Trust on Thursday **17 May 2018 at 17.30** in the Education Centre, West Suffolk Hospital

Sheila Childerhouse, Chair

### Agenda

<b>General duties/Statutory role</b>	
	<p>(a) To hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors.</p> <p>(b) To represent the interests of the members of the corporation as a whole and the interests of the public.</p> <p>The Council's focus in holding the Board to account is on strategy, control, accountability and culture.</p>

<b>17.30 GENERAL BUSINESS</b>		
<b>1.</b>	<b>Apologies for absence</b> To <u>receive</u> any apologies for the meeting	Sheila Childerhouse
<b>2.</b>	<b>Welcome and introductions</b> To <u>welcome</u> governors and attendees to the meeting.	Sheila Childerhouse
<b>3.</b>	<b>Declaration of interests for items on the agenda</b> To <u>receive</u> any declarations of interest for items on the agenda	Sheila Childerhouse
<b>4.</b>	<b>Minutes of the previous meeting</b> (enclosed) To <u>approve</u> the minutes of the meeting held on 21 February 2018	Sheila Childerhouse
<b>5.</b>	<b>Matters arising action sheet</b> (enclosed) To <u>note</u> updates on actions not covered elsewhere on the agenda	Sheila Childerhouse
<b>6.</b>	<b>Chair's report</b> (enclosed) To <u>receive</u> an update from the Chair	Sheila Childerhouse
<b>7.</b>	<b>Chief executive's report</b> (enclosed) To <u>note</u> a report on operational and strategic matters	Stephen Dunn
<b>8.</b>	<b>Governor issues</b> To note the issues raised and receive any agenda items from Governors for future meetings	Liz Steele
<b>18.15 DELIVER FOR TODAY</b>		
<b>9.</b>	<b>Summary quality &amp; performance report</b> (enclosed) To <u>note</u> the summary report	Gary Norgate

<b>10.</b>	<b>Summary finance &amp; workforce report</b> (enclosed) To <u>note</u> the summary report	Angus Eaton
<b>18.35 INVEST IN QUALITY, STAFF AND CLINICAL LEADERSHIP</b>		
<b>11.</b>	<b>Quality presentation – Global Excellence in Population Health</b> To <u>receive</u> a presentation from Dr Helena Jopling, Consultant in Public Health	Helena Jopling
<b>12.</b>	<b>Non-Executive Director presentation</b> To <u>receive</u> a presentation from Angus Eaton	Angus Eaton
<b>18.55 BUILD A JOINED UP FUTURE</b>		
<b>13.</b>	<b>Feedback from STP Leaders Event</b> (enclosed) To <u>receive</u> a report from governors who attended this event	Liz Steele
<b>19.05 GOVERNANCE</b>		
<b>14.</b>	<b>Annual Quality Report</b> (enclosed) To <u>approve</u> the governors' commentary for inclusion in the report.	Richard Jones
<b>15.</b>	<b>Report from Nominations Committee</b> (enclosed) (i) To <u>receive</u> a report from the meeting of 19 April 2018 (ii) To <u>note</u> the Chairman and NED appraisal process and <u>seek</u> a minimum of six volunteers to participate in this process	Sheila Childerhouse
<b>16.</b>	<b>Report from Engagement Committee</b> (enclosed) (i) To <u>receive</u> the minutes from the meeting of 27 March 2018 (ii) To <u>approve</u> amendments to the terms reference (iii) To <u>approve</u> amendments to the Engagement Strategy for April 2017 to March 2019	June Carpenter
<b>17.</b>	<b>Lead Governor report</b> (enclosed) To <u>receive</u> a report from the Lead Governor.	June Carpenter
<b>18.</b>	<b>Staff Governors report</b> (enclosed) To <u>receive</u> a report from the Staff Governors	Peta Cook
<b>19.20 ITEMS FOR INFORMATION</b>		
<b>19.</b>	<b>Dates for meetings for 2018</b> Thursday 9 August Wednesday 14 November Annual Members Meeting Tuesday 11 September	
<b>20.</b>	<b>Reflections on meeting</b> To consider whether the right balance has been achieved in terms of information received and questions for assurance versus operational delivery	Sheila Childerhouse
<b>19.30 CLOSE</b>		

<b>REPORT TO:</b>	Council of Governors
<b>MEETING DATE:</b>	17 May 2018
<b>SUBJECT:</b>	Draft Minutes of the Council of Governors Meeting held on 21 February 2018
<b>AGENDA ITEM:</b>	4
<b>PRESENTED BY:</b>	Sheila Childerhouse, Chair
<b>FOR:</b>	Approval



**DRAFT**

**MINUTES OF THE COUNCIL OF GOVERNORS' MEETING  
HELD ON WEDNESDAY 21 FEBRUARY 2018 AT 17.30  
IN THE NORTHGATE ROOM AT WEST SUFFOLK NHS FOUNDATION TRUST**

<b>COMMITTEE MEMBERS</b>		<b>Attendance</b>	<b>Apologies</b>
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 Moulton	Public Governor	•	
Jayne Neal	Public Governor	•	
Adrian Osborne	Public Governor	•	
Joe Pajak	Public Governor	•	
Maragaret Rutter	Public Governor	•	
Gary Sharp	Staff Governor	•	
Jane Skinner	Public Governor	•	
Liz Steele	Public Governor		
Martin Wood	Staff Governor		
<b>In attendance</b>			
Richard Davies	Non-Executive Director		
Georgina Holmes	FT Office Manager ( <i>minutes</i> )		
Richard Jones	Trust Secretary & Head of Governance		
Gary Norgate	Non-Executive Director		
Alan Rose	Non-Executive Director		

**Action**

**GENERAL BUSINESS**

**18/01 APOLOGIES**

Apologies for absence were noted as above.

It was noted that Angus Eaton and Catherine Waller had also sent their apologies.

**18/02 WELCOME AND INTRODUCTIONS**

The Chair welcomed everyone to the meeting, particularly the newly elected governors and Andrew Hassan who was attending as a partner governor representing primary care. She asked everyone to introduce themselves, as this was the first meeting of the new Council of Governors.

It was explained that item 11, e-Care update would be moved forward to follow item 3.

#### **18/03 DECLARATIONS OF INTEREST**

Andrew Hassan, declared that he was a GP member of the governing body of the Clinical Commissioning Group (CCG) and commissioner of WSFT.

#### **18/04 MINUTES OF THE COUNCIL OF GOVERNORS MEETING HELD ON 16 NOVEMBER 2017**

The minutes of the meeting held on 16 November 2017 were approved as a true and accurate record, subject to the following amendment; page 3, para 8 to be amended to read: "Joe Pajak said that he had heard on Radio Suffolk that 40% of people considered flu jabs to be a negative".

#### **18/05 MATTERS ARISING ACTION SHEET**

The two completed actions were noted.

Jayne Gilbert asked how long it would be before a decision was made on the redevelopment of the front concourse of the hospital. It was explained that this would be covered under agenda item 7, Chief Executive's report.

#### **18/06 CHAIR'S UPDATE**

The Chair explained that she had produced this report in order to give the governors some insight into the activities she had been involved in, both internally and externally.

It was requested that more detail should be provided, where relevant. The Chair confirmed that she would do this, when appropriate.

#### **18/07 CHIEF EXECUTIVE'S REPORT**

The Chief Executive welcomed Sheila Childerhouse in her role as Chair of the Council of Governors.

He referred to the excellent achievement of WSFT receiving an outstanding rating from the CQC and thanked governors for their support through the well led assessment. This had been acknowledged by the CQC, who had also commented on the role of the board and the strong governance which had improved since their previous inspection. He commended individual board members for the work and commitment they put into achieving this. In addition he particularly commended staff for the quality of care they had delivered across the organisation.

However, he cautioned that the organisation was not perfect and was not immune to the pressures and challenges faced by both WSFT and the NHS as a whole. He highlighted the initiatives that had been implemented to improve patient flow and length of stay, including working with partners within the system. Despite all the preparation and initiatives that had been put in place, the Trust had experienced a significant increase in admissions compared to last year. He commended staff for all their hard work and commitment to managing this situation and maintaining the safety of the hospital and the quality of care provided patients. They had been under considerable pressure over a prolonged period of time and continued to work extremely hard in order to address the challenges that the Trust was facing.

Approximately 250 elective operations had had to be cancelled since the beginning of January, which had particularly affected trauma and orthopaedics. It was hoped that this situation would improve over the next few weeks but these significant challenges had impacted on the Trust's performance, both financially and in achieving waiting times against the national standard.

The operational plan was in the process of being produced for the next financial year. The board would be considering the priorities of the capital plan at the next board meeting, including whether to delay the redevelopment of the front of the hospital, so that resources could be put into other areas, including the ambulatory care assessment unit.

The Chief Executive referred to the cost improvement programme (CIP) for 2018/19 and explained that KPMG considered that the target should be around 4% and that there was no chance of WSFT achieving the target of 8% that had been set by NHSI.

Rowan Procter explained that the Trust was not delivering the same standards of high quality that it aspired to and would normally deliver, which was causing distress to staff. However, she assured governors that the organisation still remained safe and explained that staff were moved around the organisation on a daily basis to ensure that this continued to be the case. The Chair said that the goodwill of staff was a tremendous accolade to the Trust, but this could not continue indefinitely.

Jo Pajak asked about North East Essex and Suffolk Pathology Services (NEESPS) and for assurance regarding actions put in place to address the issues. Gary Norgate explained that the report WSFT now received was more transparent and professional than had ever been seen before, and included actions, dates for completion and progress being made. The Trust was happy with this transparency and progress but there was still more to be done.

Alan Rose explained that Nick Jenkins represented WSFT at the Divisional Integrated Performance meetings of NEESPS and he was currently fairly positive about the situation.

It was confirmed that it was hoped to reinstate F4 to its intended purpose by next week. However, this was subject to there being no further increase in attendances and admissions to the hospital.

The increase in admissions appeared to be due to the high number of sick and elderly patients. This increase appeared to be due to a number of causes and an analysis of these increasing trends would continue. Rowan Procter reported that WSFT had the lowest number of delayed transfer of care (DTC) patients in the region, ie less than 15. On the whole only there were only approximately 30 medically fit patients in the organisation. The Trust had started looking at all patients with a length of stay over three days on a daily basis to ensure that they had not been admitted unnecessarily or were being discharged inappropriately.

Barry Moulton asked about the workforce and capacity plan and recruitment and retention of nurses and if lessons were being learnt from the past. Rowan Procter confirmed that this was the case and a plan around this was being produced and worked on. She explained the actions being taken to recruit and also retain current staff, but this was a challenge due to funding.

The Chair stressed the need to plan ahead for next year. However she was extremely impressed with the way the local health system had worked together to address the challenges since Christmas and the way staff had responded, although they were now very tired.

## 18/08 GOVERNOR ISSUES

It was noted that a number of these questions were operational, rather than seeking assurance.

June Carpenter referred to 4a and recalled that last year it had been proposed that governors should give their own Shining Lights award. Richard Jones explained that this did not fit the way that the Trust made these awards. However, having a governor on the judging panel would provide a way of their engaging in this process. It was also noted that governors only came into contact with a relatively small number of staff.

The Chair explained that she was very keen that governor visits and quality walkabouts should include the community. This would be followed up; but it could present a number of challenges as to how this was managed.

It was suggested that information on where the money from car parking went should be included in patient letters or leaflets.

The Chair referred to 4h and confirmed that this was the case with regard to winter monies. Rowan Procter agreed and explained that all staff, including those in the community, were offered the same incentives for working additional shifts.

Richard Jones explained that feedback from quality walkabouts would come back to the next board meeting.

June Carpenter referred to support for new governors and said that they were welcome to contact her if they needed any advice or information. The Chair agreed that this was very important and she thanked everyone who had attended the recent training day. Martin Wood also recorded his thanks to the previous staff governors for their support.

New governors were invited to talk to Richard Jones or Georgina Holmes if they felt that it would be helpful to have either another new governor or a previous governor as a buddy. Georgina Holmes would circulate the email address list for staff and public governors so that new governors could contact one another or a previous governor if they wished.

S Childerhouse

R Jones

G Holmes

## DELIVER FOR TODAY

### 18/09 SUMMARY QUALITY & PERFORMANCE REPORT

Richard Davies reminded governors that although WSFT had been rated outstanding by the CQC there were still areas requiring improvement.

He referred to the increase in the number of cases of *c. difficile* and explained that this coincided with an international shortage of antibiotics which were least likely to be associated with *c.difficile*. This product was now available again and the situation had improved.

Pressure ulcers remained higher than the target but there was a massive commitment to reduce these and WSFT's figures remained very good and lower than most hospitals, with the majority being deemed unavoidable. It was explained that the Non-Executive Directors (NEDs) had requested more detailed information on performance by ward at the last board meeting.



A large amount of work was also being undertaken around falls prevention. However it was difficult to decide what the acceptable level for falls should be, as it was important to maintain patient mobility in order to assist with rehabilitation as quickly as possible, even though this increased the risk of falls.

Richard Davies referred to the never event and explained what was likely to happen in this case. He confirmed that he would be looking for assurance that the local situation had been addressed so that it could not happen again, and that learning from this had been disseminated nationally to ensure that this did not happen elsewhere.

He also highlighted the issues around timing of discharge summaries and explained that he was keen to see this improve and would be following this up until it had done so.

Referral to treatment time (RTT) had been a major problem in a number of specialties and a lot of work had been undertaken with KPMG to address this. This had improved prior to winter but the situation had deteriorated due to the pressures that the Trust had recently been under. As a NED he saw WSFT as an organisation that was meant to be as good as it possibly could be and it was important not to become too complacent. It was also important that in the future more information was available on performance in the community.

## **18/10 SUMMARY FINANCE & WORKFORCE REPORT**

Alan Rose explained that the 2017/18 financial year ended in March, therefore the focus was moving towards next year.

He gave a short background to the finances of WSFT and how certain variances affected the financial position. 60% of the cost to the organisation was around pay, which was predominately determined by external agencies.

This year had been good in many ways from a financial point of view but the Trust was slightly behind plan and it would be challenge to hit the year end forecast. If this was achieved the Trust would receive £5m from the sustainability and transformation fund (STF) which would reduce the deficit from £10m to £5m.

He confirmed that the Trust was working hard to minimise spend on agency staff and Non-Executive Directors (NEDs) were watching this carefully. The Chief Executive explained that WSFT had one of the lowest agency spends in the region. A number of controls had been put in place to manage this as far as possible, but the organisation needed to remain safe. He explained that the aspiration was to recruit permanent staff who were committed to the organisation, rather than use agency staff or locums.

Alan Rose explained that WSFT would begin the next financial year (2018/19) with an underlying deficit of £26m. £9m (4%) of savings had already been identified, which would reduce the deficit to £17m. If the Trust achieved its financial plan for next year it would receive STF funding of approximately £7m, which would further reduce the deficit to £10m. However, NHSI wanted WSFT to achieve a deficit of £1m; therefore negotiations were taking place around this in order to try to reduce this target and the £9m gap. The executive team were working extremely hard on this; however safety and quality of care would remain the priority of the Trust.

The Chief Executive explained that if a successful negotiation was not achieved with NHSI, or the required savings were not achieved the Trust would not have access to STF funding.

Alan Rose explained that the integration of Colchester and Ipswich hospitals could also have an effect on WSFT in relation to funding, pooling of capital plans etc. The Chairman agreed that this was very important and confirmed that governors would be kept informed of any developments and the effects of these.

Richard Jones explained that the workshop on the operational plan would also include a summary of the STP position. The Chair asked that the three governors who were attending the STP event on 20 April feedback to other governors on this.

Sara Mildmay-White asked how CCGs would operate in the future as organisations integrated. Andrew Hassan explained that this was not yet clear and that legislation would be required before there were any changes to CCGs. The Chief Executive explained that the vision for this regions was for there to be three CCGs supported by one strategic commissioner, but there were a number of concerns around this which would need to be addressed.

## **INVEST IN QUALITY, STAFF AND CLINICAL LEADERSHIP**

### **18/11 e-CARE UPDATE**

Dermot O’Riordan introduced himself and explained that he had previously been the Medical Director for WSFT and was now Chief Clinical Information Officer.

The written report gave a background to e-Care, progress to date and plans for the next phase of development. In addition to this he would be talking about one of the most exciting elements of e-Care since it went live in May 2016, which was to start giving patients access to their own records and data, via the patient portal. The intention was to give patients as much information as possible.

The technical side of this was now being piloted, with almost 200 staff who had signed up as patient to take part in the pilot. The team had also taken this out to demonstrate to GPs and other clinicians.

He demonstrated how the patient portal worked, including information that would be available and how this would be displayed. The plan was to go live in March with rheumatology and dietetics. Once this had been successfully implemented a decision would be made as to whether to make this available specialty by specialty or across all departments at once. He explained that Birmingham hospital had approximately 11,000 patients who were using this system.

Dermot O’Riordan confirmed that Cerner had assured the Trust that a risk assessment around data protection had been undertaken. Rowan Procter explained that this had been through the Information Governance Steering Group and that Sara Taylor, Head of Information Governance & Patient Experience, was part of this group which was focussing on this.

It was explained that patients’ records would only be available as from 12 February 2018 and that historic records would not available. Dermot O’Riordan confirmed was keen that this should eventually link with GP information, so that there was one joined up system, ie one point of entry.

It was anticipated that giving patients access to their records would encourage people to take more responsibility for their own health care and wellbeing.

Helena Jopling, Consultant in Public Health, was in the process of setting up a patient group to take part in evaluating the patient portal and it was proposed that two governors should be included in this. Further details would be sent to governors once this has been set up.

**G Holmes**

The Chair thanked Dermot O’Riordan for a very interesting presentation and it was agreed that this was a very exciting initiative.

## **BUILD A JOINED UP FUTURE**

### **18/12 ANNUAL QUALITY REPORT AND OPERATIONAL PLAN**

Richard Jones explained that the draft of the Operational Plan would be coming out in March and the draft Annual Quality Report in late April. The following governors volunteered to act as readers for these documents; Jane Skinner, Florence Bevan; Martin Wood and Peter Alder.

Richard Jones explained that as part of the annual reporting process, the external auditors undertook limited assurance testing. They would be looking at three indicators, two of which were nationally prescribed, and the third would be identified by governors. It was proposed that this should be to test the reliability of data from the Friends and Family test, which should provide the most relevant information possible.

The Council of Governors agreed with this proposal.

## **GOVERNANCE**

### **18/13 REGISTER OF INTERESTS**

The summary of the register of governors’ interests was reviewed and there were no comments or amendments.

### **18/14 SUBCOMMITTEES OF THE COUNCIL OF GOVERNORS**

Richard Jones thanked governors who had put themselves forward for both committees.

#### a) Engagement Committee

The membership of this committee was confirmed as:-

June Carpenter (lead governor)  
Peter Alder  
Florence Bevan  
Peta Cook  
Jayne Gilbert  
Gordon McKay

#### b) Nominations Committee

There were five nominations for the three seats for public governors; therefore an anonymous ballot took place. The votes were counted by Rowan Procter and the following public governors were elected:-

Justine Corney  
Barry Moulton  
Liz Steele

The other members of this committee were confirmed as:-

Sheila Childerhouse (Chair)  
June Carpenter (lead governor)  
Sara Mildmay-White (partner governor)  
Martin Wood (staff governor)

#### **18/15 LEAD GOVERNOR REPORT**

This report was received and the content noted.

The Chair said that she was pleased to see the number of staff governors who were present at this meeting.

Martin Wood explained that staff governors would be meeting quarterly with Jan Bloomfield, and a report from staff governors would be given to future Council of Governor meetings.

#### **18/16 ELECTION OF NHS PROVIDERS ADVISORY COMMITTEE**

Richard Jones explained that each Trust was invited to vote as a whole in the election of this committee. Details of the candidates were circulated to governors at the meeting and an electronic copy of this information would also be emailed to all governors, who were asked to complete and return their forms to Georgina Holmes by Friday 9 March.

The Council of Governors approved the proposed process for governors to vote for members of NHS Providers; Governor Advisory Committee.

### **ITEMS FOR INFORMATION**

#### **18/17 DATES FOR COUNCIL OF GOVERNOR MEETINGS FOR 2018**

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

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

#### **18/18 REFLECTIONS ON MEETING**

The Chair thanked everyone for attending the meeting.

<b>REPORT TO:</b>	Council of Governors
<b>MEETING DATE:</b>	17 May 2018
<b>SUBJECT:</b>	Matters Arising Action Sheet from Council of Governors Meeting of 21 February 2018
<b>AGENDA ITEM:</b>	5
<b>PRESENTED BY:</b>	Sheila Childerhouse, Chair
<b>FOR:</b>	Information

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

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



### Ongoing action points

Ref.	Date of Meeting	Item	Action	Action taken	Action By	Completion date
152	21 February 2018	18/08	Consider how governor visits and quality walkabouts can include the community	<p>It is proposed to include Newmarket hospital and Glastonbury Court in the quality walkabout programme and possibly some of specialist services clinics/groups.</p> <p>Also to give governors the opportunity to talk to members of the community health teams at their bases (eg 'meet and chat').</p>	S Childerhouse / R Jones	
155	21 February 2018	18/11	Two governors to be included on patient group taking part in evaluating the patient portal. Further details to be sent to governors once this has been set up.	The pilot for the patient portal finishes at the end of May. Following this the Patient Portal User Group (PPUG) will be set up. Information will be forwarded as soon as available.	G Holmes	

### Completed action points

Ref.	Date of Meeting	Item	Action	Action taken	Action By	Completion date
153	21 February 2018	18/08	Feedback from quality walkabouts to come back to the next board meeting.	Summary included in quality report.	R Jones	17 May 18
154	21 February 2018	18/08	Circulate the email address list for staff and public governors	Email sent to all governors.	G Holmes	26 Feb 18

<b>REPORT TO:</b>	Council of Governors
<b>MEETING DATE:</b>	17 May 2018
<b>SUBJECT:</b>	Chair's report to Council of Governors
<b>AGENDA ITEM:</b>	6
<b>PREPARED BY:</b>	Sheila Childerhouse, Chair
<b>PRESENTED BY:</b>	Sheila Childerhouse, Chair
<b>FOR:</b>	Information

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

As part of my programme of activities I will endeavour to maintain a balance between my internal focus on our hospital and community services and my engagement with external partners.

In addition to the meetings and events set out I have weekly meetings with Steve Dunn. I also meet regularly with all directors and others including Richard Jones and Georgina Holmes.

Date	Meetings and events (1/1/18 until 9/2/18)
09/02/18	STP Board meeting
14/02/18	June Carpenter
14/02/18	Sterile services tour
14/02/18	Barry Moulton, re STP
19/02/18	Steve Turpie, introductory meeting
21/02/18	Scrutiny Committee
21/02/18	Andrew Hassan, GP liaison
21/02/18	Council of Governors meeting
22/02/18	Board development session
23/02/18	Interview panel for Mid Essex CCG
26/02/18	My Wish Thank You event
27/02/18	Quality walkabout – Eye Treatment Centre
27/02/18	Consultant induction – Dr Jaspreet Sidana
27/02/18	5 o'clock Club - Claire Sullivan, Director of employment relations and union services at the chartered society of physiotherapists
02/03/18	Trust Board Meeting
02/03/18	Audit Committee
02/03/18	Angus Eaton - NED 1:1
06/03/18	Quality Walkabout – Ward G3
06/03/18	Cassia Nice, Patient Experience Manager, Introductory meeting
07/03/18	KPMG meeting with Ben Garside & Jason Parker – briefing on work carried out
09/03/18	STP Board
13/03/18	Quality walkabout – Ward G8



Date	Meetings and events (1/1/18 until 9/2/18)
13/03/18	Kate Walker STP Digital Lead
13/03/18	Mike Moore – Chair Addenbrookes
14/03/18	Scrutiny Committee
14/03/18	NHSI – performance review meeting
15/03/18	KPMG health dinner
20/03/18	Quality walkabout – Clinical skills lab
20/03/18	Reverend – Ian Howells
20/03/18	5 O'clock Club - Chris Pointon, healthcare campaigner & husband of Kate Granger who led the "Hello my name is..." campaign
27/03/18	Steve Barnett (Chair at West Hertfordshire Hospital)
27/03/18	NHS Providers dinner with Baroness Dido Harding & Ian Dalton
28/03/18	Princess Anne visit
29/03/18	Trust Board Meeting
03/04/18	Quality walkabout – Neonatal
03/04/18	ED tour with Paul Morris
04/04/18	Half day community visit Sudbury & Haverhill
10/04/18	CEO & Chair Suffolk County Council Sue Cook , Colin Noble
11/04/18	Sara Taylor IG Manager & Legal Services - introductory meeting
12/04/18	STP Chairs group
13/04/18	STP Board
17/04/18	Steve Dunn - appraisal
18/04/18	Back to the floor – PALS
19/04/18	Council of Governors - Nominations Committee meeting
24/04/18	Quality Walkabout
25/04/18	Midlands & East Chairs networking event
27/04/18	Trust Board meeting
27/04/18	Charitable Funds meeting
27/04/18	Remuneration Committee meeting
01/05/18	NHSI – performance review meeting

## Recommendation

Governors are asked to note the report for information.

## Council of Governors – 17 May 2018

<b>AGENDA ITEM:</b>	7
<b>PRESENTED BY:</b>	Steve Dunn, Chief Executive Officer
<b>PREPARED BY:</b>	Steve Dunn, Chief Executive Officer
<b>DATE PREPARED:</b>	4 May 2018
<b>SUBJECT:</b>	Chief Executive's Report
<b>PURPOSE:</b>	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.

I was truly delighted to welcome **Her Royal Highness The Princess Royal**, as Patron of Royal College of Occupational Therapists, to West Suffolk Hospital last month, where she met staff and heard first-hand about the work of occupational therapists across the west of the county. Her Royal Highness' patronage at the Royal College of Occupational Therapists has helped raise the profile of the role of occupational therapists across the country, and we were incredibly grateful for the words of support and encouragement she shared with our staff.

On a tour of the occupational therapy department, Her Royal Highness received presentations from staff about the Trust's support to go home service, which provides close collaboration between health acute and social services to support the timely discharge of patients back home; the medically optimised team, which supports moving patients from the hospital to more appropriate beds in the community; and the early intervention team, which supports admission prevention to the hospital from the emergency department, and from the community for patients whose medical needs can be managed at home by putting in the necessary therapy and care required. I was so proud to be able to support our occupational therapy teams in showcasing what they do at the highest level. A prestigious guest and a wonderful occasion.

It was a pleasure to welcome the **Secretary of State for Health and Social Care** last week (26 April) to our Trust in order to hear about patient safety from a national perspective. In the NHS we're all passionate about patient safety – it's the bread and butter of what we do and why we're here, and it was a fantastic opportunity to highlight the work we're undertaking to continuously improve.

During his visit to the West Suffolk Hospital, the Rt Hon Jeremy Hunt MP commended staff for their efforts in achieving the Trust's latest 'outstanding' rating from the Care Quality Commission, and highlighted the "fantastic work" undertaken on their learning from deaths programme. After hearing about tools from electronic dashboards to new equipment and apps that WSFT is using to improve patient safety, Mr Hunt spoke candidly to staff about his own experience and journey of patient safety in the NHS. Mr Hunt discussed the role of the Care Quality Commission, performance, patient satisfaction, and the importance of listening to and acting on patient experiences, before taking questions from staff in the room.

Mr Hunt said: "I want to thank staff at West Suffolk Hospital for welcoming me so warmly. I was hugely impressed by their commitment to improving patient safety - in particular the push to ensure technology to benefit patients is used right across the Trust, whether through innovative apps or electronic records. It was fantastic to see the work they're doing on the learning from deaths programme - setting an example for the rest of the NHS to follow.

"Staff should be rightly proud of the outstanding rating from the CQC - and the rest of the NHS should take note of their commitment to improve beyond outstanding to 'world-leading'. Keep up the excellent work."

He also praised leaders and staff alike for securing the top spot in the recent NHS Staff Survey 2017, where WSFT came top in the country against comparable trusts for staff recommending the Trust as a place to work or receive care. He was then shown a demonstration of the Trust's new vital signs monitors by nurse and nursing informatics lead Ian Coe; these machines measure a patient's blood pressure, temperature, oxygen saturation and pulse and all other required parameters to enable immediate calculation of Early Warning Scores (EWS), which help to identify acutely unwell patients early. By scanning a barcode on the patient's wrist, these readings are then placed directly into the patient's electronic care record, reducing the risk of human error and saving time from data having to be inputted manually.

On 1 April the ambition to develop a **fully integrated acute hospital and community Trust** in west Suffolk took a step further. The integrated therapies service, managed by Gylda Nunn, moved from the clinical support services division to the operational management structure that includes most of the community services that joined the Trust in October. This will enhance work going on across the health and social care system to integrate services, particularly those that prevent hospital admission and enable people to stay well in their own homes. This is a significant step that brings even closer together services that work across acute and community settings, especially those services targeted at helping patients regain independence, improving flow and keeping people out of hospital. At the same time, on 1 April, community clinical staff working with the wheelchair service run by Bartrams, an independent company, will be returning to the NHS and joining WSFT. Alex Winterbone and her team will join the integrated therapies service in the community structure.

A further significant integration development is the **Buurtzorg Test and Learn** which went live at the beginning of March. The Test and Learn will run for 12 months, during which time work will be undertaken to understand how the model could be replicated at scale. The team currently has six members with a further three recruited. The ideal number for a team is between 8-12. Working at a neighbourhood level is a key element of the Buurtzorg practice, enabling the team to work closely with GPs and other professionals and draw on local support from friends, families and volunteers. The team is working in Barrow, Suffolk, as the locality for the Test and Learn and an area where one of the team has strong connections. This will not only enable a robust test of the model in a rural setting but will also support strong connection between the team and the community, one of the key features of the model.

We have taken a huge and impressive step in our global digital exemplar (GDE) journey this month, via a technical breakthrough which **links our electronic patient record (EPR) system with Cambridge University Hospitals (CUH)**. As a UK first of its kind, at the push of a button clinicians are now able to easily and securely access clinical information on a patient that is held within the CUH EPR system and vice versa to enhance patient care. This is the first link in the UK between hospital electronic health records from two different suppliers (Cerner here at WSFT and Epic at CUH).

Currently available in the two trusts' emergency departments, clinicians can access information in a real-time digital way if a patient has been treated at the opposite hospital within a 12-month period, a common occurrence given the hospitals' proximity. From within each hospitals' EPR systems clinicians can see a patient's past and present clinical information - from conditions and treatments to latest test results held at the opposite hospital - saving time and reducing delays to care and duplication. This proves that with hard work, like-minded thinking and perseverance, we can make digital advances that truly benefit patient care.

Our transition continues to implement new **vital signs monitors**, which are able to upload data directly into e-Care without needing to access a computer. They integrate with our Cerner technology, and allow automatic documentation in the patient record. In the first phase, these are replacing all mobile observation machines, and those wall-mounted in side-rooms. Most wards have now gone live with this new technology, including MTU and X-ray, with our emergency department and F1 ward (Rainbow) set to go live soon after Easter. The focus will then move to making the same devices available in outpatient areas as well. This is an exciting step that continues our GDE journey, the feedback we have received has been really positive including helping to release nursing **'time to care'**.

I am very proud to have added to our clinical accolades, with the National Hip Fracture Database (NHFD) rating us as the **top hospital in England in meeting best practice criteria for patients treated for a hip fracture**. The criteria assesses against things like the time for someone to have surgery; bone protection medication; having specialist falls and nutrition assessments; and being seen by a physiotherapist in the days after surgery, amongst others. We achieved an amazing 94.3% against the best practice criteria in 2017, against a national average of 62.2%. With one of the oldest populations in the country, this is particularly pleasing; hip fractures are cracks or breaks in the top of the thigh bone (femur) close to the hip joint, and are one of the most common serious injuries for older people. We understandably see a lot of hip fracture injuries, so it's fantastic to see that we're really delivering positive patient outcomes. We have also seen quality improvement in a glaucoma and diabetes which are described in more detail later in my report.

We recently experienced the hottest April day in almost 70 years, and we have continued to enjoy some welcome sunshine in between the rain showers and more moderate temperatures in May. It is only a month since we continued to experience harsh weather and the most challenging period of **activity and performance** we have ever known. Once again our staff have gone above and beyond what is normally expected during times which were incredible tough, with the pressure feeling at times relentless. We have always put patient safety first in the decisions we have made to response to these challenges which has meant that, at times, our emergency department 4 hour wait performance has been below the standard we would expect. I would like to apologise to those who have had a poor experience during this difficult period. Despite these concerns I am pleased to say that we were the third best performing trust in the region for ED performance for the year, quarter and month. We can take little comfort from this as I feel it is a reflection of the level of challenge experience this winter across the region and the NHS as a whole. We need are already putting in place plans to make sure we do all we can to maintain service standards next winter.

A **reprioritisation of the capital programme** was undertaken during the quarter in recognition of the need to ensure adequate clinical capacity is available for winter 2018-19. This will be considered further by the Board as part of the updated capital programme and operational plan for 2018-19.

**March's performance** shows we reported two C. difficile cases in the month. We continue to focus on reducing patient falls and pressure ulcers, with 64 falls and 9 pressure ulcers reported. The year to date performance for all cancer targets is ahead of the national threshold; however, the Trust failed to deliver the target for two week wait from referral to date first seen for symptomatic breast patients in March. ED 4 hour wait performance was 85.39% for March, with some exceptionally challenging days. We experienced a 5% increase in attendances at ED in March 2018 compared to March 2017 (285 additional patients) and a 7% increase in ambulance attendances for the same period.

The **month 12 financial position** reports a surplus of £6.8 million for March which is better than plan by £7.5 million, although we still have a deficit of £0.3m. The reported cumulative position is therefore £5.6 million better than plan. However, this takes into account additional £5.3 million Sustainability & Transformation (STF) funding as a result of meeting our control deficit which was a deficit of £11.1 million. Without this adjustment the Trust has performed favourably by £1.1 million measured against our control total. The 2017-18 budgets include a cost improvement plan (CIP) of £14.4m of which £13.8m has been achieved by the end of March (95.8%). The financial position for 2018-19 remains extremely challenging. The **operational plan** was approved by the Board at its meeting on 27 April.

It is regrettable that we were unable to agree the control total set by NHSI for 2018-19. We are continuing to work with our regulator to understand the implications of this and how we will access funds, for example to support our planned capital programme and ED redevelopment.

Because we have delivered on our cost improvement plans and therefore received additional STF funding, this has meant that we have broadly broken even. However, the next financial year remains extremely challenging and we continue to have to take difficult decisions to enable us to deliver our financial performance and keep providing high-quality care as an Outstanding rated Trust. We therefore need to look at where we can continue to both save money and increase our revenue; for example car parking.

We do not take the decision to charge for car parking lightly, but it is well-known that the NHS is facing some significant financial challenges. Across the last eight years, the funding we've received hasn't kept pace with the increase in demand we've seen, so we are being asked to do more with less. This unfortunately means that we have to sometimes make difficult decisions to ensure we can, and to ensure we manage our finances as best we can.

Following agreement at the last Board meeting regarding general **car parking tariff** changes, we completed an engagement exercise regarding the tariff for weekly tickets and the carer daily charge. We spoke to more than 500 people about the proposals, and are very grateful to everyone who took the time to share their views. The feedback and proposals were considered by the Scrutiny Committee of the Board and the following were agreed:

- Weekly ticket - £25.00 (original proposal £30.00)
- Carer daily charge - £3.00 with amended process for approval (original proposal £5.00)

Concessions will remain available for carers, and those people attending the Macmillan or renal units for treatment. Patients on income support or family credit are also able to claim some reimbursement for car parking charges, and specific arrangements can be made in specialist circumstances for some patients attending for repeat treatments or short stay care.

We continue to work with **North East Essex and Suffolk Pathology Services (NEESPS)** to address regulatory and accreditation concerns. The MHRA undertook a wide ranging inspection of the blood transfusion service on 18 and 19 January 2018. While improvements were identified by the inspector two areas of 'major concern' were identified relating to staffing and validation of systems/equipment. Plans to address these concerns are in place and have been submitted to the MHRA. Progress with this work is managed by NEESPS and progress monitored through monthly reviews with the management team with the MHRA expected to return in June.

The 'Support all our staff' ambition in our strategic framework is about making the Trust a great place to work and I am truly proud that we have come **top of the national tables for staff recommending us as a place to work or receive care** in the latest NHS Staff Survey (2017). We scored the highest rating in the country (4.12) against other comparable acute hospital trusts in England (average score 3.76) for staff being likely to recommend it to others. Asked questions about the organisation, the care it provides, and the support they receive from managers, 93% of our staff agreed that their role made a difference to patients (national average 90%), 87% said that patient care was the Trust's top priority (national average 76%), and 71% said they felt they could contribute to improvements at work (national average 70%). We also scored in the top 20% of comparable acutes nationally for good communication between staff and senior managers, staff feeling valued by the organisation, and the Trust taking an active interest in the health and wellbeing of its people. We have also made a significant improvement on the number of staff experiencing harassment, bullying or abuse from colleagues, with 20% reporting issues compared to 25% last year (national average 2017, 25%).

We know that staff that feel engaged, happy and supported at work provide the best care, so we must also look very carefully at our staff survey as an indicator of the quality of care we give to our patients.

We take the views of our staff very seriously – they are truly our most important asset and it's vital we know what they think and feel about working here. But we're not complacent. There is always more we need to do, with appraisals in particular, and we must now use these results to work with staff and understand where and how we can improve even further.

I welcome the proposal of a **three year pay deal** for our hard working staff (the framework does not affect medical or dental staff). We are currently working through the impact of the framework agreement changes which include:

- Starting salaries increased across all pay bands
- New pay structure with fewer pay points – overlapping pay points removed initially followed by further pay points
- New system of pay progression
- Top of pay bands to be increased by 6.5 per cent over the three years (apart from band 8d and 9 which will be capped at the increase of band 8c)
- Minimum rate of pay in the NHS to be set at £17,460 from 1 April 2018 – this will be ahead of the Living Wage Foundation Living Wage rates.

The final position will not be known until July 2018.

It was humbling to have been featured in the Health Service Journal's annual assessment of the **top 50 NHS trust chief executives** for the first time. I'm obviously very proud to have made this list but I'm clear I am part of a bigger team that makes up WSFT. It's a great pleasure leading this Trust; I am surrounded by fantastic staff and leaders at all levels who are a real asset to the organisation and our local community. While the HSJ editor indicated that we are the best small hospital in the country, I would argue that we are the most integrated and best health and care system. I am genuinely proud of the care we provide and the difference we make to people's lives every day. But, we must not forget that there's always more we can do to improve further, and I'm excited to see what the next year brings us.

#### **Chief Executive blog**

Community generosity: <http://www.wsh.nhs.uk/News-room/news-posts/Community-generosity.aspx>

#### **Deliver for today**

#### **Falls and fragility fracture service recognised**

The work of a west Suffolk community service that brings together clinicians from across the system has been recognised at a national event. The WS Integrated Fracture Liaison Service is provided by two community-based specialist nurses, who work alongside the West Suffolk Hospital and the DXA (dual energy X-ray absorptiometry) service. The aim is to ensure patients who have sustained a fragility fracture follow the clinical pathway and receive appropriate care.

Since April 2016 the team has been inputting data into the national fracture liaison service database (FLSDB) managed by the Royal College of Physicians, demonstrating how patients benefit from the clinical pathway provided by integrating these services. In recognition of their achievements, specialist community nurse Ann Hunt was invited to speak to delegates at the recent national FLSDB workshop in York to share good practice and experiences. The nurses, who are employed by the Suffolk GP Federation as part of the county's health and social care alliance, in-reach to the hospital, working closely with consultants Dr Suresh, orthogeriatrician, and Dr O'Reilly, rheumatologist as well as with fracture clinic and trauma nurses. They also liaise with the DXA service based at the local BMI hospital but available to NHS patients, and make recommendations to GPs as required.

### **Pain charity donation**

Our pain clinic has been awarded a donation of £1,700 from charity 'a way with pain' to enhance the care that patients with chronic pain receive while in hospital. The charity 'a way with pain' is an organisation dedicated to raising awareness of chronic pain and offering support to those affected. The donated funds will help to train three nurses at our Trust in hypnotherapy techniques and relaxation, and enable the purchase of a recliner chair for patients to use while having treatment. David Kelly, co-founder of 'a way with pain', presents Dawn Pretty, lead clinical nurse specialist in the department of pain medicine at WSFT, with the donation. Our hospital's department of pain medicine supports patients admitted to hospital with acute, short-term pain and chronic, long-term pain, as well as running the outpatient pain clinic. Our Trust is one of the few hospitals in the UK to offer a Trust-wide inpatient pain service. Specialist pain nurses visit the wards to offer help and guidance to patients by minimising their pain, supporting their pain management and facilitating their recovery.

### **Celebrating #HelloMyNames...**

Last week (20 March) we were honoured to welcome a very special visitor to West Suffolk Hospital. Chris Pointon, husband of the late Dr Kate Granger MBE, joined us to celebrate our first #HelloMyNames... day. Together with Kate, Chris was co-founder of the worldwide 'Hello my name is' campaign, which encourages and reminds healthcare staff of the importance of introductions. We ran awareness stands, encouraged staff to take part via social media, and heard Chris speak as part of our monthly Five o'clock club, which was emotional and inspirational in equal measure. We have always been huge advocates of the campaign here at WSFT – in fact it's one of the first things we talk about at induction for new staff – and it was great to be able to embed that even further.

### **#WeAreWSFT in practice at litter pick**

We know that many small things can add up to a big difference. Earlier this month a group of staff, plus local Jo Churchill MP, volunteered to take part in a litter pick around the grounds of West Suffolk Hospital in their lunch hours. We were lucky enough to get a sunny day, and feedback was that it was a really enjoyable and almost therapeutic way to spend an hour! Small acts like this show how lucky we are to have staff that truly take pride not only in what they do, but where they work. Our fantastic culture is very much made up of many small, marginal gains.

### **Nutrition and Hydration Week**

The week aimed to reinforce consideration of nutrition and hydration as crucial elements in providing high quality care in a health and social care setting. As a department the dietetic team is encouraging increased focus on nutrition and hydration over the course of week, both in the hospital and the community. As part of Nutrition and Hydration Week we will be relaunching protected mealtimes for all hospital wards. Nutrition is a vital aspect for recovery and it is important to ensure all patients are able to have their meals without non-emergency interruption. The week was supported by a wide range of activities across the hospital and community

## **Invest in quality, staff and clinical leadership**

### **Quality improvement conference**

On 30 April we hosted the Trust's first ever quality improvement conference. As well as a key note speech from the United States Airforce, and panel discussions with quality improvement experts, staff had the chance to take part in a variety of training sessions and workshops around quality improvement.

### **Zero tolerance for bullying harassment**

Our staff survey has some fantastic results that confirm West Suffolk truly is a great place to work and receive care. However, there are some areas in the survey where we know we can improve. Some staff report that they experience bullying and harassment from patients and service users, relatives or members of the public, or from their colleagues.



The Trust has a zero tolerance approach to bullying and harassment from any source, and in the coming weeks we will be talking more about how to tackle unacceptable behaviour. Becoming a trusted partner is one way staff can help. Trusted partners are Trust staff who volunteer to provide independent information, advice and support to other employees. They support the Trust's commitments to Freedom to Speak Up and to a culture of inclusion.

### **Recognition of our amazing estates and facility team**

Our estates and facilities team has been shortlisted for three awards at the Health Estates and Facilities Management Association's (HEFMA) awards 2018. The HEFMA awards recognise and celebrate the outstanding efforts and achievements demonstrated by NHS estates and facilities teams throughout the past year. Of the six award categories available members of our estates and facilities team have been shortlisted for project of the year, the efficiency and improvement award, and individual development award. Being shortlisted as finalists is a huge achievement, and it's so positive to see some of our lesser known roles being recognised, as well as the outstanding people that work in them. We know that without our estates and facilities colleagues the hospital simply couldn't run effectively. Well done and good luck!

### **Soft food on the menu at Newmarket**

Staff and relatives joined patients for a special lunch at Newmarket Community Hospital to highlight the difficulties many people experience while swallowing. The "soft lunch" was organised as part of the recent Nutrition and Hydration Week by the facilities team. This year's awareness week focused on how dysphagia – difficulty eating, drinking and swallowing – can affect people's lives.

### **Showcasing our allied health professionals**

In February a special showcase was held in the education centre, where a wide range of conference posters, created by our allied health professional (AHP) teams, were displayed. The event was a great success, raising awareness of the different roles of AHPs and provoking many interesting discussions with visiting staff. It was fantastic to celebrate the dynamic and positive influence that AHPs are having on the organisation as a whole, and it was great that community teams were part of it too. A huge thank you and credit to Laura Wilkes and Helen Else, who work in our library and knowledge services, who were very much the driving force behind creating this special and learning-centred event.

### **HelpForce launch event**

We held a launch event at Bury Town Football Club, to promote being a pilot site with the national initiative HelpForce. The morning was attended by a wide range of public and voluntary organisations representing the local community, and was a valuable opportunity for everyone to share ideas about developing volunteering opportunities within the community. Michelle Boor, community volunteers coordinator at our Trust, said: "The morning was very positive, and there was lots of interesting discussions. We now look forward to working with a smaller working group to develop new volunteering roles. The aim is create a more integrated approach to volunteering in line with the Trust vision." Today two new volunteers started at our Trust delivering a befriending role in the discharge waiting area. The role involves engaging in conversations with patients and building patients' confidence before they leave hospital.

### **Ward companion volunteers**

Our ward companion volunteer service was launched to offer company, compassionate listening and comfort to patients who are near the end of their lives and has been up and running for almost six months. Volunteers are available to spend time with patients identified by nursing staff, to help improve the patients' and their relatives' experience and to support nursing staff in the provision of compassionate care. The service has been very well received by staff, patients and their friends and families, and is currently available from Monday to Friday, 8.00am - 8.00pm. However, we will be looking to expand the role, both in volunteer numbers and also the coverage that can be offered.



## Build a joined-up future

### Tackling waste

The world faces an ever-increasing waste problem. In the UK alone we generate enough rubbish to fill Lake Windermere every nine hours! At WSFT we are working hard to reduce and segregate waste appropriately, and our aim is to increase opportunities for reuse and recycling. In 2016/17, we recycled 21% of our waste, some of which generated a small income for the Trust. We try not to use polystyrene cups, which are the most difficult to recycle, but use plastic and cardboard instead. And on many of our wards, re-useable plastic cups are used that are sterilised and safe to use again.

The recent introduction of reusable water bottles for every member of staff not only encourages you to keep hydrated, but also reduces the need for using disposable cups. We're exploring whether we can also offer reusable tea and coffee cups, so that we can reduce the number of cardboard cups we use too. A three-month plastic bottle recycling trial in Time Out and the Courtyard Café recently came to a close and really showed the positive changes we can make. Thanks to the support of staff and visitors, we successfully recycled more than five tonnes of plastic bottles. We are now reviewing our domestic waste contract and plan to implement longer-term recycling opportunities in the future.

### New partnership to treat chronic condition

It's been good to see joined-up working coming to fruition this month, as patients living with a little known long-term condition that causes painful swelling and restricted mobility have been benefitting from a new service. The West Suffolk Alliance Lymphoedema Service, which is run by ourselves and Suffolk GP Federation, is helping patients to manage their condition and lead independent lives. It's been running since October last year, but was officially launched a few weeks ago to coincide with a Lymphoedema Awareness Day run by Lymphoedema Support Suffolk.

The new service is based at Drover's House in Bury St Edmunds. It is led by a lymphoedema nurse consultant who is supported by two lymphoedema practitioners and one healthcare practitioner. Treatments are planned and agreed with the patient and include lymphatic drainage, multi-layered bandaging and compression and advice on exercise, positioning and skin care. One patient, who has been living with lymphoedema since she was 15, said of the service: "Just knowing the service is there has been a great relief. The support and advice that they're able to provide is a huge help." Another added: "This service is so invaluable to the community. The whole team have been incredibly supportive in helping me to manage and understand my condition." Testament indeed to what we can achieve when we work together, and truly put patients at the heart of what we do.

### Help avoid a double dip in blood donations

We worked with NHS Blood and Transplant (NHSBT) in urging current blood donors to help prevent a double dip in blood donations by making and keeping their appointments to give blood in the run up to Easter. Due to freezing weather and snow, many people have not been able to donate. The bad weather also led to some sessions being cancelled and NHSBT lost 6-7,000 units of blood - the equivalent of a whole days' worth of stock. On top of that, blood stocks are more likely to drop around public holidays like Easter when people go on holiday or enjoy days out with the family. Current blood stocks are vulnerable and NHSBT need donors to help make sure they have enough to supply what is needed to hospitals.

Working with the NHSBY we encouraged staff to make and keep their appointments by calling the Donor Line on **0300 123 23 23** or visit [www.blood.co.uk](http://www.blood.co.uk).

<b>REPORT TO:</b>	Council of Governors
<b>MEETING DATE:</b>	17 May 2018
<b>SUBJECT:</b>	Governor issues
<b>AGENDA ITEM:</b>	8
<b>PREPARED BY:</b>	Liz Steele, Deputy Lead Governor Richard Jones, Trust Secretary & Head of Governance
<b>PRESENTED BY:</b>	Liz Steele, Deputy Lead Governor
<b>FOR:</b>	Information

Response to feedback from Liz Steele, following informal Governors meeting on 1 May 2018.

- 1. Plastic Waste: A recent report raised the significant amount of disposable plastic, in particular cups, that the NHS throws away in the course of the year. It was reported that most of this is ending up in landfill. Can we be assured that the Trust is addressing this issue and that the introduction of reusable cups will be a priority with reasonable costs to staff? Added to this a focus on all waste that is 'thrown away'.**

Currently all disposable cups are disposed of through the 'domestic' waste stream. The Trust 'domestic waste' is sent to the Energy from Waste facility at Gt Blakenham. Bottom ash from this plant is processed onsite, metals are extracted for recycling and the remaining ash is used as a construction material, therefore currently we send **zero to landfill**.

On 16 April 2018 a scoping exercise was undertaken with a group of waste contractors prior to the re-procurement of a new domestic waste contract; the current contract expires on 31 August 2018. A key focus of the exercise was to highlight opportunities for recycling plastic, including drinks and milk bottles, plastic and foam cups, sterile water bottles from theatres, acid concentrate for haemodialysis bottles. Plastic recycling has been included in the tender specification for the new contract.

In March 2018 branded reusable plastic water bottles were made available to all members of staff. This is to ensure that staff are able to remain hydrated throughout their shifts, but should also reduce the number of disposable plastic cups purchased by the Trust. Using 2017/18 data as a bench mark, the Purchasing Department will monitor the volume of plastic cups ordered to measure the impact of the introduction of reusable water bottles.

An order has just been placed for reusable coffee cups which will be available for sale in the Timeout Restaurant. Cups will be competitively priced with the first cup of tea/coffee free and additional drinks having a reduction of 10p. This will potentially reduce the number of single use takeout coffee cups which have a plastic liner and cannot be easily recycled. The Catering Department have sourced wooden stirrers and environmentally friendly straws and will roll these out once the existing stocks of plastic stirrers and straws have been depleted.

- 2. Sugar Tax: The introduction of the sugar tax has seen a reduction in takings at the Friends Shop of at least £1,000. Can we be assured that if other trusts fail to sign up to this and therefore the tax is not taken up, that the Friends Shop and W.H. Smith will be governed by the same regulations to ensure equality in revenue?**

### Sugary Drinks

To encourage healthy living for NHS staff, patients and visitors; in 2017 NHS England launched a voluntary scheme with the aim for all NHS Trusts to reduce the sale of sugary drinks from their outlets to 10% of total litres sold by March 2018. WSFT complied for the outlets on site: Time Out Restaurant, Courtyard Café and the Friends Shop; as did W H Smith through all their relevant NHS stores. W H Smith forwarded copies of their direct correspondence with NHS England to confirm this.

NHS England is currently reviewing the sales data submitted to decide by June whether the voluntary scheme was enough to reduce sugary drinks sales, or whether a complete ban should be put in place from 1st July. If NHS England bans sugary drinks sold on NHS sites, this will apply to all outlets here, including W H Smith.

In preparation NHS England has built this into the NHS contract which specifies Trusts 'must use all reasonable endeavours' to ensure the ban is upheld by franchises plus 'make it a condition of any relevant lease taking effect from 1st July', which will be done.

If there is no ban then all parties will continue to adhere to the same current rule for sugary drinks not to exceed 10% of total litres sold.

### Confectionery

One of the NHS England CQUIN (Commissioning for Quality & Innovation) projects for last and this new financial year is again to encourage healthy lifestyles, via foods available to purchase.

For outlets on NHS sites there is now a rule in place regarding the proportion of display space allowed for confectionery over 250kcal per pack. WSFT and W H Smith agreed to comply and have adjusted shelves so that only 40% of large boxes or bags of sweets and chocolate is visible for choice. By March 2019 this will reduce to 20% allowed on display. Adherence to the rules is monitored on a regular basis and a report will be sent to WSCCG with evidence in April 2019, as it was for 2017-8.

### Additional Comments

- W H Smith, being larger, may appear to customers that there is more choice of sugary drinks (or sweets), meaning they choose to buy there, which is unfortunate for the Friends.
- Much work has been done to reduce sugary drink sales e.g. Friends shop for March was just 2%, which sets a good example. However, if there is no 'ban' on sugary drinks, if it helps, our Trust outlet stock could increase, as long as we do not go over the extra 8% of sales.

- 3. Smoking on site: There has been an increase in smokers gathering at the back entrance and smoking directly under the windows of the Rainbow Ward. Can we have assurance that there is a zero tolerance approach to smoking anywhere on site by staff and visitors, and that signage and challenge to offenders is taken seriously?**

Jan Bloomfield confirmed that we take the issue of smoking on site very seriously and encourage and support staff to challenge this behaviour. We will also support staff that experience violence or aggressive behaviour as a result of them challenging smoking on site.

- 4. Sterile Services: At a recent visit to the sterile services, a wonderful facility, it was noted that one of the units had already failed and, as spare parts had to come from Germany, this would be out of action for some time. Can we be assured that in the event of further failures in machinery, we have a contingency plan to ensure that operations etc would still be possible?**

SSD has a contingency plan for service interruption and the pan is regularly tested.

In addition we have been working with the supplier to ensure that basic spare parts are held in estates to minimise the impact of failure.

We have also developed a relationship with the supplier to ensure that we have a regular service team that attends site for routine maintenance and any breakdowns. It is also worth noting that the new unit has more capacity than the equipment located at Hospital Road site.

- 5. 6 months ago an enquiry was made concerning the availability of Halal meals. Can we have assurance that the needs of our diverse community will be catered for as soon as possible? Added to this can we have assurance, following the successful work concerning overnight rest space for staff, that now there will be work undertaken to look at the provision of hot food for those working through the night?**

Patient Meals:-

If a patient requires a Halal diet this would be covered by a vegetarian diet for the first day. Halal frozen meals are held in stock and these would then be made available for the next day.

Staff & visitor Meals-

A range of vegetarian dishes are made and served within the Timeout Restaurant, Sandwiches can be made to order and a range of salads are offered within a self-service salad bar. Halal specific meals are not purchased for use due to the increased cost of the dish ingredients.

Provisions for staff at night –

Within the Courtyard café there is a vender and pre-programmed microwave which offers a range of food which can be microwaved. The menu items are also at this time under review.

- 6. The introduction of the new voice recognition, note taking software, has given rise to concern from staff, about the potential reduction in medical secretaries. Can we have assurance that communication relating to this new initiative will be relayed to ALL staff?**

As executive sponsor for the project Jan Bloomfield confirmed that the Trust takes consultation and engagement with staff very seriously. Medical secretary engagement is a central part of the project plan and they were actively engaged in selecting the proposed product. Further engagement and consultation will take place as appropriate.

- 7. Some Board meetings ago a question was asked concerning the readmission of patients through ED. The medical director assured us that work had been undertaken and further work was being done. Can we be assured that the need to see patients and the need for beds has not compromised the number of readmissions within the hospital?**

We can provide assurance that pressures within ED have not impacted the readmissions of patients and this can be confirmed using data provided by the CCG which shows that readmissions fell slightly in 2017/18 compared to 2016/17.

- 8. The meeting felt that it would be useful next time to look at a more global and imminent issue that is on the horizon. The need for more homes, and the housing plans that already exist will put a great pressure, beyond what we have experienced this winter, on the hospital. Can we spend time on this issue, with perhaps presentations that would give us confidence that we are equipped to deal with our future needs.**

This can be considered as part of the population health item on the Council of Governor's

#### **Recommendation:**

To note issues raised and responses.

<b>REPORT TO:</b>	Council of Governors
<b>MEETING DATE:</b>	17 May 2018
<b>SUBJECT:</b>	Summary quality & performance report
<b>AGENDA ITEM:</b>	9
<b>PREPARED BY:</b>	Helen Beck, Interim Chief Operating Officer Rowan Procter, Chief Nurse Richard Jones, Trust Secretary & Head of Governance
<b>PRESENTED BY:</b>	Gary Norgate - Non-Executive Director
<b>FOR:</b>	Information - To update the Council of Governors on quality and operational performance

The performance for Q4 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**

<b>Are we safe?</b>	You are protected from abuse and avoidable harm.
<b>Are we effective?</b>	Your care, treatment and support achieves good outcomes, helps you to maintain quality of life and is based on the best available evidence.
<b>Are we caring?</b>	Staff involve and treat you with compassion, kindness, dignity and respect.
<b>Are we responsive?</b>	Services are organised so that they meet your needs.
<b>Are we well-led?</b>	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.

### **Quality walkabout summary for Q3**

During Q3 we visited the following areas, G1, outpatients, G4, Mortuary, F12, ED, F6, G5, F5, Education/outreach services, a total of ten different areas have been visited. These have been facilitated by the clinical governance team and have had attendance from the Chief Executive, Chair, Executive Chief Nurse, Medical Director and several governors have supported these walkabouts. These have been able to facilitate a real opportunity to observe, review and interact with both staff and patients.

Patient experiences have been good and many complimenting on the quality of the food and the availability and choice of the food. Some of the patients have described at times feeling frustrated by not always being clear on what is doing on with the plan of their care. These concerns and or confusions have been addressed whilst on the walkabout and patients been reassured as a result. All of our interactions have praised the hard working and dedication of the staff and many describe the compassion, caring and dedication of the staff that have treated them.

In total 26 actions have been raised as a result following walkabouts. These have involved items requiring escalation to Estates and Facilities, House Keeping, Senior Nursing and Medical teams and others have been able to be managed at the ward level.

One Red Risk has been agreed following a visit. The department was then supported and the matter addressed within one week with support of a successful short term solution and the commencement of a medium to long term plan project team.

The quality walkabouts have enabled staff to raise concerns or frustrations directly to senior leaders and also governors directly. This has received much positive feedback and we continue to plan our next quarters walkabout plan.

#### **Recommendation:**

To note the summary report.

# Summary quality & performance report

## Are we safe?

Within the **safety dashboard** 15/34 indicators for which data was available were reported as 'green' throughout Q4, including:

- Response to patient safety alerts
- Never events – zero reported
- Infection prevention indicators – central venous catheter insertion and ongoing care, peripheral cannula insertion, preventing surgical site infection pre-operative, ventilator associated pneumonia, urinary catheter insertion
- Quarterly environmental isolation
- MRSA (including admission and length of stay screens)
- Avoidable serious injuries/deaths from falls
- Percentage of avoidable ward acquired pressure ulcers
- Safety thermometer harm free care (new harms)
- Risk register red/amber risks action completion
- Quarterly environmental isolation.

### Areas for improvement

- The Tissue Viability team continue to maintain visibility and support ward teams and are promoting **pressure ulcer prevention** via bite size teaching sessions and one to one education, promoting awareness to improve staff knowledge and practice in promoting skin health and integrity. Active promotion by TVNs and Senior Matrons of elements of the SKIN bundle, specifically focussing on promoting regular position changes and appropriate use of reassure relieving equipment. Ongoing focus on the 'heel heroes' campaign, promoting heel protection and ensuring teams are aware of those patients who have increased risk of developing damage. Staff engagement via the Pressure ulcer prevention focus group, aiming to put pressure ulcer prevention at the forefront of care. Senior Matrons continue to monitor the implementation of pressure ulcer prevention and have commenced using the 'Perfect Ward' to ensure appropriate risk assessments and care plans are in place. Ongoing promotion to use the correct continence products and educating staff not to use procedure sheets inappropriately to minimise moisture damage. Reduction of stock of procedure sheets across all wards. Active encouragement to achieve timely investigations and learning from incidents by Head of Nursing. Tissue Viability team are exploring the concept of Kennedy grading for end of life patients.
- There were a total of 206 falls reported during Q4, none of those resulting in significant harm were found to be avoidable. The **Falls Focus Group** continues to meet on a bi-monthly basis. We have distributed 'falls pocket cards' for staff and are reissuing the Royal College of Physicians information booklet for patients and carers. There are now three options of footwear available to aid safe mobility. e-Care has been updated to allow lying and standing BP to be recorded as per NICE guidance – timely capture of this information will be a focus going forward. Falls care plans on e-Care are also being reviewed. All amber rated falls will now be subject to a level 1 concise root cause analysis (RCA) investigation to ensure appropriate learning. The options for a falls prevention study day are currently being reviewed.
- The timely reporting and investigation of cases reported as a **Serious incident (SIs)** remains a challenge. These are national targets and are monitored by the CCG. Changes in reporting requirements associated with the community teams and pressures of work in the wards have led to some delays around reporting, including the investigation of 'in our care' pressure ulcers.

## Are we effective?

Within the **effective dashboard** 4/9 indicators for which data was available were reported as 'green' for each month in Q4, including:

- Management of the central alerts system (CAS)
- WHO checklist compliance
- Cancer two week wait services available on choose and book
- Operations cancelled for the second time.

### Areas for improvement

- Clear and complete documentation in a patient's health record is directly linked to the quality of care they receive. A discharge summary group meets on a weekly basis to drive improvement through key operational areas. The medical director has indicated that improvement will be delivered in Q1 2018-19
- We continue to struggle to offer patients appointments following a **cancelled operation within 28 days**. Despite the challenges of winter we have seen improved performance for the quarter with each month delivering in excess of 90% performance (94.70%, 96.55% and 91.67% respectively).

## Are we caring?

Within the **caring dashboard** 21/25 indicators for which data was available were reported as 'green' throughout Q4.

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

### Areas for improvement

- While it is positive that we continue to see high numbers of PALS enquiries the **complaints responses times** remain challenging. This reflects the operational pressures during this period and the capacity of the patient experience team.



## Are we responsive?

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	Q4	Q3	Q2	Q1
Referral to treatment time, 18 weeks in aggregate, incomplete pathways	92%	89.76%	88.32%	85.85%	81.77%*
RTT waiter over 52 weeks for incomplete pathway	0	51	62	90	44
A&E Clinical Quality - Total Time in A&E under 4 hours	95%	84.77%	87.02%	90.54%	95.12%
Cancer 62 Day Waits for first treatment (from urgent GP referral)	85%	84.67%	89.28%	85.41%	85.79%
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral)	90%	91.50%	94.44%	96.23%	97.56%
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%	100%	99.75%	100%	100%
Cancer 2 week (all cancers)	93%	97.41%	92.79%	94.12	94.2%
Cancer 2 week (breast symptoms)	93%	94.14%	99.71%	98.81	94.5%
C. diff due to lapses in care (YTD)	16	3	10	3	3

\* Estimated data due to reporting issues

### Areas for improvement

- Performance against the **ED four hour standard** during 2017-18 was extremely challenging - flow through the hospital affected our ability to deliver with planned escalation capacity unable to meet the level of demand requiring 'surge' beds to be open for prolonged periods. We had recognised the challenge and in planning for winter we put in place a number of initiatives to support and improve patient flow:
  - established escalation capacity with two assessment bays on ward F8 (acute assessment area) open 24/7 and the winter escalation ward on G9
  - introduced a surgical ambulatory emergency care (AEC) service to sit alongside the medical AEC service
  - established a discharge waiting area, including capacity for patients on beds.

These arrangements were in addition to the plans and procedures we had put in place during the year by embedding Red2Green as a day-to-day part of what we do, supported by a series of initiatives to help our patients get fit and well as soon as possible e.g. ending PJ paralysis to get patients up and moving, our red bag scheme, and our support to go home service. The support to go home service saved us more than 150 bed days in its first month. We also held out fourth 'perfect week' across the whole service. A joint-initiative was also implemented to help care home residents receive quicker and more effective care should they need to come into hospital. Care home residents in east and west Suffolk are set to benefit from the new 'Red Bag' scheme; the bag contains important medical information, medication and personal items packed by care home staff, and transferred to the hospital via ambulance colleagues.

Weekly multi-disciplinary team (MDT) reviews are also held of stranded patients (inpatients that have been in hospital for seven days or more), and those patients with the longest length of stay (31 days or more). This is part of a wider programme of work to ensure that the care we provide to patients is as coordinated and efficient as possible, to avoid unnecessary delays for inpatients, and helping us to provide emergency department (ED) and inpatient services safely over winter and beyond.

The Trust also set an aspiration and ambition for each ward to discharge at least two 'golden' patients out of their total daily discharges before 10.00am each day. Patients should be discharged either out of hospital or to the discharge waiting area.

We have reflected on the lessons from winter 2017-18 and are already putting in place plans for next winter to ensure that we create bed capacity aligned with staffing plans, grip process and capacity within ED and the organisation as a whole and work with system partners to ensure plans are effectively integrated.

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

The launch of e-Care in May 2016 impacted on our ability to report performance against a number of quality standards, including the referral to treatment (18 week) standard. During 2017-18 we addressed these difficulties and established a functional patient tracking list (PTL) within e-Care. Availability of patient level data has informed targeted action to significantly improve referral to treatment (RTT) performance during the year – from 79.7% in May '17 to 89.6% in Feb '18.

In response to winter pressures we significantly reduced our elective programme in January and February 2018. This has impacted on performance and has meant that we have had to review our original plans and improvement trajectory. Plans are being finalised to recover the 92% RTT standard by October 2018.

- **Cancer performance** - the Trust failed to deliver two week wait from referral to date first seen for symptomatic breast patients during the quarter. The YTD performance for all cancer targets is better than the national standard.

## Are we well-led?

Within the **well-led dashboard** 23/33 indicators for which data was available were reported as 'green' throughout Q4, including:

- Turnover (rolling 12 months)
- Executive Team Turnover (Trust Management)
- Agency Spend
- Proportion of Temporary Staff
- Vacancies
- Recruitment timescales
- DBS checks
- Trust Participation in on-going National Audits (quarterly)
- 15 of the 22 mandatory training requirements

### Areas for improvement

- All Staff to have an **appraisal** - The appraisal compliance percentage (63% in March) has risen significantly since moving to the new process of recording. All executives have improvement in appraisal as part of their objectives for 2018-19.

<b>REPORT TO:</b>	Council of Governors
<b>MEETING DATE:</b>	17 May 2018
<b>SUBJECT:</b>	Summary Finance & Workforce Report
<b>AGENDA ITEM:</b>	10
<b>PREPARED BY:</b>	Louise Wishart, Assistant Director of Finance
<b>PRESENTED BY:</b>	Angus Eaton, Non-Executive Director
<b>FOR:</b>	Information - update on Financial Performance

## EXECUTIVE SUMMARY:

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

- The Q4 position reports a YTD loss of £0.3m, against a planned loss of £5.9m.
- This position includes STF funding of £9.6m.
- The Use of Resources Rating (UoR) is 2 YTD (1 being highest, 4 being lowest)

### Key risks

- The Q4 position is subject to audit and includes significant estimates and judgements.
- The £9.6m STF income includes £2.2m incentive STF and £3.1m bonus STF which may not be received if there is a material change to the post audit outcome

### I&E headlines for March 2018

The reported I&E for March 2018 is a surplus of £7.6m, against a planned deficit of £0.7m. This results in a favourable variance of £6.9m.

The favourable variance YTD before STF was £1.2m which was largely due to additional income from the CCG. Additional STF was then received for the financial performance offset by a loss of STF for failure to meet targets in ED in Q3 and Q4.

## 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 2 cumulatively to March 2018.

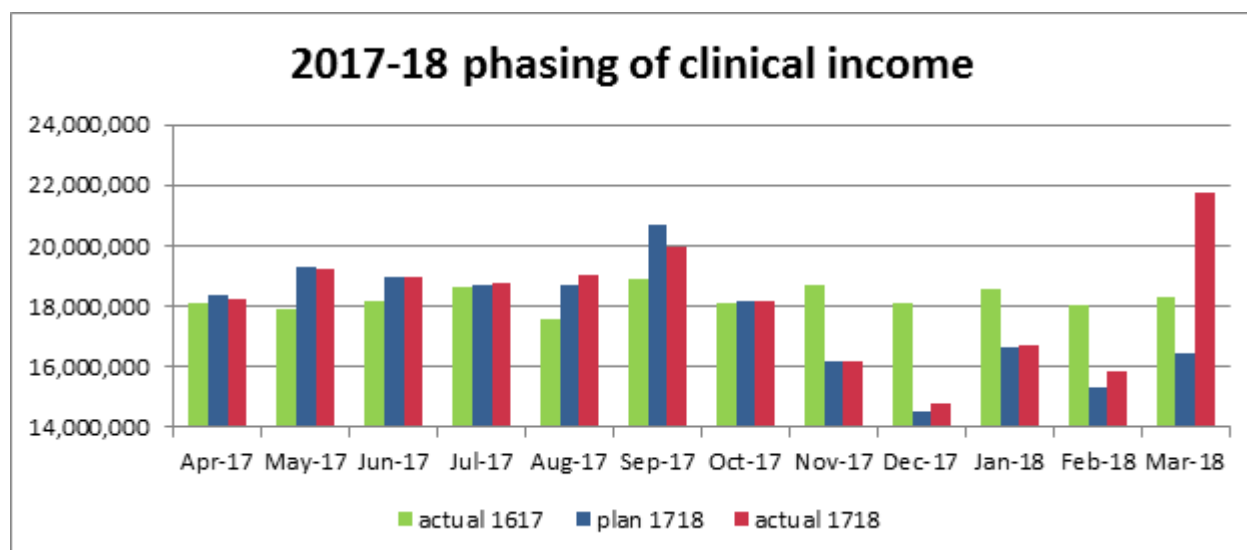
Metric	Value	Score
Capital Service Capacity rating	2.266	2
Liquidity rating	-3.976	2
I&E Margin rating	0.20%	2
I&E Margin Variance rating	2.50%	2
Agency	-40.33%	1
<b>Use of Resources Rating after Overrides</b>		<b>2</b>

## 2. Performance against I & E plan

SUMMARY INCOME AND EXPENDITURE ACCOUNT - March 2018	Mar-18			Year to date		
	Budget	Actual	Variance	Budget	Actual	Variance
	£m	£m	£m	£m	£m	£m
NHS Contract Income	15.8	16.1	0.2	206.8	207.4	0.6
Other Income	2.4	3.7	1.4	35.0	36.4	1.4
<b>Total Income</b>	<b>18.2</b>	<b>19.8</b>	<b>1.6</b>	<b>241.8</b>	<b>243.8</b>	<b>2.0</b>
Pay Costs	12.4	12.4	(0.1)	146.7	147.3	(0.6)
Non-pay Costs	6.6	5.6	1.0	99.1	99.2	(0.2)
<b>Operating Expenditure</b>	<b>18.9</b>	<b>18.1</b>	<b>0.9</b>	<b>245.7</b>	<b>246.6</b>	<b>(0.8)</b>
Contingency and Reserves	0.0	0.0	0.0	0.0	0.0	0.0
<b>EBITDA excl STF</b>	<b>(0.8)</b>	<b>1.7</b>	<b>2.5</b>	<b>(3.9)</b>	<b>(2.7)</b>	<b>1.1</b>
Depreciation	0.6	0.2	0.4	5.6	5.0	0.6
Finance costs	0.1	0.3	(0.2)	1.6	2.1	(0.5)
<b>SURPLUS/(DEFICIT) pre S&amp;TF</b>	<b>(1.4)</b>	<b>1.1</b>	<b>2.6</b>	<b>(11.1)</b>	<b>(9.9)</b>	<b>1.2</b>
<b>Sustainability and Transformation Funding</b>						
S&T funding - Financial Performance	0.4	0.4	0.0	3.6	3.7	0.1
S&T funding - A&E Performance	0.3	0.0	(0.3)	1.6	0.6	(1.0)
S&T funding - Incentive		2.2	2.2		2.2	2.2
S&T funding - Bonus		3.1	3.1		3.1	3.1
<b>SURPLUS/(DEFICIT) incl S&amp;TF</b>	<b>(0.7)</b>	<b>6.8</b>	<b>7.5</b>	<b>(5.9)</b>	<b>(0.3)</b>	<b>5.6</b>

## Performance against Income plan

The chart below summarises the phasing of the clinical income plan for 2017-18, including Suffolk Community Health. This phasing is in line with activity phasing and does not take into account the block payment but does include Sustainability and Transformation income which is the reason for the significant increase in March 2018.



Income (£000s)	Current Month			Year to Date		
	Plan	Actual	Variance	Plan	Actual	Variance
Accident and Emergency	728	709	(20)	8,134	8,546	412
Other Services	2,120	1,883	(237)	29,670	26,712	(2,958)
CQUIN	314	326	12	3,618	3,677	58
Elective	2,669	2,912	242	31,374	32,298	924
Non Elective	5,521	5,770	249	61,654	64,476	2,822
Emergency Threshold Adjustment	(293)	(414)	(121)	(3,454)	(4,073)	(619)
Outpatients	2,722	2,831	109	32,613	32,034	(580)
Community	2,046	2,046	0	43,208	43,752	544
<b>Total</b>	<b>15,828</b>	<b>16,063</b>	<b>235</b>	<b>206,818</b>	<b>207,422</b>	<b>604</b>

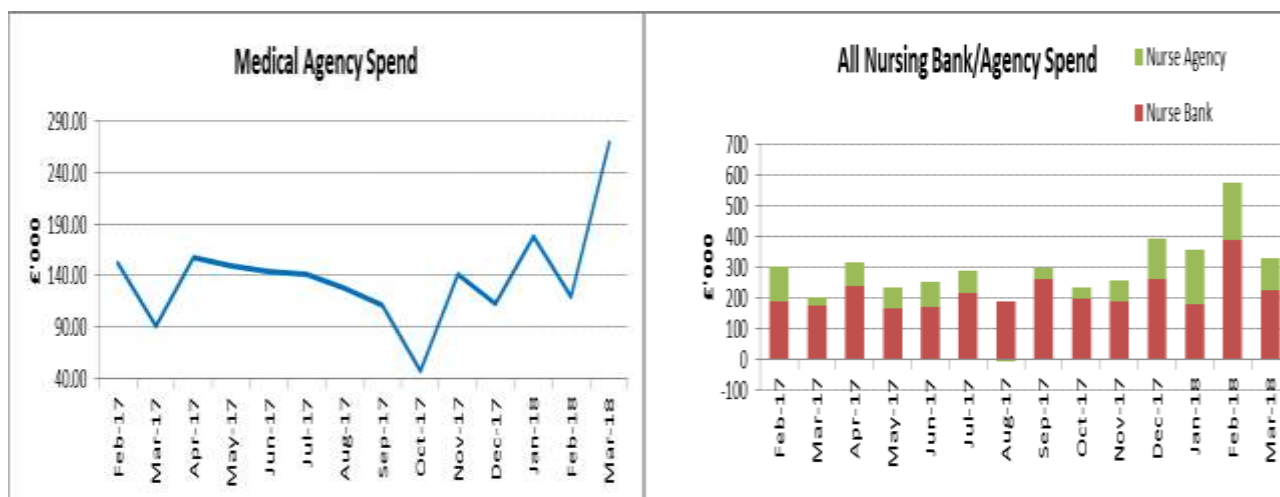
### 3. Performance against Expenditure plan - Workforce

Monthly Expenditure Acute services only				
As at March 2018	Mar-18	Feb-18	Mar-17	YTD 2017-18
	£'000	£'000	£'000	£'000
<b>Budgeted costs in month</b>	<b>10,856</b>	<b>10,477</b>	<b>10,839</b>	<b>130,644</b>
<b>Substantive Staff</b>	<b>9,677</b>	<b>9,626</b>	<b>9,570</b>	<b>116,625</b>
Medical Agency Staff (includes 'contracted in' staff)	258	110	81	1,560
Medical Locum Staff	176	363	153	3,066
Additional Medical sessions	211	235	176	3,065
Nursing Agency Staff	89	170	(7)	999
Nursing Bank Staff	212	364	201	2,525
Other Agency Staff	52	(78)	130	660
Other Bank Staff	110	(2)	113	1,503
Overtime	117	114	92	1,252
On Call	49	29	41	618
<b>Total temporary expenditure</b>	<b>1,276</b>	<b>1,306</b>	<b>980</b>	<b>15,248</b>
<b>Total expenditure on pay</b>	<b>10,953</b>	<b>10,932</b>	<b>10,550</b>	<b>131,873</b>
<b>Variance (F(A))</b>	<b>(97)</b>	<b>(455)</b>	<b>289</b>	<b>(1,230)</b>
<b>Temp Staff costs % of Total Pay</b>	<b>11.6%</b>	<b>11.9%</b>	<b>9.3%</b>	<b>11.6%</b>
<b>Memo : Total agency spend in month</b>	<b>399</b>	<b>202</b>	<b>204</b>	<b>3,219</b>

Monthly whole time equivalents (WTE) Acute Services only			
As at March 2018	Mar-18	Feb-18	Mar-17
	WTE	WTE	WTE
<b>Budgeted WTE in month</b>	<b>3,086.1</b>	<b>2,920.6</b>	<b>3,019.2</b>
<b>Employed substantive WTE in month</b>	<b>2757.47</b>	<b>2748.07</b>	<b>2732.49</b>
Medical Agency Staff (includes 'contracted in' staff)	21.73	9.86	7.65
Medical Locum	16.13	22.03	13.86
Additional Sessions	16.6	19.22	18.42
Nursing Agency	23.52	33.78	11.49
Nursing Bank	72.42	80.19	65.77
Other Agency	11.77	11.17	28.27
Other Bank	50.88	58.5	57.44
Overtime	38.28	43.53	44.75
On call Worked	5.86	7.37	6.83
<b>Total equivalent temporary WTE</b>	<b>257.2</b>	<b>285.7</b>	<b>254.5</b>
<b>Total equivalent employed WTE</b>	<b>3,014.7</b>	<b>3,033.7</b>	<b>2,987.0</b>
<b>Variance (F(A))</b>	<b>71.4</b>	<b>(113.2)</b>	<b>32.3</b>
<b>Temp Staff WTE % of Total Pay</b>	<b>8.5%</b>	<b>9.4%</b>	<b>8.5%</b>
<b>Memo : Total agency WTE in month</b>	<b>57.0</b>	<b>54.8</b>	<b>47.4</b>
<b>Sickness Rates</b>	<b>3.75%</b>	<b>3.56%</b>	<b>3.66%</b>
<b>Mat Leave</b>	<b>2.21%</b>	<b>2.20%</b>	<b>2.2%</b>

Monthly Expenditure Community Service				
As at March 2018	Mar-18	Feb-18	Mar-17	YTD 2017-18
	£'000	£'000	£'000	£'000
<b>Budgeted costs in month</b>	<b>1,532</b>	<b>1,530</b>	<b>1,078</b>	<b>15,926</b>
<b>Substantive Staff</b>	<b>1,428</b>	<b>1,461</b>	<b>1,074</b>	<b>14,661</b>
Medical Agency Staff (includes 'contracted in' staff)	11	9	10	138
Medical Locum Staff	3	4	3	40
Additional Medical sessions	0	0	0	0
Nursing Agency Staff	15	5	1	37
Nursing Bank Staff	12	13	8	178
Other Agency Staff	27	1	43	224
Other Bank Staff	(12)	9	9	84
Overtime	6	5	5	60
On Call	3	3	2	24
<b>Total temporary expenditure</b>	<b>66</b>	<b>48</b>	<b>81</b>	<b>786</b>
<b>Total expenditure on pay</b>	<b>1,494</b>	<b>1,509</b>	<b>1,155</b>	<b>15,447</b>
<b>Variance (F(A))</b>	<b>38</b>	<b>21</b>	<b>(78)</b>	<b>479</b>
<b>Temp Staff costs % of Total Pay</b>	<b>4.4%</b>	<b>3.2%</b>	<b>7.0%</b>	<b>5.1%</b>
<b>Memo : Total agency spend in month</b>	<b>53</b>	<b>14</b>	<b>54</b>	<b>399</b>

Monthly whole time equivalents (WTE) Community Services			
As at March 2018	Mar-18	Feb-18	Mar-17
	WTE	WTE	WTE
<b>Budgeted WTE in month</b>	<b>496.6</b>	<b>496.6</b>	<b>359.2</b>
<b>Employed substantive WTE in month</b>	<b>441.63</b>	<b>433.43</b>	<b>342.7</b>
Medical Agency Staff (includes 'contracted in' staff)	0.69	0.65	1.1
Medical Locum	0.35	0.35	0.4
Additional Sessions	0.00	0.00	0.0
Nursing Agency	2.74	2.58	0.2
Nursing Bank	3.96	4.97	2.9
Other Agency	6.69	3.27	13.0
Other Bank	1.25	1.04	2.6
Overtime	1.85	2.37	2.5
On call Worked	0.00	0.01	0.1
<b>Total equivalent temporary WTE</b>	<b>17.53</b>	<b>15.24</b>	<b>22.6</b>
<b>Total equivalent employed WTE</b>	<b>459.16</b>	<b>448.67</b>	<b>365.3</b>
<b>Variance (F(A))</b>	<b>37.44</b>	<b>47.93</b>	<b>(6.1)</b>
<b>Temp Staff WTE % of Total Pay</b>	<b>3.8%</b>	<b>3.4%</b>	<b>6.2%</b>
<b>Memo : Total agency WTE in month</b>	<b>10.1</b>	<b>6.5</b>	<b>14.3</b>
<b>Sickness Rates (Feb / Jan)</b>	<b>3.56%</b>	<b>3.82%</b>	<b>4.59%</b>
<b>Mat Leave</b>	<b>2.41%</b>	<b>1.55%</b>	<b>0.8%</b>



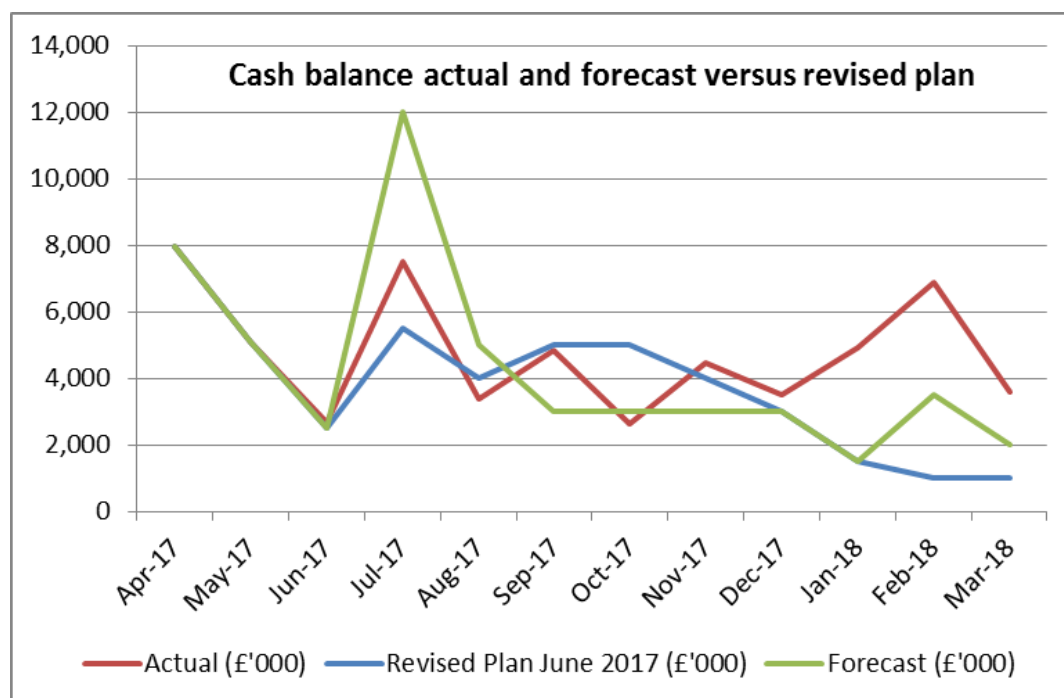
#### 4. Balance Sheet

##### STATEMENT OF FINANCIAL POSITION

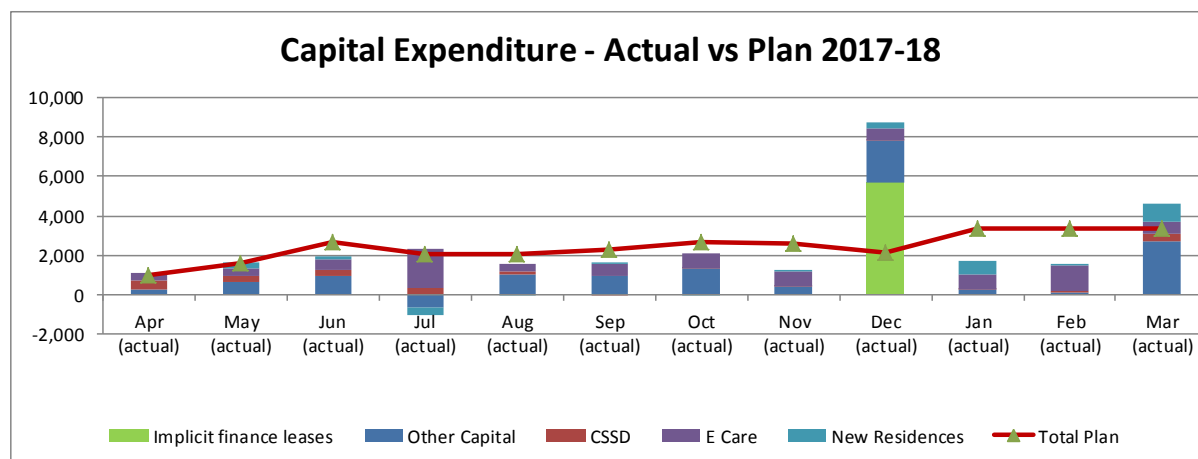
	As at 1 April 2017 * £000	Plan 31 March 2018 £000	Plan YTD 31 March 2018 £000	As at 31 March 2018 £000	Variance YTD 31 March 2018 £000
Intangible assets	15,611	19,711	19,711	21,534	1,823
Property, plant and equipment	74,053	94,189	94,189	95,329	1,140
Trade and other receivables	0	0	0	2,472	2,472
Other financial assets	0	0	0	0	0
<b>Total non-current assets</b>	<b>89,664</b>	<b>113,900</b>	<b>113,900</b>	<b>119,334</b>	<b>5,434</b>
Inventories	2,693	2,600	2,600	2,712	112
Trade and other receivables	18,345	11,700	11,700	21,590	9,890
Non-current assets for sale	0	0	0	0	0
Cash and cash equivalents	1,352	1,000	1,000	3,600	2,600
<b>Total current assets</b>	<b>22,390</b>	<b>15,300</b>	<b>15,300</b>	<b>27,902</b>	<b>12,602</b>
Trade and other payables	(23,434)	(28,195)	(28,195)	(24,964)	3,231
Borrowing repayable within 1 year	(534)	(1,796)	(1,796)	(3,273)	(1,477)
Current ProvisionsProvisions	(61)	(61)	(61)	(94)	(33)
Other liabilities	(1,325)	(295)	(295)	(973)	(678)
<b>Total current liabilities</b>	<b>(25,354)</b>	<b>(30,347)</b>	<b>(30,347)</b>	<b>(29,305)</b>	<b>1,042</b>
<b>Total assets less current liabilities</b>	<b>86,700</b>	<b>98,853</b>	<b>98,853</b>	<b>117,932</b>	<b>19,079</b>
Borrowings	(44,375)	(55,951)	(55,951)	(63,957)	(8,006)
Provisions	(181)	(158)	(158)	(124)	34
<b>Total non-current liabilities</b>	<b>(44,556)</b>	<b>(56,109)</b>	<b>(56,109)</b>	<b>(64,081)</b>	<b>(7,972)</b>
<b>Total assets employed</b>	<b>42,144</b>	<b>42,744</b>	<b>42,744</b>	<b>53,851</b>	<b>11,107</b>
<b>Financed by</b>					
Public dividend capital	59,232	65,732	65,732	65,803	71
Revaluation reserve	3,621	3,621	3,621	8,021	4,400
Income and expenditure reserve	(20,709)	(26,609)	(26,609)	(19,973)	6,636
<b>Total taxpayers' and others' equity</b>	<b>42,144</b>	<b>42,744</b>	<b>42,744</b>	<b>53,851</b>	<b>11,107</b>

The cash at bank as at the end of March 2018 is £3.6m.

## 5. Cash flow forecast for the year compared to actual



## 6. Capital Progress Report



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	2017-18
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
E Care	415	382	567	1,990	369	637	787	764	629	773	1,324	609	9,246
CSSD	384	283	319	352	197	-10	8	12	26	2	32	341	1,947
New Residences	0	284	140	-373	-33	68	-9	26	300	655	69	968	2,094
Implicit finance leases	0	0	0	0	0	0	0	0	5,667	0	0	0	5,667
Other Schemes	296	665	922	-684	1,009	914	1,292	397	2,154	279	141	2,727	10,112
<b>Total / Forecast</b>	<b>1,095</b>	<b>1,613</b>	<b>1,947</b>	<b>1,285</b>	<b>1,542</b>	<b>1,610</b>	<b>2,078</b>	<b>1,199</b>	<b>8,777</b>	<b>1,710</b>	<b>1,566</b>	<b>4,645</b>	<b>29,066</b>
<b>Total Plan</b>	<b>1,012</b>	<b>1,568</b>	<b>2,673</b>	<b>2,034</b>	<b>2,058</b>	<b>2,283</b>	<b>2,643</b>	<b>2,612</b>	<b>2,103</b>	<b>3,365</b>	<b>3,365</b>	<b>3,363</b>	<b>29,082</b>

The capital programme for the year compared to actual expenditure is shown in the graph and table above.

The capital budget for the year was approved by the Trust Board in March 2017 at £28,082k. This was increased by:

- £1m for ED Primary Care Streaming following a successful bid. The balance of this scheme was funded from the capital contingency fund.
- £571k in respect of IT. £250k of this funding was brought forward from 2018/19 but £321k was additional funding for cyber security.

The CSSD build is now complete within the forecast build cost of £1.6m for the year. The delay in the implementation has meant that the value of interest capitalised has increased. The final outstanding expenditure on this project relates to the payment of retentions and some monies withheld pending satisfactory completion of minor works.

Expenditure on e-Care for the year to date is £9,246k. Overall the Trust is receiving £10m external funding. The first two payments have been received this year and the last will be received in 2018/19.

Other schemes include ED primary care streaming, roof replacement, urology relocation, catheterisation laboratory, compartmentation and voice recognition.

Year to date the overall expenditure of £29,066k is below the plan of £29,653k.

**Recommendation:**

To note the summary report.



<b>REPORT TO:</b>	Council of Governors
<b>MEETING DATE:</b>	17 May 2018
<b>SUBJECT:</b>	Feedback from STP Leaders Event
<b>AGENDA ITEM:</b>	13
<b>PRESENTED BY:</b>	Liz Steele, Deputy Lead Governor
<b>FOR:</b>	Information

West Suffolk Foundation Trust was represented by 9 members, 4 Governors (Peter Alder, Justine Corney, Adrian Osborne, Liz Steele), 2 NEDs, 3 Directors.

The Agenda for the day was very full. It was explained having been told to switch off our phones that we would need to vote at various points during the day and also submit our own 'Ambitions', using our phones!!

There were six main areas during the day

1. The real challenge of deprivation
2. Could zero suicide be a reality
3. Shifting the Blame for Obesity
4. Changing the story of Admissions
5. Proactive about end of life care
6. Ageing and living at home

Each if these sections were divided once again and in all there was a total of 20 different speakers.

This is an indication that the whole day was too full. The main idea was that by the end of the day we would have approximately 18 ambitions that the STP could then work on in the future.

It became clear that the main objective would be to put in resources and ideas that would work towards alleviating the need for medical intervention later on. One example of this was the stark reality that the biggest number of anaesthetics are given to children for the removal of their teeth. If we were to rid the problem at the source and work on educating parents and children, we would reduce this problem. This would also have a knock on in another area and that is obesity.

Much of the talk revolved around the issues that areas of Essex are affected by. Tendering was mentioned many times and in particular regarding housing. An interesting fact was that if we heated all homes efficiently we would save £800,000,000 a year in NHS costs.

There was information regarding GPs in Canvey Island and the fact that they rely on Locums and will soon be without a permanent doctor. This could also be said to be the same in Suffolk in different areas in particular Haverhill.

It is clear that by working together with Social care and other organisations efforts the issue of housing etc would be easier to handle.

A fact that is a stark reality is that by the year 2039 a third of adults will be over the age of 65. This will be particularly obvious in Suffolk where the number of retired people is already greater than other areas.

It is vital that Good employment is strived for as there is a serious connection between low pay and low attainment in Education.

We had a section on Counter Terrorism and the need for us all to be vigilant and on alert when dealing with people in whatever field of work we are involved in. (Not sure what we can do about this within the STP)

### **Zero Suicides**

We had a section on whether zero suicides are an option. The speaker felt that it would be possible if we worked closely if we adopted the policy 'no force first'.

We had a section on well-being in Primary Schools. It was felt that if we operated a Well Being package in school this would help with the well-being later in life and this would help with the suicide rates.

### **Bariatric Surgery**

The consultant who talked about this area was passionate about the fact that obesity is killing us all. We need to treat this as an illness that if dealt with could save the NHS a vast amount of money in many areas particularly diabetes. Examples were given that highlighted the fact that many people who underwent the surgery were cured of diabetes and this would save a great deal of money. The number of cases of sleep apnoea with machines being used has increased a great deal and is more often than not caused through obesity. The operation itself is not expensive but the number of people referred through and getting surgery is very minimal.

### **Cancer Patients**

In general cancer patients do not have to be admitted to hospital

### **Being Mortal**

We watched a film called Being Mortal

### **Dying**

There are Nearly 10,000 years a year and out of these 60 to 65 % would have benefited from palliative care.

All areas have a form of supporting this with different documents (Yellow folder, My Care register) 1 in 3 who die have contact with a hospice and are not in hospital.

The decline in the care services means that people are dying away from where they want to be. Our situation has declined.

### **St Nicholas Hospice**

It was raised that families could help with their loved one's care in particular being trained to give injections etc.

### **Eleanor Eliphont**

Loneliness is a very serious issue as people get older and  
Talk talk talk is what we should be doing.  
Who can help to address the loneliness

The hairdresser,  
The librarian,  
The doctors' surgeries,  
The pharmacist

The spread of Social Media is in fact the cause of loneliness when people feel they only communicate via computer etc.

At the end of the afternoon the following Ambitions were decided upon:

### **Deprivation**

1. To ensure that every person working in health and social care considers it their responsibility to support improving Mental Health in the local population.
2. Eradicate Child Poverty – support, finance, role models, education, health outcomes, and employment outcomes improve.
3. Reduce inequality in life expectancy in all STP districts to that of the best.

### **Suicide and Obesity**

1. Well-being hubs in all our schools
2. Enable easy access to those with mental health /emotional concerns.
3. One year of zero suicides.

### **Obesity**

1. Access to local bariatric services including surgery for our population in line with national guidance.
2. Eliminate obesity in staff working in Education, health, and social care within 5 years.
3. Educate people that obesity causes cancer, diabetes, and cardiovascular diseases.

### **Cancer**

1. 100% uptake on screening for breast, bowel, and cervical screening.
2. No patient diagnosed with Cancer through an unplanned hospital admission.
3. Reduce cancer incidence in Tendering to the STP average within 5 years.

### **End of Life**

1. At least halve the number of people dying in hospital.
2. Every patient making choices for end of life care has all the information they (and their families/carers) needs.
3. Guarantee the best experience for everyone at the end of life.

### **Ageing and Living Alone**

1. Good Neighbour or similar schemes available in every local community in the STP.
2. Create more (multi-skilled) place-based roles to meet the needs of patients better.
3. Become a world-leading region for technology to address isolation.

<b>REPORT TO:</b>	Council of Governors
<b>MEETING DATE:</b>	17 May 2018
<b>SUBJECT:</b>	Annual Quality Report 2017-18
<b>AGENDA ITEM:</b>	14
<b>PRESENTED BY:</b>	Richard Jones, Trust Secretary
<b>DATE PREPARED:</b>	4 May 2018
<b>FOR:</b>	Approval of Governors commentary for inclusion in report

## Summary

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

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

As part of the Quality Report governors and other partners are invited to provide formal commentary for inclusion in the final report. The group identified to review the Annual Quality Report drafted the proposed commentary for inclusion in the report (**Annex A**).

## Recommendation

The Council of Governors is asked to:

- Thank Peter Alder, Jane Skinner, Florence Bevan and Martin Wood for their support in reviewing the annual quality report and drafting the attached draft commentary
- Review and approve the draft commentary for inclusion in the WSFT's Annual Quality Report.



## **Annex A: WSFT Council of Governors commentary for inclusion in the Annual Quality Report 2017-18**

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

The Governors are keen to harness the power of our local community and use the Trust's position in Suffolk health and care system to promote and integrate services for the local population.

During 2017/18 we have strengthened our work through:

- **Engagement with members and public:**
  - Regular contact with patients and their supporters
  - Capturing patients' feedback, at monthly Courtyard Cafe feedback surveys, sharing this with hospital management and receiving updates on action taken
  - Encouraging the public to join as members of the Foundation Trust and engaging with more than 6,000 public members to take an interest in the hospital
  - Providing support for planning and delivery of external public meetings and events, including annual members meeting and medicine for members.
- **Review of care and services provided:**
  - Taking part in 'Quality Walkabouts' enables Governors to talk to staff (and patients) about implementation of changes and what actions have or have not been followed up.
  - Taking part in "Environmental Walkabouts" enables Governors to view the hospital and community facilities from a viewpoint of patients and visitors, such as matters of cleanliness, ease of access, direction boards and information panels/notices.
- **Working with the board:**
  - Regular attendance at Trust Board meetings, where we are encouraged to ask questions and report back to all Governors on outcomes of these discussions
  - Attending Board meetings has also educated Governors on key clinical areas and developments
  - Working with the non-executive directors (NEDs) a two way exchange of intelligence gathered and areas for improvement
  - Regular workshops focused on key developments within the operational plan
  - Completed on schedule the appraisals of all NEDs
  - Engagement with the CQC inspection team as part of the planned inspection which rated the Trust as 'Outstanding'
  - Holding the board to account through the NEDs by requesting assurance on areas of concern; such as pathology services as well as quality, operational and financial performance
  - During 2017-18 appointed two NEDs and the new Chair.
- **Development of knowledge and skills:**
  - Agreed training and develop programme, including externally facilitated induction programme following governor elections
  - Attending training internal and external events to support learning and development
  - Informal meetings of Governors, arranged by the Lead Governor, to ensure effective working relationships and preparations for meetings.

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

We would like to take this opportunity to thank all the staff and volunteers for their considerable dedication and hard work which has made the West Suffolk NHS Foundation Trust the respected and valued institution that it is. The positive relationship between governors and the board helps to make the West Suffolk Hospital and community services very special for patients, the public and staff. The governors recognise the importance of the developing relationship with the West Suffolk Alliance to manage and deliver community services and facilities in the west of Suffolk. The governors recognise the importance of developing their relationship with patients and staff that utilise and serve these valuable services outside the West Suffolk Hospital.

<b>REPORT TO:</b>	Council of Governors
<b>MEETING DATE:</b>	17 May 2018
<b>SUBJECT:</b>	Report from Nominations Committee, 19 April 2018
<b>AGENDA ITEM:</b>	15
<b>PREPARED BY:</b>	Georgina Holmes, FT Office Manager
<b>PRESENTED BY:</b>	Sheila Childerhouse
<b>FOR:</b>	Approval

## BACKGROUND

This report provides a summary of discussions that took place at the nominations committee meeting on 19 April 2018

- The terms of office for the NEDs were received and reviewed.
- The proposal for a replacement for Steve Turpie was discussed and it was agreed that the direction in which the Trust was moving, ie community services, STP etc needed to be taken into account in terms of skills and experience of the board.
- It was agreed that as well as going out to recruitment for a new NED, it would also be useful to consider succession planning and appoint a board advisor to replace Angus Eaton.
- The skills of the current NEDs were considered and it was agreed that there was a good breadth of experience. Steve Turpie had the most financial experience and when Gary Norgate's term of office ended there would be a lack of commercial experience on the board.
- Richard Jones had received a proposal from a head hunter and, subject to receiving satisfactory feedback from other trusts which had used their services recently, it was agreed to appoint them to manage the recruitment process. This process would start early May, with interviews taking place during the first half of July. A recommendation would then be made to the CoG meeting on 9 August.
- It was proposed that the process used for the Chair's and NEDs' appraisals in 2017 should be continued for 2018 (Appendix A). Volunteers to take part in this process would be sought at the CoG meeting on 17 May 2018 and it was proposed that new governors should be encouraged to shadow/assist governors who had previously taken part in the appraisal process.
- It was agreed that it was too soon for the Chair to be appraised and that it was proposed that a mid-term appraisal, using the same process, should be undertaken late October/early November.



- It was agreed that a review of NED remuneration would be deferred until the meeting in July when the NHS pay award should have been agreed. Any changes would be back dated to 1 April 2018.

## **RECOMMENDATION**

- i) The Council of Governors is asked to note the process for recruitment of a new NED and, if appropriate, board advisor.
- ii) The Council of Governors is asked to note the recommendation that the process used for the Chair's and NEDs' appraisals in 2017 should be continued for 2018 and that the appraisal for the Chair should be undertaken in late October/early November.
- iii) Volunteers (minimum of six) are requested to take part in the appraisal process.

<b>REPORT TO:</b>	Nominations Committee of the Council of Governors
<b>MEETING DATE:</b>	19 April 2018
<b>SUBJECT:</b>	Appraisal Process for Chair and NEDs
<b>AGENDA ITEM:</b>	7
<b>PRESENTED BY:</b>	Richard Jones, Trust Secretary
<b>FOR:</b>	Information / Review

## 1. Background

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

As a Foundation Trust it is the responsibility of the Council of Governors to ensure effective appraisal of the Chairman and NEDs.

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

## 2. Process

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

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

**Table 1a - Chair – Observers**

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

**Table 1b - NEDs – Observers**

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

- (b) A group of 6-8 Governors who have volunteered to take part in this process will be randomly allocated as observers for the Chair and each of the NEDs. It is important that these Governors have a good knowledge of the Chair and NEDs and have observed Board meetings.
- (c) Feedback from the Chair's and NEDs' observer questionnaires to be discussed at a meeting of the Nominations Committee, prior to the appraisal meetings. The purpose of this will be to identify themes/concerns to be addressed at the appraisal meetings.
- (d) Appraisal for the Chair to be undertaken by the Lead Governor and Senior Independent Director
- (e) Appraisals for the NEDs to be undertaken by the Chair
- (f) An overall summary of the Chair's and NEDs' appraisals to be presented to a closed session of the Council of Governors meeting following completion of the appraisals.

### **3. Implementation**

- (i) The process will be implemented in accordance with the attached timescale.
- (ii) Six to eight Governors are requested to volunteer to take part in this process

**CHAIR AND NON EXECUTIVE DIRECTOR APPRAISAL PROCESS 2018**

- (a) The stakeholder groups and number of individuals are described in Table 1a and 1b.
- (b) A group of 6-8 Governors who have volunteered to take part in this process will be randomly allocated as observers for the Chair and each of the NEDs.
- (c) Feedback from the Chair's and NEDs' observer questionnaires to be discussed at a meeting of the Nominations Committee, prior to the appraisal meetings. The purpose of this will be to identify themes/concerns to be addressed at the appraisal meetings.
- (d) Appraisal for the Chair to be undertaken by the Lead Governor and Senior Independent Director
- (e) Appraisals for the NEDs to be undertaken by the Chair
- (f) An overall summary of the Chair's and NEDs' appraisals to be presented to a closed session of the Council of Governors meeting following completion of the appraisals.

**Table 1a - Chair – Observers**

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

**Table 1b - NEDs – Observers**

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

### CHAIR AND NEDs APPRAISAL SCHEDULE 2018

<b>Task</b>	<b>Action</b>	<b>Date</b>
Volunteers to undertake appraisals to be identified at CoG meeting	<b>SC</b>	Thursday 17 May 2018
Circulate forms to appraisers and appraisees for completion and return to GEH.	<b>GEH</b>	Monday 21 May 2018
Completed forms to be returned to GEH	<b>GEH</b>	By Friday 8 June 2018
Forms to be analysed and summarised	<b>GEH</b>	By Thursday 21 June 2018
Nominations Committee Meeting to discuss results of observer questionnaires and identify themes/concerns	<b>Nominations Committee</b>	TBA
Lead Governor and SID to undertake Chairman's appraisal	<b>JC/SC/SID</b>	By Friday 20 July 2018
Chairman to undertake NEDs' appraisals	<b>SC/NEDs</b>	By Friday 20 July 2018
Reports to be written for CoG meeting (9 Augusts) for circulation 2 Aug	<b>SC</b>	By Friday 27 July 2018

**360° Feedback Questionnaire for Chair / NEDs**

**Observer Feedback**

Thank you for agreeing to give feedback for .....

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

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

<b>Inadequate</b>	<b>Requires Improvement</b>	<b>Good</b>	<b>Outstanding</b>	<b>Unable to Respond</b>
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Under each section please then give any comments/reasons for your rating. Please note that these comments will not be edited.

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

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

Chief Executive/Other Executive Director	
Non-Executive Director	
Governor	

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

Signed:.....

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

**BY 8 JUNE 2018**

## CHAIR AND NON EXECUTIVE DIRECTOR APPRAISAL QUESTIONS

<b>Note: Highlighted questions refer to Chair appraisal only</b>						
1	<b>STRATEGIC DIRECTION</b> Please circle appropriate score	Inadequate	Requires Improvement	Good	Outstanding	Unable to Respond
<p>Taking the following into consideration:-</p> <ul style="list-style-type: none"> <li>• Contributes meaningfully and knowledgeably to board discussions.</li> <li>• Thinks strategically in evaluating direction and operations.</li> <li>• Demonstrates financial literacy.</li> <li>• Appropriately questions data and information presented to the board for its deliberations.</li> <li>• Effectively applies his/her knowledge, experience and expertise to issues confronting the organisation.</li> <li>• Asks well-formulated, value-adding and appropriately timed questions.</li> <li>• Demonstrates the ability to balance needs and constraints.</li> <li style="background-color: yellow;">• Holds a clear, coherent well-informed vision</li> <li style="background-color: yellow;">• Thinks flexibly into the future</li> </ul>						
<b>PLEASE GIVE COMMENTS/REASONS FOR YOUR SCORE FOR STRATEGIC DIRECTION</b>						
<p><u>What would you like to see this person doing more of?</u></p>   <p><u>What would you like to see this person doing less of?</u></p>   <p><u>Other Comments</u></p>						





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

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

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

Other Comments

4	<b>TEAM WORKING</b> Please circle appropriate score	Inadequate	Requires Improvement	Good	Outstanding	Unable to Respond
Taking the following into consideration:- <ul style="list-style-type: none"> <li>• <b>Involves others in the decision-making process.</b></li> <li>• Manages conflict constructively; willing to change his/her point of view.</li> <li>• <b>Takes on the role of personal leadership.</b></li> <li>• Respects other team members.</li> <li>• Allows team members to take the credit.</li> <li>• Understands the non-executive role.</li> <li>• Shares expertise and knowledge freely</li> </ul>						

**PLEASE GIVE COMMENTS/REASONS FOR YOUR SCORE FOR TEAM WORKING**

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

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

Other Comments

5	<b>SELF BELIEF</b> Please circle appropriate score	Inadequate	Requires Improvement	Good	Outstanding	Unable to Respond
Taking the following into consideration:- <ul style="list-style-type: none"> <li>• Willing to take a stand or express a view, even if it runs contrary to prevailing wisdom or the direction of conversation; exercises independent judgement.</li> <li>• Acts confidently.</li> <li>• Enthusiastic to achieve an outcome.</li> <li>• Can be tough and emotionally resilient.</li> </ul>						

**PLEASE GIVE COMMENTS/REASONS FOR YOUR SCORE FOR SELF BELIEF**

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

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

Other Comments

6	<b>INTELLECTUAL FLEXIBILITY</b> lease circle appropriate score	Inadequate	Requires Improvement	Good	Outstanding	Unable to Respond
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Taking the following into consideration:-

- Can digest and analyse information.
- Willing to modify own thinking.
- Thinks creatively and constructively.
- Sees the detail as well as the big picture
- Makes sense of complex situations and clarifies them for others.

**PLEASE GIVE COMMENTS/REASONS FOR YOUR SCORE FOR INTELLECTUAL FLEXIBILITY**

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

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

Other Comments



<b>REPORT TO:</b>	Council of Governors
<b>MEETING DATE:</b>	17 May 2018
<b>SUBJECT:</b>	Report from Engagement Committee, 27 March 2018
<b>AGENDA ITEM:</b>	16
<b>PREPARED BY:</b>	Georgina Holmes, FT Office Manager
<b>PRESENTED BY:</b>	June Carpenter
<b>FOR:</b>	Information and Approval

## **BACKGROUND**

This attached minutes (appendix A) provide a summary of discussions that took place at the engagement committee meeting on 27 March 2018.

At this meeting the membership engagement strategy was reviewed and it was proposed that there should be more reflection on public engagement and community services. This document has therefore been amended; see tracked changes (appendix B).

The terms of reference were also reviewed and it proposed that these should be amended to include wording around public engagement and the community. This document has been amended to reflect this; see tracked changes (appendix C).

## **RECOMMENDATION**

The Council of Governors is asked to:-

- i) Note the minutes of the meeting of 27 March 2018.
- ii) Approve the proposed amendments to the membership engagement strategy.
- iii) Approve the proposed amendments to the terms of reference for the engagement committee.

**MINUTES OF THE COUNCIL OF GOVERNORS ENGAGEMENT COMMITTEE**

**HELD ON THURSDAY 27 MARCH 2018, 3.30pm**

**IN THE EDUCATION CENTRE AT WEST SUFFOLK HOSPITAL**

<b>COMMITTEE MEMBERS</b>		<b>Attendance</b>	<b>Apologies</b>
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	•	
<b>In attendance</b>			
Georgina Holmes	FT Office Manager		
Richard Jones	Trust Secretary / Head of Governance		
Cassia Nice	Patient Experience Manager		

**18/01 APOLOGIES**

Apologies for absence were noted as above.

**18/02 APPOINTMENT OF CHAIR OF THE COMMITTEE**

Georgina Holmes reported that Florence Bevan had agreed to put herself forward as chair of this committee. The committee thanked her and unanimously approved her appointment.

June Carpenter agreed to act as chair for today's meeting in Florence's absence.

**18/03 CONTEXT FOR GOVERNOR ENGAGEMENT**

The information from the governor training day was reviewed.

It was noted that the main focus was currently around people who already used the hospital, rather than the wider public and community services. More focus needed to be on engaging with the public, rather than FT members and patients, and maximising links with community services.

The following ideas for engagement were suggested.

- Putting information on mobile units
- Including information with council tax bills etc
- Distributing information to the schools network through community services
- Using free papers and

**18/04 ENGAGEMENT AND EXPERIENCE METHODS**

Cassia Nice outlined the draft experience of care strategy and the process for collecting feedback. This strategy would be shared with governors once it had been to the board in April.

**Action**

# DRAFT

She explained the various methods that were already used for collecting feedback, and new methods that it was proposed to use. Some of these governors were already involved in and there were a number which they could become involved in, eg mystery shopper; area observation programmes. It was noted that governors would be required to be DBS checked (previously CRB) if they wished to take part in some of these activities.

## 18/05 CONSIDERATION OF WORK PLAN FOR 2018-19

The membership numbers were reviewed and it was agreed that the focus should be on maintaining these numbers and having an engaged membership.

It was noted that when the membership form was updated the gender categorisation would need to be reviewed.

G Holmes

Topics for medicine for members events were considered and it was agreed that macular degeneration/ophthalmology would be popular. It was proposed that two events should be arranged for late June/early July with an invitation being sent out with the next members newsletter.

G Holmes

It was suggested that there should be a greater focus on community services at the annual members meeting at the Apex (11 September), with stands on adult and paediatric services. It was also proposed that there should be a PALs stand.

It was proposed to pilot a different type of engagement event in the community, similar to Courtyard Café. Peta Cook would advise on the most appropriate venue for this.

P Cook

## 18/06 ENGAGEMENT STRATEGY & TERMS OF REFERENCE

### Engagement Strategy

The engagement strategy was reviewed and it was agreed that there should be more reflection on public engagement and community services. Richard Jones would amend the strategy accordingly and email engagement committee members with the revised versions before it went to the CoG meeting in May and then the board.

R Jones

It was noted that community services staff should be informed that as part of WSFT they were automatically staff FT members, unless they wished to opt out.

R Jones /  
G Holmes

### Terms of Reference

It was agreed that the terms of reference should be amended to include wording around public engagement and the community.

R Jones

## 18/07 FEEDBACK REPORTS

### a) Courtyard Cafe

Feedback from the Courtyard Café was reviewed and there were no major issues or recurring themes that were a cause for concern.

### b) Patients and Carers Experience Group

The minutes of the meeting held on 28 November were received and noted.

# ***DRAFT***

## **18/08 ENGAGEMENT ON CAR PARKING TARIFF REVIEW**

It was explained that there were two main issues; an increase to the weekly rate and the introduction of a charge for family carers. Governors would be sent a survey for completion of their views.

## **18/09 ISSUES FOR ESCALATION TO THE COUNCIL OF GOVERNORS**

There were no issues for escalation to the Council of Governors.

## **18/10 DATE OF MEETINGS FOR 2018**

Dates of future meetings were agreed as:-

Tuesday 10 July, 4.30-6.00pm

Tuesday 16 October, 4.30-6.00pm



# **Membership Engagement Strategy**

**April 2017 to March 2019**

**(refreshed April 2018)**



# Engagement Strategy

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## 1. Introduction

West Suffolk Hospital NHS Foundation Trust is committed to being a successful membership organisation and strengthening its links with the local community.

We recognise that we need to commit significant resources both in time and effort to developing our membership and engaging with the public and this strategy sets out the actions that we will take in support of this.

### 1.1 Purpose of strategy

This strategy outlines our vision and the methods we intend to use to maintain and build a representative and engaged public and staff membership. It also outlines our future plans in terms of recruitment and engagement and how we will measure the success of our membership and future engagement.

Delivery of the future plans set out in this strategy will be achieved through an agreed development plan with defined responsibilities and timescales for delivery.

This is an evolving strategy and will be subject to change as lessons are learnt.

### 1.2 Engagement objectives

Our vision for engagement within the Trust must underpin the organisational vision, priorities and ambitions. We should support the organisation in achieving the Trust's strategy with our aspirations for engagement.

#### Deliver for today

- Increase understanding amongst the public and members of the Trust's strategy and the range of services offered by it, including current changes in health services and the challenges the Trust and local health and care services are facing
- Maintain our existing membership base and ensure that it reflects the diversity of our local communities

#### Invest in quality, staff and clinical leadership

- Actively engage with the public and members to understand their views and aspirations for the Trust, including how it can develop and improve
- Through our representative membership learn from, respond to and work more closely with our patients, public, staff and volunteers to develop and improve our services

#### Build a joined up future

- Deliver a range of engagement events and activities to **focus on engagement** and communicating the strategic plans for the Trust
- **Strengthen engagement with users of community services and staff delivering these services**
- Through the range of events and contacts promote wellbeing

Through these objectives the Trust will develop a thriving and influential Council of Governors which is embedded in the local community, is responsive to the aspirations and concerns of the public and members, and works effectively with the Board of Directors.

## 2.0 The membership

Our Membership allows us to develop a closer relationship with the community we serve. It provides us with an opportunity to communicate with our members on issues of importance about our services.

We recognise that for the membership to be effective and successful, we must provide benefits and reasons for people to join us.

Our members will:

- be kept up to date with what is happening at the Trust by receiving the quarterly members' newsletter;
- be able to stand for election as a governor;
- have the opportunity to vote in the elections to the Council of Governors;
- be able to learn more about our services by attending member events, including Council of Governor meetings;
- have the opportunity to be included in consultation events on hospital and service developments – both internally for staff and externally for our patients and public;
- have the opportunity to pass on their views and suggestions to governors;
- be invited to attend the Annual Members' Meeting.

Membership is free and there is no obligation for members to get involved apart from receiving the quarterly newsletter.

## 2.1 Becoming a member

Our potential members can be drawn from the following:

- public, including patients who live within our membership area (**public members**)
- staff members and volunteers at the Trust (**staff members**)

An individual who satisfies the criteria for membership of the staff constituency may not become or continue as a member of the public constituency. Members can join more than one foundation Trust.

All members must be 16 years of age or over.

A person can become a member by:

- completing a membership application form, which is available on our website, by request from the membership office or from the hospital's main reception;

- joining 'online' via the Trust's website at [www.wsh.nhs.uk](http://www.wsh.nhs.uk);
- e-mailing membership. [foundationtrust@wsh.nhs.uk](mailto:foundationtrust@wsh.nhs.uk);
- calling the membership office on 0370 707 1692.

## 2.2 Defining our membership

### 2.2.1 Public

Patients and members of the public who reside in the following areas are eligible to join our public constituency: Babergh (all wards); Braintree (selected wards); Breckland (selected wards); East Cambridgeshire (selected wards); Forest Heath (all wards); Ipswich (all wards); Kings Lynn and West Norfolk (selected wards); Mid Suffolk (all wards); South Norfolk (selected wards); St Edmundsbury (all wards); Suffolk Coastal (all wards) and Waveney (all wards).

Appendix 1 provides a detailed breakdown of eligible wards for our public constituency. Public members are recruited on an opt-in basis.

As we continue to develop and provide more services in **community** settings the Trust recognises that this may mean that services grow beyond the current boundaries of the organisation. Therefore the Trust expanded its membership area in 2016/17 and will continue to review this on an annual basis to ensure it is representative of the area served by the Trust.

### 2.2.2 Staff

To be eligible to be a staff member, people must either:

- be employed by the Trust under a contract of employment which has no fixed term or has a fixed term of at least 12 months; or have been continuously employed by the Trust under a contract of employment for at least 12 months; or
- exercise functions for the purposes of the Trust, without a contract of employment, continuously for a period of at least 12 months. For clarity this does not include individuals who exercise functions for the purposes of the Trust on a voluntary basis.

All staff automatically become members unless they choose to opt-out of the scheme.

## 3.0 Recruitment of members

We wish to encourage and develop a strong sense of community involvement with the membership. Therefore, we will continue to actively recruit new members.

Our aim is to have a membership that is informed and engaged in our activities and members who feel part of our organisation.

### 3.1 Methods of recruitment

Our initial membership recruitment drive began as an integral part of our consultation process.

While we undertook some direct mail recruitment campaigns in the early days, more recently we have found that the most effective method of recruitment is face to face. This can be done internally within hospital or out in the community.

Methods of recruitment used in the past include:

- attending public meetings and events including festivals, stands in sports & healthy living events and recruitment fairs;
- targeted recruitment of staff members' friends and family;
- using local newspapers;
- on-line recruitment through the Trust's website;
- through a mail-shot to all households in the membership area;
- in-house , eg Courtyard Café, Friends shop and outpatients

### 3.2 Who is responsible for recruiting members?

The Board of Directors has overall responsibility for the membership strategy.

The Engagement Committee of the Council of Governors advises on where the Trust should focus its effort on recruitment to ensure we have a balanced membership, and it is the responsibility of all governors and the FT Office Manager to actively recruit members.

Staff and volunteers are also encouraged to recruit members; for example family members, friends or patients and members of the public visiting the Trust.

### 3.3 Recruitment plan

We aim to recruit new members year on year to maintain our public membership at the current numbers of engaged members. As part of the recruitment plan experience has shown that engaging with the public is a very effective way of recruiting new members and gaining their views on West Suffolk Hospital and the service we provide in the community.

#### 3.3.1 Public members

##### Direct recruitment plan

- active engagement and recruitment within the hospital and other healthcare environments e.g. courtyard café, out-patient clinics and healthy living centres
- providing literature to staff working in community settings to share with service users and their families
- public education events e.g. "medicine for members"

- voluntary organisations – ensuring inclusion from ethnic and marginalised groups of people
- education facilities e.g. school talks and college events
- local non-NHS patient groups e.g. support groups
- sports organisations e.g. leisure centres, rugby and football clubs
- PALS office
- Work with partner organisations to establish best practice in membership recruitment e.g. NHS Providers and other NHS FTs.
- Encourage former staff members to become public members on leaving the Trust

### **Indirect recruitment plan**

- website
- consider inclusion with other patient information e.g. bedside lockers for inpatient areas
- posters and leaflets in clinic and outpatient areas
- posters in GP surgeries, dentists, opticians and pharmacists

### **Media coverage**

- membership newsletter
- local newspaper coverage e.g. the Bury Free Press and East Anglian Daily Times (EADT)
- local radio e.g. Radio Suffolk, Radio West Suffolk
- community newsletter coverage, including Parish Council and local Council information/resource guides

#### **3.3.2 Staff**

Staff are automatically members unless they choose to opt-out. New members to the Trust will receive information from HR in their induction pack explaining the benefits of membership. An individual who satisfies the criteria for membership of the staff constituency may not become or continue as a member of the public constituency.

We will seek to ensure that no more than 1% of staff opt-out of membership.



## 4.0 Engaging with public and members

Engagement with our members is as important as recruitment, to ensure that we have an effective and active membership. We will work with the patient experience team to ensure that Governors contribute to and support the range of engagement activities undertaken by the Trust (as set out in the new Experience of Care Strategy).



Figure 1: Feedback collection methods from Experience of Care Strategy

### 4.1 Members' newsletter

The membership newsletter is distributed to all members.

Staff are able to access the newsletter via a link which is included in weekly staff bulletin (Green Sheet) when it is published on the website.

Hard copies are also available in key staff areas including Time Out and in patient waiting areas.

The newsletter provides an opportunity to communicate key issues and developments, including news and “dates for the diary”.

### 4.2 Public and Member events

It is proposed to hold regular events for the public and members. Suggestions for topics will be based on the most popular areas of interest of the members and by the views of governors. Subjects may also be chosen from topical issues, such as quality accounts.

These events will be advertised in the members' newsletter and on the website. They will also be advertised in the weekly staff bulletin (“Green Sheet”) and by posters displayed within the Trust.

Members who have expressed an interest in a particular service or area of interest will be invited to relevant activities.

### 4.3 Staff involvement

Staff members will be encouraged to take part in public and member events, as it is an opportunity for departments to raise awareness of the services they provide, to highlight benefits of being treated at the Trust and to answer questions from members. It will also be a chance for us to receive valuable feedback from the public and our members.

### 4.4 Engagement plan

Positive engagement with our members is extremely important. The Engagement Committee of the Council of Governors have considered how we can most effectively engage with our membership.

As described member recruitment and engagement are often most effective when undertaken together. Therefore the direct recruitment plans set out in section 3.3.1 will also in effect provide effective engagement activities. Future engagement plans with our members will also include:

- the members' newsletter to be distributed to all members;
- regular member events with suggestions from governors of recommendations from their members for future member events e.g. "medicine for members"
- staff governors holding staff member engagement sessions
- staff governors to communicate to staff via the "Green Sheet"
- greater use of electronic communication with members
- the annual members' meeting – this is an opportunity for members to hear more about the Trust's achievements plus the opportunity to ask questions
- working with partner organisations to establish best practice in membership engagement e.g. NHS Providers and other NHS FTs
- through active engagement gathering information on patients and the public's expectations and/or experiences of the service we provide in the hospital and community; e.g. Courtyard café and, quality walkabouts. †The results of which will be fed back to the Patient & Carers Experience Committee.

Recognising that since October 2017 the Trust has been responsible for the delivery of community services in the west of Suffolk, the engagement delivery plan is being developed to ensure greater focus on community engagement.

The Trust also has a role to play in promoting prevention and a healthy lifestyle. This will be done by working with our partners to engage with the public in promoting prevention and a healthy lifestyle.

### 5.0 The membership register

We maintain a register of staff and public members and this is available to the public. All members are made aware of the existence of the public register and have the right to refuse to have their details disclosed (Data Protection Act).

The public register is maintained on our behalf by Capita and contains details of the member's name and the constituency to which they belong. Eligible members of the public constituency who complete a membership application form will be added to the register of members.

The staff register is maintained by the Trust's HR department. Eligible staff will automatically be added to the register, unless they 'opt out'.

The public register is validated prior to any mailing to ensure that it remains accurate. Details of members who have moved away or died are removed from the register.

## 6.0 Monitoring success

The membership strategy will be monitored on behalf of the Board of Directors by the Engagement Committee of the Council of Governors.

The FT Office Manager and the Engagement Committee will also undertake a key role in leading and managing the implementation of this strategy and its future development.

An annual review of the strategy will take place by the Engagement Committee.

### 6.1 How will the success be measured?

The success of the strategy will be measured by the following criteria:

Criteria	Current March 2018	Target (Mar 2019)
1. Achievement of the recruitment target: a. Total number of Public members b. Staff opting out of membership	<u>6045</u> <u>&lt;1%</u>	6000 <1%
2. Achieve a representative membership for our membership area, Priorities for action: a. Age – recruitment of under 50s b. Engagement and recruitment events in all market towns of Membership area (Thetford, Newmarket, Stowmarket, Haverhill and Sudbury)	<u>1165</u> <u>40%</u>	1250 100%
3. An engaged membership measured by: a. number of member events held April 2015 – March 2017 b. member attendance – total all events c. annual members' meeting attendance (each year)	<u>3</u> <u>437*</u> <u>261</u>	6 600* 200

\* Includes people attending Annual Members' Meeting

A review of the membership recruitment targets will be take place each year as part of the annual plan submission to NHSI.

## Appendix 1

### PUBLIC CONSTITUENCY OF THE TRUST

Babergh:	Alton, Berners, Boxford, Brett Vale, Brook, Bures St Mary, Chadacre, Dodnash, Glemsford and Stanstead, Great Cornard (North Ward), Great Cornard (South Ward), Hadleigh (North Ward), Hadleigh (South Ward), Holbrook, Lavenham, Leavenheath, Long Melford, Lower Brett, Mid Samford, Nayland, North Cosford, Pinewood, South Cosford, Sudbury (East Ward), Sudbury (North Ward), Sudbury (South Ward), Waldingfield.
Braintree:	Bumpstead, Hedingham and Maplestead, Stour Valley North, Stour Valley South, Upper Colne, Yeldham
Breckland:	Conifer, East Guiltcross, Harling and Heathlands, Mid Forest, Thetford-Abbey, Thetford-Castle, Thetford-Guildhall, Thetford-Saxon, Watton, Wayland, Weeting, West Guiltcross
East Cambridgeshire:	Bottisham, Burwell, Cheveley, Dullingham Villages, Fordham Villages, Isleham, Soham North, Soham South, The Swaffhams
Forest Heath:	All Saints, Brandon East, Brandon West, Eriswell & the Rows, Exning, Great Heath, Icen, Lakenheath, Manor, Market, Red Lodge, St Marys, Severals, South.
Ipswich	Alexandra, Bixley, Bridge, Castle Hill, Gainsborough, Gipping, Holywells, Priory Heath, Rushmere, St John's, St Margaret's, Sprites, Stoke Park, Westgate, Whitehouse, Whitton.
King's Lynn and: West Norfolk	Denton
Mid Suffolk:	Bacton & Old Newton, Badwell Ash, Barking & Somersham, Bramford & Blakenham, Claydon & Barham, Debenham, Elmwell & Norton, Eye, Fressingfield, Gislingham, Haughley & Wetherden, Helmingham & Coddensham, Hoxne, Mendlesham, Needham Market, Onehouse, Palgrave, Rattlesden, Rickinghall & Walsham, Ringshall, Stowmarket Central, Stowmarket North, Stowmarket South, Stowupland, Stradbroke & Laxfield, The Stonhams, Thurston & Hissett, Wetheringsett, Woolpit, Worlingworth.
South Norfolk:	Bressingham and Burston, Diss and Roydon
St Edmundsbury:	Abbeygate, Bardwell, Barningham, Barrow, Cavendish, Chedburgh, Clare, Eastgate, Fornham, Great Barton, Haverhill East, Haverhill North, Haverhill South, Haverhill West, Horringer and Whelnetham, Hundon, Ixworth, Kedington, Minden, Moreton Hall, Northgate, Pakenham, Risby, Risbygate, Rougham, Southgate, St Olaves, Stanton, Westgate, Wickhambrook, Withersfield

Suffolk Coastal

Aldeburgh, Deben, Felixstowe East, Felixstowe North, Felixstowe South, Felixstowe West, Framlingham, Fynn Valley, Grundisburgh, Hacheston, Kesgrave East, Kesgrave West, Kirton, Leiston, Martlesham, Melton, Nacton & Purdis Farm, Orford & Eyke, Peasenhall & Yoxford, Rendlesham, Saxmundham, The Trimleys, Tower, Wenhaston & Westleton, Wickham Market, Woodbridge.

Waveney

Beccles North, Beccles South, Blything, Bungay, Carlton, Carlton Colville, Gunton & Corton, Halesworth, Harbour, Kessingland, Kirkley, Lothingland, Normanston, Oulton, Oulton Broad, Pakefield, Southwold & Reydon, St Margaret's, The Saints, Wainford, Whitton, Worlingham, Wrentham.

## FOUNDATION TRUST ENGAGEMENT COMMITTEE

### Terms of Reference

#### 1. Aim

- 1.1 To further develop the mechanisms that enable patients, users of community services and the public to influence decision making, both in relation to their own care and treatment and in the provision, development, and improvement of services.
- 1.2 To maintain and increase active membership of West Suffolk NHS Foundation Trust, ensuring that it is representative of the local population.
- 1.3 To strengthen public engagement including users of community services and staff delivering these services
- 1.4 To support the delivery of the Trust's strategic framework including health promotion/prevention.

#### 2. Responsibilities

- 2.1 To develop effective two-way communication between governors and members, and prospective members.
- 2.2 To identify new opportunities to increase the involvement of patients, users of community services and the public, that maximises their contribution and effectiveness.
- 2.3 To ensure that feedback about the Trust and its services is sought from a cross section of the local community focusing particularly on seldom heard groups.
- 2.4 To ensure there are effective mechanisms in place to recruit new members across the Trust's membership area and target recruitment from hard to reach areas.
- 2.5 To ensure effective links with the ~~Patient & Carers Experience Group~~ Patient Experience Manager, to allow sharing of activities and work plans.
- 2.6 To develop and implement an effective Engagement Strategy.

#### 3. Scope

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

#### 4. Composition

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

- 4.2 The Engagement Committee will elect one of its members as Chair.
- 4.3 Additional members may be co-opted to the Committee as necessary.
- 4.4 Representatives from the Trust may also be in attendance at meetings, including the Trust Secretary, Communications Manager, Foundation Trust Office Manager, Patient Experience Manager and others as required.
- 4.5 A quorum will be three members of the Committee.

## **5. Accountability**

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

## **6. Meeting frequency**

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

## **7. Authority**

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

<b>REPORT TO:</b>	Council of Governors
<b>MEETING DATE:</b>	17 May 2018
<b>SUBJECT:</b>	Report from Lead Governor
<b>AGENDA ITEM:</b>	17
<b>PRESENTED BY:</b>	June Carpenter, Lead Governor
<b>FOR:</b>	Information

We were delighted that Steve Dunn was voted number 8 in the CEO's listings, a tribute to his enthusiasm and his hard work for the Trust.

Some governors met with the health minister Jeremy Hunt when he visited the Trust; another positive event.

Training has continued to be provided by the Trust for governors, with sessions on explaining the complicated finances and a joint session with the NEDs. We are grateful for the time given to us, helping us to have the knowledge to fulfil our role.

Governors have also held informal meetings as a group and jointly with the NEDs. All learning experiences.

**June Carpenter**  
**Lead Governor**



<b>REPORT TO:</b>	Council of Governors
<b>MEETING DATE:</b>	17 May 2018
<b>SUBJECT:</b>	Report from Staff Governors
<b>AGENDA ITEM:</b>	18
<b>PRESENTED BY:</b>	Peta Cook, Staff Governors
<b>FOR:</b>	Information

Our first quarterly staff governor meeting has taken place with Jan Bloomfield, Richard Jones and Georgina Holmes to discuss our role and how we will work as a group and individually across the organisation.

We have agreed that every area will have a link staff governor and these are shown below. We will be arranging dates with various groups of staff within our link areas to speak to them about our role. Our contact details and link areas are on the intranet and can be accessed by all staff.

Peta Cook - Community paediatrics; Women & Children

Javed Imam - Medicine

Amanda Keighley - Community adult services; Newmarket hospital

Garry Sharp - Clinical support; Quince House (estates & facilities; finance; HR; Trust office); IT

Martin Wood - Surgery

We are involved in quality and environmental walkabouts and courtyard café engagement and recruitment sessions. We are encouraging staff who see us while we are taking part in these or around the organisation to chat to us about what it is like working in their area.

We are all enjoying learning about areas of the Trust that are new to us, as well as learning more about what our role involves.