


Council of Governors Meeting

Schedule	Thursday, 9 Aug 2018 5:30 PM — 7:30 PM BST
Venue	Northgate Room, 2nd Floor, Quince House
Organiser	Georgina Holmes

Agenda

Agenda 2018 08 09 Aug

 [Agenda 2018 08 09 Aug.docx](#)

1. Apologies for absence
For Reference - Presented by Sheila Childerhouse
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2. Welcome & Introductions
Presented by Sheila Childerhouse
-

3. Declaration of interests for items on the agenda
For Reference - Presented by Sheila Childerhouse
-

4. Minutes of the previous meeting
For Approval - Presented by Sheila Childerhouse

 [Item 4 CoG minutes 2018 05 17 May.doc](#)

5. Matters arising action sheet
For Reference - Presented by Sheila Childerhouse

 [Item 5 Matters Arising Action sheet report from 2018 05 17 May.doc](#)

6. Chair's report
For Reference - Presented by Sheila Childerhouse

 [Item 6 Chair report to CoG.doc.docx](#)

7. Chief executive's report

For Reference - Presented by Nick Jenkins

 [Item 7 Chief Exec Report May 18.docx](#)

8. Governor issues

For Reference - Presented by June Carpenter

 [Item 8 Governors issues.docx](#)

9. Summary quality & performance report

For Reference - Presented by Richard Davies

 [Item 9 Summary quality and performance report May 18.docx](#)

10. Summary finance & workforce report

For Reference - Presented by Alan Rose

 [Item 10 Summary Finance Report August 2018 .docx](#)

11. Quality presentation - development to support emergency demand

For Reference - Presented by Nick Jenkins

12. Training & development programme

For Approval - Presented by Richard Jones

 [Item 12 Training and development.docx](#)

13. [Annual Report & Accounts 2017/18 \(on Trust website\)](#)

For Reference - Presented by Richard Jones

14. Annual audit letter & quality report limited assurance review

For Reference - Presented by Angus Eaton

 [Item 14a Annual Audit Letter.pdf](#)

 [Item 14b Quality Report limited assurance review 2017-18.pdf](#)

15. Annual external audit review

For Reference - Presented by Angus Eaton

 [Item 15 Report to the Council of Governors amended.doc](#)

16. Lead & deputy lead governor appointment process

For Approval - Presented by Richard Jones

 Item 16 Lead & Deputy Governor.doc


17. Report from nominations committee

For Reference - Presented by Sheila Childerhouse

 Item 17 Report from Nominations Committee.doc

18. Report from engagement committee

For Reference - Presented by Florence Bevan

 Item 18 Report from Engagement Committee.doc

19. Lead governor report

For Reference - Presented by June Carpenter

 Item 19 Report from Lead Governor.docx

20. Staff governors report

For Reference - Presented by Amanda Keighley

 Item 20 Report from Staff Governors .docx

21. Urgent items of any other business

Presented by Sheila Childerhouse

22. Dates for meetings for 2018/19

-Annual Members Meeting Tuesday 11 September

-Wednesday 14 November

To note dates for 2019:

-Tuesday 12 February

-Monday 13 May

-Tuesday 6 August

-Wednesday 13 November

For Reference - Presented by Sheila Childerhouse

23. Reflections on meeting

For Reference - Presented by Sheila Childerhouse

Agenda 2018 08 09 Aug

Council of Governors Meeting

There will be a meeting of the **COUNCIL OF GOVERNORS** of West Suffolk NHS Foundation Trust on Thursday, **9 August 2018 at 17.30** in the Northgate Room, Quince House, West Suffolk Hospital

Sheila Childerhouse, Chair

Agenda

General duties/Statutory role



- (a) To hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors.
- (b) To represent the interests of the members of the corporation as a whole and the interests of the public.

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

17.30 GENERAL BUSINESS

1.	Apologies for absence To <u>receive</u> any apologies for the meeting	Sheila Childerhouse
2.	Welcome and introductions To <u>welcome</u> governors and attendees to the meeting.	Sheila Childerhouse
3.	Declaration of interests for items on the agenda To <u>receive</u> any declarations of interest for items on the agenda	Sheila Childerhouse
4.	Minutes of the previous meeting (enclosed) To <u>approve</u> the minutes of the meeting held on 17 May 2018	Sheila Childerhouse
5.	Matters arising action sheet (enclosed) To <u>note</u> updates on actions not covered elsewhere on the agenda	Sheila Childerhouse
6.	Chair's report (enclosed) To <u>receive</u> an update from the Chair	Sheila Childerhouse
7.	Chief executive's report (enclosed) To <u>note</u> a report on operational and strategic matters	Nick Jenkins
8.	Governor issues To note the issues raised and receive any agenda items from Governors for future meetings	June Carpenter

18.10 DELIVER FOR TODAY

9.	Summary quality & performance report (enclosed) To <u>note</u> the summary report	Richard Davies
10.	Summary finance & workforce report (enclosed) To <u>note</u> the summary report	Alan Rose

18.30 INVEST IN QUALITY, STAFF AND CLINICAL LEADERSHIP		
11.	Quality presentation – developments to support emergency demand To <u>receive</u> a presentation	Nick Jenkins
12.	Training and development programme (attached) To <u>approve</u> the programme for 2018/19	Richard Jones
19.00 BUILD A JOINED UP FUTURE		
13.	Annual Report & Accounts 2017/18 (on Trust website or hard copy on request) To <u>receive</u> the Annual Report & Accounts for 2017/18 https://www.wsh.nhs.uk/CMS-Documents/Trust-Publications/Annual-reports/Annual-report-2017-18.pdf	Richard Jones
14.	Annual Audit Letter and Quality Report limited assurance review (enclosed) To <u>receive</u> the audit reports from BDO, External Auditors	Angus Eaton
15.	Annual external audit review (enclosed) To <u>receive</u> a report and recommendation from the Audit Committee on the Trust's External Auditors BDO from the Chair of the Audit Committee	Angus Eaton
19.15 GOVERNANCE		
16.	Lead Governor and Deputy Lead Governor appointment process (enclosed) The <u>approve</u> the appointment process and role description	Richard Jones
17.	Report from Nominations Committee (enclosed) To <u>receive</u> a report from the meeting of 13 July 2018	Sheila Childerhouse
18.	Report from Engagement Committee (enclosed) To <u>receive</u> the minutes from the meeting of 10 July 2018	Florence Bevan
19.	Lead Governor report (enclosed) To <u>receive</u> a report from the Lead Governor.	June Carpenter
20.	Staff Governors report (enclosed) To <u>receive</u> a report from the Staff Governors	Amanda Keighley
19.25 ITEMS FOR INFORMATION		
21.	Urgent items of any other business To <u>consider</u> any matters which, in the opinion of the Chair, should be considered as a matter of urgency	Sheila Childerhouse
22.	Dates for meetings for 2018/19 <ul style="list-style-type: none"> - Annual Members Meeting Tuesday 11 September - Wednesday 14 November To <u>note</u> dates for 2019 : <ul style="list-style-type: none"> - Tuesday 12 February - Monday 13 May - Tuesday 6 August - Wednesday 13 November 	
23.	Reflections on meeting To consider whether the right balance has been achieved in terms of information received and questions for assurance versus operational delivery	Sheila Childerhouse
19.30 CLOSE		

1. Apologies for absence

For Reference

Presented by Sheila Childerhouse

2. Welcome & Introductions

Presented by Sheila Childerhouse

3. Declaration of interests for items on the agenda

For Reference

Presented by Sheila Childerhouse

4. Minutes of the previous meeting

For Approval

Presented by Sheila Childerhouse

REPORT TO:	Council of Governors
MEETING DATE:	9 August 2018
SUBJECT:	Draft Minutes of the Council of Governors Meeting held on 17 May 2018
AGENDA ITEM:	4
PRESENTED BY:	Sheila Childerhouse, Chair
FOR:	Approval

DRAFT

**MINUTES OF THE COUNCIL OF GOVERNORS' MEETING
HELD ON THURSDAY 17 MAY 2018 AT 17.30
IN THE EDUCATION CENTRE AT WEST SUFFOLK NHS FOUNDATION TRUST**

COMMITTEE MEMBERS		Attendance	Apologies
Sheila Childerhouse	Chair	•	
Peter Alder	Public Governor	•	
Mary Allan	Public Governor		•
Florence Bevan	Public Governor	•	
June Carpenter	Public Governor	•	
Peta Cook	Staff Governor	•	
Justine Corney	Public Governor	•	
Judy Cory	Partner Governor	•	
Jayne Gilbert	Public Governor	•	
Mark Gurnell	Partner Governor		•
Andrew Hassan	Partner Governor		•
Rebecca Hopfensperger	Partner Governor	•	
Javed Imam	Staff Governor	•	
Amanda Keighley	Staff Governor	•	
Gordon McKay	Public Governor	•	
Sara Mildmay-White	Partner Governor	•	
Laraine Moody	Partner Governor		•
Barry 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	•	
In attendance			
Stephen Dunn	Chief Executive		
Helen Beck	Interim Chief Operating Officer		
Richard Davies	Non-Executive Director		
Angus Eaton	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		

GENERAL BUSINESS

Prior to the meeting a group photo was taken of the Council of Governors and NEDs in attendance. Participants were informed that this would be used in a future newsletter and possibly on the front of the new membership leaflet and given the option not to be part of this. No one indicated that they did not wish to be in the photo.

18/19 APOLOGIES

Apologies for absence were noted as above.

It was noted that Steve Turpie and Catherine Waller had also sent their apologies.

Action

18/20 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting. She asked everyone to introduce themselves, as this was the first meeting of the newly elected Council of Governors that Rebecca Hopfensperger had been able to attend.

The Chair thanked Liz Steele for meeting with her to discuss the agenda and explained that it had been agreed for future meetings to add "urgent items of any other business".

**R Jones /
G Holmes**

18/21 DECLARATIONS OF INTEREST

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

18/22 MINUTES OF THE COUNCIL OF GOVERNORS MEETING HELD ON 21 FEBRUARY 2018

The minutes of the meeting held on 21 February 2018 were approved as a true and accurate record.

18/23 MATTERS ARISING ACTION SHEET

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

Item 152; consider how governor visits and quality walkabouts can include the community. Visits to Newmarket hospital and Glastonbury Court were being arranged and it was hoped that one of these would have taken place before the next meeting.

The Chief Executive reported that he was going out into the community to meet teams and tomorrow the weekly executive team meeting was taking place at Newmarket hospital.

The Chair had also visited Sudbury and Haverhill.

Item 156; two governors to be included on patient group taking part in evaluating the patient portal. This group would be set up once the pilot for the patient portal finished at the end of May. Details would be sent to governors when available.

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

Item 153; feedback from quality walkabouts to come back to the next board meeting. Richard Jones explained that an overview was included in the quality and performance report. A team was looking at how to capture actions on the Datex system so that these could be followed up as part of the quality assurance process. However, he explained that the purpose of this report was not to provide a detailed summary of every visit. Recording actions on Datex would also help to identify both thematic and specific issues.

June Carpenter said that governors would like assurance that any actions required were followed up. It was confirmed that Datex would help to provide this assurance.

Margaret Rutter suggested looking at visiting more than one area during a quality walkabout. The Chair explained that other initiatives took place within the Trust to look at different aspects of the organisation. Extending quality walkabouts would put an additional burden on those involved but she proposed that this was kept under review. Helen Beck agreed and explained some of the other quality assurance initiatives and reports that took place throughout the Trust.

Joe Pajak requested that governors should receive a short summary on the purpose of quality walkabouts.

The Chief Executive suggested that there was a need to look at how governors were briefed and also how the outcome was fed back. He explained that it was also proposed to broaden the people who took part in quality walkabouts, eg non-executive and executive directors. However, it was important to avoid creating more work for staff.

Judy Cory reported that she had visited the same area recently on a quality walkabout as she had done a year ago and it had been very interesting to see the progress and changes that had taken place.

18/22 CHAIR'S UPDATE

June Carpenter said that the governors would like more information in this report, eg highlights of visits/meetings.

The Chair explained that she had been aiming to get out into the wider organisation more and build links with stakeholders across a wider area. She was also trying to ensure a balance of internal and external meetings/visits.

She explained that the NHS Providers dinner on 27 March had been a real opportunity to meet people and network on behalf of WSFT.

18/23 CHIEF EXECUTIVE'S REPORT

The Chief Executive reported that it had been a very busy winter/spring with exceptional weather variances. There had been visits from the Her Royal Highness the Princess Royal and the Secretary of State for Health and Social Care. The point had been made to the Secretary of State about the requirement for more resources, both staff and finance, to meet year on year demand. The need for investment in the emergency department had been highlighted and local MPs had also been very supportive of this. The Trust was keen that ownership of Newmarket hospital should be transferred so that this could be developed as a healthcare hub, and the Secretary of State had been briefed on this.

The capital programme had been reprioritised in response to winter pressures. Therefore the redevelopment of the front of the hospital had been put on hold and development of the ambulatory assessment area had been brought forward, which would help with flow during busy periods. There was also a further drive on recruitment and retention of nurses.

Vital signs monitors had been introduced; these linked to e-Care and would save staff time and improve safety and reliability of services, providing early warning of deteriorating patients.

The Chief Executive commended the team for their achievement in WSFT being rated as the top hospital in England for best practice criteria for patients treated for hip fracture.

As a result of achieving its financial plan for 2017/18 WSFT had received additional funding, which meant that it had broadly broken even for the year. This meant that the Trust was able to bring forward projects in the capital plan that he had previously alluded to.

The Chair apologised for not inviting governors to the presentation to the Secretary of State. She explained that his visit had only been confirmed at 5.00pm the day before.

Margaret Rutter asked about cancelled operations. Helen Beck explained that these patients had all been re-booked and good progress continued to be made on the backlog as a whole.

S
Childerhouse

Alan Rose referred to the Trust's financial position and reported that a lengthy debate had taken place at the recent closed session of the board meeting and it had agreed not to sign up to the control total put forward by the regulator. He explained that this was a very important decision which had been made as a board. The Chair agreed and said that this showed that this was a board of integrity which would not sign up to something that could not be delivered. The Council of Governors supported the board in this decision.

Barry Moulton reported that he had heard a rumour that the recruitment of 50 nurses from the Philippines would not be achieved. This would then put pressure on next year and governors were concerned about nurse recruitment. He asked if there were any other plans for recruiting nurses.

The Chief Executive confirmed that there were issues around recruitment in the Philippines. The board development session next week would be discussing winter planning which would include this.

The Chair explained that she would be looking at putting together a workshop around future strategy and staffing etc.

On behalf of the governors June Carpenter commended the orthopaedic team for reducing numbers on the waiting list by undertaking additional sessions. The Chair agreed and said that the Trust was very grateful to and proud of the team.

**S
Childerhouse
/R Jones**

18/24 GOVERNOR ISSUES

The Chair thanked Liz Steele for her work in putting together these issues which had been fed back following the informal governors meeting on 1 May.

June Carpenter reported that governors did not feel that some of these had been answered sufficiently.

2. Sugar tax – Judy Cory noted that WH Smith still had items on their shelves that they should not be selling. She reported takings in the Friends shop had fallen since they had removed the required items from their shelves. The Chair said that this would be followed up.
3. Smoking on site - Richard Jones showed the meeting the new poster that would be displayed near the Rainbow ward. It was felt that this should strongly state that smoking was not allowed anywhere on site.
5. Halal meals and provisions for staff at night – the provision of Halal meals would be followed up with the catering manager. Javed Imam confirmed that he was happy to be the point of contact for this.

R Jones

**R Jones /
J Imam**

Barry Moulton highlighted the issue of staff not having access to hot food at night. Martin Wood confirmed that this was an issue, particularly with junior doctors. The Chief Executive reported that Jan Bloomfield was looking into this and the provision of microwaves as a result of comments from junior doctors. It had also been suggested that there should be a chef available at night to prepare hot meals and the Trust was considering piloting this. An update would be provided at the next Council of Governors meeting.

R Jones

6. Introduction of new voice recognition, note taking software – Helen Beck reported that the team was working hard to engage with secretaries and a group of medical secretaries were involved in this exercise. Martin Wood explained that other secretaries did not feel that they had been involved or engaged with and there was disparity around this. It was agreed that this was a matter of communication.

8. The next meeting to look at a more global and imminent issue that is on the horizon – the Chair thanked the governors for raising such a strategic point.

Jayne Gilbert reported that patients had commented on the number of letters they received and asked why they couldn't be communicated with by email or text if they wished. This issue would be followed up at the next meeting.

R Jones

DELIVER FOR TODAY

18/25 SUMMARY QUALITY & PERFORMANCE REPORT

Gary Norgate said that the governors needed to understand the areas where the Trust was performing well and also where it was not achieving targets.

Currently he was assured that performance was good and the quality walkabouts helped to provide this assurance. These were very well received and there was good coverage across the organisation. Both staff and patients welcomed this engagement.

Are we safe? Gary Norgate was not surprised at any of the areas that required improvement. He considered that the WHO maternity checklist should also be included as this required improvement.

He was very pleased to see the progress being made with pressure ulcers and the significant improvement over the last two months. He was assured by the depth and breadth of actions being taken and the number of initiatives in place to address this.

Out of 693 falls only nine had resulted in harm. Again, it was evident that this was being taken seriously and plans were in place to mitigate the problem. This provided him with assurance.

Are we caring? His main concern was complaint response times but the reason for this was shown in the report.

Are we responsive? The areas for improvement and actions being taken were given in the report, ie emergency department performance and four hour waits and the actions being implemented to ensure these problems did not occur next year. He considered there to be a good plan for extending the ambulatory assessment unit (AAU). The red to green ward rounds were very successful and lessons learned were helping with improvement.

Referral to treatments times; understanding if e-Care was the problem or the solution. There was now a clearer view on what was happening and a focussed view and patient level view of issues. There was a plan to catch up by October and he was now assured that there were the tools and data to report on this.

Are we well led? The issues were appraisals, complaint letter responses, serious untoward incident (SUI) investigations and discharge summaries, all of which Gary Norgate considered should be achievable as a result of good practice. Some of these issues were a result of the pressures that the Trust and staff were under and he would be following these up at board meetings.

Barry Moulton referred to areas of improvement and noted that several of these were recurring over a number of years. He asked how these could be targeted over time and what assurance could be had that these would not continue month on month/year on year. Gary Norgate explained that some of these were a result of pressure but he agreed there was a need to continue to focus on these areas and challenge the executive team and board on these.

Helen Beck explained that an exercise had been undertaken on triangulating areas to see if there was a cultural issue or other reasons and this type of work would continue.

It was noted that there were a number of areas that had improved, eg nutrition. Pressure ulcers were also now improving.

Peta Cook said that it needed to be recognised that a lot of staff were having appraisals and she proposed tracking areas where there were problems. She asked for there to be more of a focus on community data in this report.

**H Beck /
R Jones**

The Chief Executive reported that he had spoken to the CCG's accountable officer who had commented on the performance of community services which was the best it had ever been.

He highlighted the targeted focus and actions that had been taken to address bullying and harassment issues.

Margaret Rutter suggested providing benchmarking information on falls with other similar size hospitals. Helen Beck explained that compared to other organisations WSFT's falls performance was good. She explained that a balance was required around encouraging patients to keep moving and trying to avoid falls.

Martin Wood noted that although the number of falls was high, the number of serious incidents relating to falls was low.

The Chair confirmed that the board received benchmarking information on a regular basis.

18/26 SUMMARY FINANCE & WORKFORCE REPORT

Angus Eaton reported that despite all the challenges the Trust ended up having a good financial year and had almost broken even. This was due to the focus on achieving the cost improvement plan (CIP) and the way the organisation was run. As a consequence of achieving its financial plan WSFT had been rewarded with additional funding which had helped to improve the year-end financial position.

Looking forward he considered there to be 3'C's. The first of these was **CIP** and the board had made the decision that there were only so many savings that could be made, ie 4%, and this had been validated by KPMG. Although the board had agreed not to sign up to the control total it was very important that it delivered what it said it could do. The second C was **cash**; this was an area that the board needed to continue to keep an eye on as the organisation's borrowing continued to increase.

The third C was **capital investment** for the future. This enabled development of the hospital, ie staff residences and the emergency department, and the organisation should have the courage to continue to bid for funding wherever possible. Becoming a global digital exemplar (GDE) was an example of this.

Justine Corney asked about key risks and how much was at risk for the year end. Angus Eaton explained that the year-end accounts were going through the audit process at the moment but Craig Black was confident that this was where the Trust would end up and had not provided a figure relating to risk. Helen Beck agreed that Craig Black was a confident as he could be that these figures were correct. It was noted that there was nothing that the board was aware of that could be at risk; the only issue was the additional funding received from the CCG.

18/27 QUALITY PRESENTATION – GLOBAL EXCELLENCE IN POPULATION HEALTH

The Chair introduced Dr Helena Jopling, Consultant in Public Health, who explained that she would be talking about the next phase in GDE and using information from the population health programme to improve healthcare. She explained the data that would be captured about individuals.

She explained the HealthelIntent platform, how it worked and predictions it would enable.

She reminded governors about the patient portal and explained that information collated would also be available to healthcare staff across a number of organisations, eg GPs, paramedics; hospital doctors. This would include a patient's history of medication.

Currently WSFT was working with six other organisations to bring together data and information which would help to understand how certain aspects influenced people's health. These partner organisations were all very keen to collaborate on this.

Work also needed to be undertaken with organisations which influenced health factors, eg living and working conditions, education. A number of international healthcare systems were recognised as exemplars in areas of this work. The aim was for WSFT to be part of this work and it would need to work with partner organisations to achieve this; however there was a big issue around data sharing.

Increasing demand meant that in 20 years' time Suffolk would require two more organisations the size of WSFT to provide enough beds to look after patients, which would require an increase in both finance and staff.

Helena Joplin explained how it was aimed to capture relevant and accurate data.

Barry Moulton asked which issues Helen Jopling felt could be most problematic. She considered these to be workforce development and skills to enable this to progress quickly.

The Chief Executive said that he was most concerned about information governance and consent to share data, ie GDPR. Joe Pajak agreed and suggested that it was important to promote this as a positive and show the impact it would have on people's wellbeing. It was agreed that communication management around this would be key.

The Chair thanked Helena Jopling for a very interesting presentation and proposed looking at this as a workshop opportunity.

18/28 NON-EXECUTIVE DIRECTOR PRESENTATION

Angus Eaton introduced himself and explained his reasons for becoming a NED and that he had a great affinity with WSFT. His background was as a lawyer and most of his career had been within the insurance industry. This included a number of areas involving risk as well as law.

As a NED his role was to bring challenge and objectives to the board. He considered leadership to be very important and the essence of what made a great organisation.

He said that he was always available to speak to governors and he would do his best to represent them at board meetings.

S
Childerhouse
/R Jones

BUILD A JOINED UP FUTURE

18/29 FEEDBACK FROM STP LEADERS EVENT

The Chair thanked the NEDs and governors who attended this event and the governors for providing this report.

Liz Steele reported that there had been a lot of discussion about obesity at this event which linked with Helena Jopling's work. Education was also a vital part of this.

Justine Corney was concerned that Suffolk was not mentioned or discussed at this event and that the focus was more on Essex.

The Chair stressed the importance of completing the online feedback form for this event as it would help with the planning and focus of future events.

GOVERNANCE

18/30 ANNUAL QUALITY REPORT

Richard Jones thanked Peter Alder, Jane Skinner, Florence Bevan and Martin Wood who had acted as readers for this document and for their very helpful feedback; also for their contribution to the governors' commentary.

The Council of Governors approved the commentary for inclusion in this report.

18/31 REPORT FROM NOMINATIONS COMMITTEE

i) To receive a report from the meeting of 19 April 2018

The Chair reported that a head hunter had been appointed to manage the NED recruitment process to appoint a replacement for Steve Turpie who would be greatly missed.

ii) To note the Chairman and NED appraisal process and seek a minimum of six volunteers to participate in this process

The appraisal process was noted and the following governors volunteered to participate as appraisers:-

June Carpenter, Peta Cook, Jayne Gilbert, Barry Moul, Jayne Neal, Liz Steele, Martin Wood

18/32 REPORT FROM ENGAGEMENT COMMITTEE

i) To receive the minutes of the meeting of 27 March 2018

The minutes were received and the content noted.

ii) To approve amendments to the terms of reference & the engagement strategy for April 2017 to March 2019
& iii)

Richard Jones explained that it was felt that there should be a greater emphasis on engagement and the community. There would also be a need to reflect that some of the community services roles related to the whole of Suffolk, not just west Suffolk.

The terms of reference and engagement strategy for April 2017 to March 2019 were approved.

R Jones

18/33 LEAD GOVERNOR REPORT

This report was received and the content noted.

18/34 STAFF GOVERNORS REPORT

Peta Cook reported that staff governors were working to engage with staff and encouraging them to contact them if they had an issue.

ITEMS FOR INFORMATION

18/35 DATES FOR COUNCIL OF GOVERNOR MEETINGS FOR 2018

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

Thursday 9 August

Wednesday 14 November

Annual Members Meeting Tuesday 11 September 2018

18/36 REFLECTIONS ON MEETING

The Chair thanked everyone for attending the meeting and summarised the key points that had come out of this, ie:-

- Consider a workshop around future configuration of services, buildings, the way the Trust would be working and what this meant in terms of workforce.
- Further exploration and follow up on progress of Helena Jopling's presentation.

5. Matters arising action sheet

For Reference

Presented by Sheila Childerhouse

REPORT TO:	Council of Governors
MEETING DATE:	9 August 2018
SUBJECT:	Matters Arising Action Sheet from Council of Governors Meeting of 17 May 2018
AGENDA ITEM:	5
PRESENTED BY:	Sheila Childerhouse, Chair
FOR:	Information

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

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

Ongoing action points

Ref.	Date of Meeting	Item	Action	Action taken	Action By	Completion date
160	17 May 2018	18/24	Follow up on the provision of Halal meals with the catering manager. Javed Imam confirmed that he was happy to be the point of contact for this.	Current arrangement for patients is to order frozen food as required which requires defrosting for use the following day. The catering manager has agreed to look at the options for the provision of frozen halal meals for staff (shorter defrost time). This will be piloted to test the update and acceptability of these meals. Further update at future meeting.	R Jones / J Imam	
162	17 May 2018	18/24	Provide follow up on comments from patients on the number of letters they received and why they couldn't be communicated with by email or text if they wished.	<p>It has been confirmed that patients should only receive one appointment confirmation letter, the only time they would receive more than one is if the appointment is cancelled or rescheduled. An issues was identified whereby letters were being sent automatically via Synertec and then the Telephone Appointment Centre (TAC) team were printing them and sending them again but this has now been stopped. The potential for system failures is recognised and therefore we will continue to seek feedback from patients and if Governors have specific examples these would be very helpful to 'map' the process. This would be good area for testing by the Governors through the Courtyard Café engagement sessions.</p> <p>It was confirmed that patients can receive reminder text messages for their appointments via Netcall. Patients will be able to access their appointment details via the patients' portal when it is fully operational. Priorities and progress in this area can be feedback by the Governors who are members of the user group for this development.</p>	R Jones / H Beck	

Completed 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>An environmental walkabout took place at Newmarket on Thursday 14 June, attended by Mary Allan.</p> <p>Stephen Dunn is currently undertaking a series of road shows with community staff.</p> <p>It is proposed that the programme for environmental walkabouts for 2019 include visits to Sudbury health centre, the child development centre in Bury St Edmunds and St Helen's House, Ipswich.</p> <p>The engagement committee has also placed significant emphasis on the community as part of its role and will include engagement with patients and staff in community settings (see agenda item 18).</p>	S Childerhouse / R Jones	9 August 18
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.	<p>The pilot for the patient portal finishes at the end of May. Following this the Patient Portal User Group (PPUG) will be set up.</p> <p>Email sent inviting governors registered on patient portal to put their names forward for this group.</p>	G Holmes	9 August 18
156	17 May 2018	18/20	Future CoG agendas to include 'urgent items of any other business'	Included on agenda for meeting of 9 August and future agendas.	R Jones / G Holmes	9 August 18
157	17 May 2018	18/22	More information to be included in Chair's report, ie highlights of visits/meetings.	Included in report.	S Childerhouse	9 August 18
158	17 May 2018	18/23	Consider a workshop around future configuration of services, buildings, the way the Trust would be working and what this meant in terms of workforce.	Update on emergency capacity will be given in agenda item 11.	R Jones / S Childerhouse	9 August 18

Ref.	Date of Meeting	Item	Action	Action taken	Action By	Completion date
159	17 May 2018	18/24	Follow up Judy Cory's concern re sugar tax and that WH Smith still had items on their shelves that they should not be selling.	<p>In July, NHS England announced the decision not to enforce the sugar sweeten beverages (SSB) ban. A statement from the website indicates "Progress made so far has successfully met the threshold required to avoid activating the fall-back provisions in the NHS Standard Contract for a national ban on SSBs at this time". The target is to remain as it is now - 10% max volume sales of 'sugary' drinks. WH Smith have indicated that they will carry on complying as part of a direct agreement with NHSE.</p> <p>They have created a small area at the top right of their main drinks display for SSB (with 'sugar tax' signs beneath). Many drinks that would previously been classed as 'sugary' have been reformulated so they fit within the 'non SSB' section.</p> <p>Regular spot checks are undertaken by the Trust's transformation team and the manager of the Friend's shop participated in the last audit. The findings are sent to WH Smith management team for action as required</p>	R Jones	9 August 18
161	17 May 2018	18/24	Provide an update at the next meeting on the provision of hot meals for staff at night.	The catering manager has been working with the medical director and director of HR to understand what can be provided. Current provision includes vending machines on F7/F8, ED, Courtyard (via swipe card). The carousel machine in courtyard café includes salad, sandwiches and fruit. Frozen food (burgers, bacon and chips) is also available via the carousel. Currently looking at the provision of in-house prepared frozen food in the carousel to start during August (environmental health informed as new type of food service).	R Jones / J Imam	9 August 18
163	17 May 2018	18/25	Include more focus on community data in the quality & performance report.	Included in agenda item 9, summary quality and performance report	H Beck / R Jones	9 August 18

Ref.	Date of Meeting	Item	Action	Action taken	Action By	Completion date
164	17 May 2018	18/27	Consider workshop following Helena Jopling's presentation on global excellence in population health.	Included in agenda item 12, training and development	S Childerhouse / R Jones	9 August 18
165	17 May 2018	18/32	Reflect in Engagement strategy that some of the community services roles relate to the whole of Suffolk, not just west Suffolk.	Strategy amended to refer to services in both west and east of the county.	R Jones	9 August 18

6. Chair's report

For Reference

Presented by Sheila Childerhouse

REPORT TO:	Council of Governors
MEETING DATE:	9 August 2018
SUBJECT:	Chair's report to Council of Governors
AGENDA ITEM:	6
PREPARED BY:	Sheila Childerhouse, Chair
PRESENTED BY:	Sheila Childerhouse, Chair
FOR:	Information

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

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

I was privileged to shadow Jacqui Spiking, one of our **community nurses** covering the Sudbury area. As well as joining one of the team meetings I accompanied Jacqui on some patient visits. As well as gaining insight into the way the community services operate I saw first-hand some of the challenges the staff face – including IT.

The work of the **sustainability and transformation partnership (STP)** continues to be a significant focus of meetings that I attend. As well as leading the STP Chairs Meeting, I also attend the STP Board. My drive within these discussions is to ensure that the focus and priorities of the STP are aligned with the West Suffolk Alliance and that the Alliance's work is recognised and supported within the STP strategy. I am also keen to see greater transparency in the STP governance arrangements and will work to ensure that this is included within the scope of an independent review of the STP which is currently being setup.

I was also able to take part in a **new doctors welcome session**. What was really great was that I then saw them at the deteriorating patient day, including the simulation facility in the education centre. The latter was fascinating and really insightful. I was struck, not just by the clinical learning but, how important it is to support these 'young people' in their first real medical role.

Maintaining our links with Suffolk County Council I met with **Matthew Hicks, the newly elected Leader of the Council**. As well as being a very informative meeting this was a helpful meet and greet for me as I have not worked with Matthew previously. I was reassured that we will continue to maintain and develop the collaborative approach that we have established with the Council.

I have been struck and extremely impressed by the quality of the speakers at the **5 o'clock club** and would encourage governors to attend these if able to. The cast list for the last two months says it all..... the Rt Hon Matthew Hancock MP Secretary of State for Health and Social Care, the chief executive of the Care Quality Commission, Sir David Behan, and Dr Kathy McLean, executive medical director and chief operating officer of NHS Improvement. The high profile the Trust is able achieving underpins our leadership in digital innovation and integration.

Recommendation

Governors are asked to note the report for information.

Annex A: List of meeting attended by Chair

Date	Meetings and events (15/5/18 until 1/8/18)
15/05/18	Quality Walkabout
15/05/18	New consultant induction meeting – Dr Kerr
15/05/18	1:1 Stephen Dunn, CEO
15/05/18	Interview pre-meet with candidate for Chief operating officer
15/05/18	Linda Buckland, Communications – Shining Lights event pre-meet
15/05/18	1:1 Simon Taylor, ADO Surgery
15/05/18	Monthly NED teleconference
16/05/18	June Carpenter & Liz Steele – CoG meeting
16/05/18	1:1 Dermot O’Riordan, Consultant & CCIO
16/05/18	Alan Rose, Non-executive Director
17/05/18	Shining Lights event
17/05/18	Council of Governors meeting
21/05/18	Chief Operating Officer interview presentations
21/05/18	1:1 Stephen Dunn, CEO
22/05/18	Chief Operating Officer interviews
22/05/18	Meeting with Barry Moulton
24/05/18	Audit Committee meeting
24/05/18	Board development session – winter planning
25/05/18	Trust Board meeting
25/05/18	Remuneration Committee meeting
25/05/18	Fine Green recruitment agency – NED recruitment
29/05/18	Quality Walkabout
29/05/18	1:1 Rose Smith, ADO Women’s and children’s and clinical support services
29/05/18	1:1 Stephen Dunn, CEO
29/05/18	Susannah Howard, STP (telephone call)
31/05/18	David White, Chairman Ipswich hospital
31/05/18	John Coutts, NHS Providers (telephone call)
05/06/18	Quality walkabout
05/06/18	1:1 Stephen Dunn, CEO
05/06/18	New consultant induction meeting – Dr Duehmke
05/06/18	Nic Smith-Howell, Associate Director of Integrated Community Paediatric Services
05/06/18	1:1 Tara Rose, Head of Communications
05/06/18	Christopher Browning, Chair WSCCG
05/06/18	Chair walkabout with senior matron, Lorraine Weaversmith
06/06/18	Shadowing volunteer on G8 stroke ward, Mick Mellon
06/06/18	STP Chairs meeting
08/06/18	STP Board meeting
13/06/18- 14/06/18	NHS Confed, Manchester, including Gala dinner
19/06/18	Quality walkabout
19/06/18	Jo Wyatt, STP Chairs
19/06/18	June Carpenter & Liz Steele – CoG
19/06/18	1:1 Rowan Procter, Executive chief nurse
19/06/18	Shadowing Laura Cardy, Critical care outreach team
19/06/18	Richard Jones & George Holmes – NED Interview prep
20/06/18	5 O’Clock Club, Bridget McIntyre
21/06/18	Tara Rose, Richard Jones, George Holmes – AMM prep
21/06/18	1:1 Stephen Dunn, CEO
21/06/18	Glyda Nunn, Therapies department
21/06/18	Raman Lakshman, Consultant & Clinical Director
21/06/18	Paul Molyneux, Consultant & Deputy Medical Director

Date	Meetings and events (15/5/18 until 1/8/18)
25/06/18	Anna Crispe, Suffolk County Council
25/06/18	Additional Shining Lights presentation to Denise Bradley
25/06/18	Edward Libbey (chair) & Jon Green (CEO), Queen Elizabeth Hospital Kings Lynn
26/06/18	Quality walkabout
26/06/18	Alan Rose, NED
26/06/18	1:1 Stephen Dunn, CEO
29/06/18	Trust Board meeting
03/07/18	Quality walkabout – NEESPS
03/07/18	Fine Green recruitment – NED recruitment
03/07/18	1:1 Stephen Dunn, CEO
03/07/18	Dawn Godbold, Director of Integration
03/07/18	1:1 Tara Rose, Head of Communications
03/07/18	Kate Vaughton, WSCCG & STP
04/07/18	Haverhill Community visit
04/07/18	Visit to Glastonbury Court
04/07/18	World War One Trail – My WiSH
05/07/18	Mark Shenton & David Harrison, STP Chairs
05/07/18	Cllr James Reeder, Suffolk County Council
09/07/18	Visit by Sir David Behan, CEO CQC
10/07/18	Meet with prospective NED candidate
10/07/18	Barbara Gayle, CEO St Nicholas Hospice
10/07/18	David White, STP Chairs
10/07/18	STP Chairs meeting
11/07/18	Scrutiny committee meeting
11/07/18	NHSI PRM meeting
11/07/18	Nick Hulme, STP Chairs
13/07/18	STP Board meeting
13/07/18	Non-executive shortlisting
16/07/18	Non-executive appraisal, Richard Davies
16/07/18	Matthew Hicks, Leader of council
16/07/18	Visit to Sudbury community nurses
16/07/18	Tele-call with non-executive directors
18/07/18	Speaking at STP conference, Westminster, London
20/07/18	Matt Hancock, Secretary of State for Health & Social Care visiting
24/07/18	Quality walkabout
24/07/18	1:1 Stephen Dunn, CEO
24/07/18	Non-executive appraisal, Angus Eaton
24/07/18	Junior doctor welcome and foundation trainee awards
24/07/18	June Carpenter & Liz Steele – CoG
24/07/18	Non-executive appraisal, Alan Rose
24/07/18	Richard Jones – CoG prep
25/07/18	Non-executive interviewee pre-meet telephone calls
26/07/18	Attending the management of the deteriorating patient study day
26/07/18	Non-executive appraisal, Gary Norgate
27/07/18	Trust board meeting
30/07/18	Non-executive interviewee pre-meet telephone calls
31/07/18	Quality walkabout
31/07/18	Non-executive interviewee pre-meet telephone call
31/07/18	1:1 Stephen Dunn, CEO
31/07/18	Karen Knight, Martin Rix (Norsecare) & Dawn Godbold (WSFT)
31/07/18	Nic Smith-Howell, child health centre & child development centre
01/08/18	Non-executive interviews

7. Chief executive's report

For Reference

Presented by Nick Jenkins

Council of Governors – 9 August 2018

AGENDA ITEM:	7
PRESENTED BY:	Nick Jenkins, Executive Medical Director
PREPARED BY:	Steve Dunn, Chief Executive Officer
DATE PREPARED:	31 July 2018
SUBJECT:	Chief Executive's Report
PURPOSE:	Information

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

I was immensely proud to welcome **Rt Hon Matthew Hancock MP** to the West Suffolk Hospital for his first official speech in his new role as Secretary of State for Health and Social Care. As part of his speech to a group of around 50 staff he promised to keep listening to the 3.1 million people who dedicate their lives to caring for the health of other and paid tribute to our hospital and community services – saying that he'd fight for us and champion us!

We are certainly popular for visits at the moment, as **chief executive of the Care Quality Commission**, Sir David Behan, and Dr Kathy McLean, **executive medical director and chief operating officer of NHS Improvement**, have both visited West Suffolk Hospital this month to deliver engaging talks at our leadership forum, the Five o'clock Club. Sir David Behan, who has held the top role at the CQC for six years, said that the Trust's journey to outstanding "has been hard won and many years in the making". After I gave David a brief tour of the hospital he gave an engaging talk to Trust staff to share his reflections of good leadership after a 40-year-career as part of the Trust's leadership forum, the 'Five o'clock Club'. He said: "It's been a pleasure to visit the Trust today and to meet some of its fantastic people. What stands out at the West Suffolk is the culture – one that is of openness and learning, and where leaders support their people. The outstanding rating is a reflection of that."

I am delighted and proud that our staff and the care and services they provide are receiving the recognition they deserve. Maintaining this high profile is so important at a time when we are striving to continue our digital journey, through further investment in technology and transform our emergency care, with a £15m investment in our emergency department. We would love to finish the job in becoming a true Global Digital Exemplar system and we are keen to support the policy process in developing the 10 year NHS plan. In shaping and responding to the NHS 10 year plan we will update our strategy and operational plans accordingly. Critical to this response is transformation and a key part of our strategy is development of an integrated model for service delivery which we are doing across our local area.

We marked **NHS70** with lots on offer for staff and patients to celebrate the cherished national health service, and indeed our local organisation. Our healthcare system is the envy of many across the world; yes, we don't always get it right, but I think it's a special thing to be part of a system that provides free healthcare for all – regardless of wealth, individuality or diversity. We're incredibly proud to be one of just three trusts chosen to represent staff in a series of national videos about the NHS, produced by NHS Improvement.

As part of the celebrations some staff were bound for the big smoke in honour of NHS70, with the Trust's My WiSH Charity heading to the House of Commons as one of 10 Midlands and East teams chosen as regional champions in the prestigious NHS70 Parliamentary Awards. Nominated by local MP Jo Churchill, My WiSH was shortlisted in The Patient and Public Involvement Award category. Although the charity did not win the category overall, the team said it was "an absolute honour" to attend this prestigious event. Hot on their heels I accompanied Shining Lights employee of the year Tracey Green, our mortuary and bereavement services manager, to a special NHS70 service at Westminster Abbey, London. Tracey said: "It was an absolute honour and privilege to hear other peoples' stories and for me personally, what with my employee of the year award, it was an honour to represent the Trust. We had a fantastic day and I really enjoyed being part of the NHS70 celebrations."

As the NHS turns 70 years old, our staff have once again rated us as one of the **best places to receive treatment and best places to work**. In the most recent NHS Staff Friends and Family Test (FFT), 884 of the 940 (95%) WSFT staff surveyed said they would recommend the Trust as a place to receive treatment, the fifth highest percentage recorded in England, and 84% said they would recommend it as a place to work, which is the third highest percentage recorded in England – both well above the national averages of 80% and 63% respectively.

I'm really glad that our staff are happy to recommend the Trust they work in – our staff know the Trust inside and out, so it's a really honest way for us to track how we're doing. This test was conducted in January to March, which was a particularly busy time period for our staff, so to score so highly in this quarter is a real testament to the quality of our Trust and the people that work in it. Many of our staff are also our patients, and live in the community that we serve as a healthcare provider, so it's really important to us that they're happy with the care they are able to provide and the quality of care that they see across both our hospital and community services.

During June the Prime Minister Theresa May set out proposals for a **long-term NHS funding** settlement of an extra £20.5bn by 2023 - an average annual rise of 3.4% above inflation for the next five years. This is a major landmark announcement and we should be extremely grateful for this increase in funding given taxes will have to rise and in the context of the uncertainties around Brexit. I have written to Jeremy Hunt, Secretary of State for health to thank him and the government for committing to this much needed additional funding for the NHS. It provides a much needed boost for the NHS in its 70th Birthday year. What a birthday present! In return for the extra investment, the NHS will be expected to commit to a ten-year plan outlining the improvements that can be delivered for this extra investment. We need to make sure we spend any new money wisely.

Here at West Suffolk we will continue to do our bit and endeavour to transform our hospital and health and care system to meet the future challenges and make good this investment. We would love to finish the job in becoming a truly Global Digital Exemplar system and we are keen to support the policy process in developing the 10 year NHS plan. In shaping and responding to the NHS 10 year plan we will update our strategy and operational plans accordingly. Critical to this response is transformation and a key part of our strategy is development of an integrated model for service delivery which we are doing across our local area.

Suffolk and north east Essex is seen nationally as leading the way in providing better care for local people after being named as one of four areas to join the development of integrated care across health, social care and the voluntary sector. An integrated care system would make it easier for patients to access services, see more joined up care delivery and staff should find it easier to work with colleagues from other organisations.

One of the key aspects of an **integrated care system, (ICS)** is for the local system to provide support or care closer to people's homes. One example of this already happening across Suffolk and north east Essex is social prescribing, which is a range of non-clinical community services such as walking clubs or self-help groups, often provided by local voluntary groups.

We have a real aspiration in the west of Suffolk to work as one system, which we hope will see us overcoming obstacles across organisational boundaries to streamline services. We strongly believe it will bring more efficiencies in how we work but more importantly improve the experience of patients, carers and citizens. In September 2016 health and care partners formed the **West Suffolk Alliance** and we have committed to work together to improve the health and care system in west Suffolk for all people whether they be a child, part of a family or a single adult. Our belief is that by working together in an Alliance we can have an impact on wellbeing, care and physical and mental health outcomes for people. Our focus within the Alliance is on *people and places*.

The strategy for our Alliance is to move from working as individual organisations towards being a fully integrated single system, with a shared vision, clear local priorities, able to both provide an improved service for people in west Suffolk and also to tackle the sustainability issues faced by the system together. Work has commenced on the delivery plan that will accompany the strategy document. The delivery plan will contain key milestones and timescales for each of the ambitions and actions set out in the strategy.

As part of our ongoing integration journey I am delighted that senior matron Sharon Basson has been appointed to a new role, as **head of nursing with integrated services**, a division of the Trust that brings together community and hospital services. Trained at the West Suffolk, Sharon has a wide variety of experience, including as a community nurse with the Victoria and Mount Farm GP surgeries in Bury. She has worked in commissioning as part of the continuing health care team, in discharge planning at the hospital and for the past two years as senior matron. As the integration of services across west Suffolk continues, Sharon has been closely involved with community services, including the setting up of Glastonbury Court; and working with community teams and specialists. She has also been instrumental in setting up the neighbourhood nursing and care team, based on the Buurtzorg model, a community service currently being tested in the area.

In June I was absolutely delighted that we appointed **Helen Beck as our executive chief operating officer**, after a rigorous recruitment process. Helen was the Trust's deputy chief operating officer for three years before stepping into the role of interim chief operating officer last year. Helen has been helping to steer the Trust through extensive periods of high demand over the years and has a deep knowledge and understanding of how the Trust operates and the challenges we need to overcome. She has also been instrumental in the Trust's efforts to reduce waiting times for elective treatment. I know the rest of the Board, and the wider organisation, is pleased to have made such a positive appointment, and we look forward to working with Helen for many years to come.

We experience significant difficulties with the new contract for the provision on **non-emergency patient transport services**. The contract is held by the CCG and provides services to both WSFT and Ipswich Hospital Trust (IHT). The key issues are timeliness of the service, a small number of failed pickups, ability to access the call centre and overall co-ordination of the service, which are mainly due to activity numbers approximately 30% higher than those contracted for. We are working closely with the new provider, the CCG and IHT to address these concerns and a detailed action plan was developed, which includes the provision of additional capacity through a targeted recruitment programme. The chief operating officer and her deputy are involved in daily escalation calls to mitigate and I am pleased to say that at the end of July we were able to report improvements in the service. I would like to apologise to patients, relatives, carers and staff who have experienced poor service during this transition period.

A big thank you to the **Breast Screening team** who just rolled their sleeves up and got stuck in to calling and imaging the patients affected by the national system error calling ladies aged around 70 in the Breast Screening programme which was in the news earlier this year. I heard at a meeting this morning that the backlog has now been completely dealt with - no fuss or bother, just good team working. Well done to them all.

We continue with our preparations for **winter 2018-19**. This includes capacity modelling, building new physical capacity and staff recruitment plans. The recruitment plans included additional nursing assistants to support the implementation of bay based nursing. More detail will be provided as part of the presentation at the Council of Governors meeting.

Audit of our accounts for last year confirmed that we had delivered our financial plan for 2017-18, which meant we had received bonus sustainability and transformation funding (STF) with a **year-end position of almost break even** (deficit of £0.3m).

During July we received feedback from an unannounced **MHRA inspection** for pathology services, which are provided by partners North East Essex and Suffolk Pathology Services (NEESPS). The results were disappointing in terms of the inspector's assessment of progress against the two major concerns which remained in place – validation of the information system and workforce planning. It was emphasised that nothing in the inspector's findings had identified patient harm but highlighted the inability to demonstrate effective safety systems. Prior to the inspection concerns regarding the service had triggered a quality walkabout that had brought a number of issues to the attention of Executive and Non-Executive Directors. We are working with NEESPS to ensure we respond to the challenge that remains - the creation and execution of the plans that will deliver a high quality, effective and sustainable pathology service.

We celebrated the generosity of **our wonderful volunteers** earlier in the year at our annual 'thank you' event. As a thank you for the impact the volunteers have on patient care, cream teas were served by the staff team, before the awards were presented. Twenty-nine volunteers received long service awards, clocking up 315 years of service between them. One volunteer, Grant Greetham, was thanked for giving an incredible 40 years of service to West Suffolk Hospital as a volunteer. We are so proud of volunteers, and we are lucky enough to have more than 400 of them here with us at the Trust. Our partnership working with HelpForce, a community interest company helping to develop the roles of NHS volunteers, will help us to work better with partners and really get the most out of our volunteers. We're currently exploring a number of community based roles, and I look forward to seeing how the scope of volunteering develops over the next few years.

We're proud to have been named as one of the **CHKS Top Hospitals for 2018**, a prestigious award made on the basis of an analysis of data from, for the first time, all hospital trusts in England, Wales and Northern Ireland. More than 20 indicators of performance were analysed by CHKS, a healthcare improvement organisation, with data from information that is regularly submitted by hospitals to NHS Digital in a number of areas. The performance indicators cover safety, clinical effectiveness, health outcomes, efficiency, patient experience and quality of care, and are revised annually to take into account any newly-available performance information. This award shows what we already know - that our staff are providing top quality care in the NHS. Of course there are things we want to improve, but we must be proud of the innovations and changes we make to the way we work to ensure the quality of care that we provide is outstanding. It can be hard to innovate when the day-to-day pressures are so high and everyone is so busy, but even in challenging times working in a different way is important for long-term success.

In the UK, less than 1% of all disposable coffee cups are recycled. We throw away seven million of them every day – that's 2.5 billion a year! With this in mind, we are introducing **reusable hot drinks cups** and new WSFT / My WiSH branded cups will be on sale in Time Out and the Courtyard Café at West Suffolk Hospital and at Newmarket Hospital's White Lodge Café.

Chief Executive blog

The power of leadership

<https://www.wsh.nhs.uk/News-room/news-posts/The-power-of-leadership.aspx>

Hello My Name Is Day

Monday 23 July was international #hellomynameis day, marking two years since Dr Kate Granger MBE passed away. It is a day to both celebrate her life and her campaign, but also to ensure we are using the principles of Hello My Name Is in our day to day life and work; the simple act of introducing yourself improves the relationship and communication between you and another human being.

Doing our bit for diabetes week

We teamed up with Suffolk County Council Public Health and OneLife Suffolk earlier this month for National Diabetes Week, with a focus on raising awareness of how the condition can be prevented or managed. Approximately 38,000 people are living with diabetes in Suffolk, a number which is increasing by 5% each year. There are also a further estimated 7,500 people in the county living with the condition who have not yet been diagnosed. But, around 60% of Type 2 diabetes can be delayed or prevented by making simple lifestyle changes. Our lead diabetes specialist nurse, Mandy Hunt, led some local media discussions and supported the campaign work to help spread awareness. The diabetes department at the West Suffolk Hospital runs on the ethos that diabetes education is the cornerstone of good self-management for patients, and offers many specialist courses that cover things like diet, lifestyle and medication management. It might seem small, but everything we do to promote health education, public health and empowering people to manage (or even prevent) long term conditions is worth the effort. As a system, we must begin to focus more on prevention rather than cure.

Red bag initiative rolled out across west Suffolk

After a successful trial, the red bag initiative - a scheme to reduce the time care home residents spend in hospital - is currently being rolled out to all west Suffolk care homes. Specialist discharge planning nurse, Debbie Clements-Dimmock, has been visiting staff at their board rounds, to remind and reinforce the purpose and benefits of the red bag.

Dying Matters Awareness Week – 14 to 20 May

Over the course of the week, our end of life team raised awareness of dying, death and bereavement. From the South Suffolk Show at Ampton to Newmarket Hospital, West Suffolk College, Sudbury Health Centre and Bury St Edmunds town centre, the team was kept busy, chatting to visitors and providing vital support and information.

At West Suffolk Hospital, the week started with a presentation at Core Brief, where those attending learned more about our rotation scheme partnership with St Nicholas Hospice, how consultant cover has made significant improvements in meeting the needs of our patients, and how the end of life team promotes cornea donation sensitively and professionally. There was also an opportunity to highlight our volunteer ward companions and officially launch the new 'blue ribbon' scheme (see below).

Blue ribbon patients

On 14 May the Trust launched a three-month trial of the 'blue ribbon' scheme. The aim of this scheme is to prevent multiple ward moves for patients identified as inappropriate for transfer, to help make them more comfortable at the end of their life. The scheme is explained to the patient and their family so that they understand that they will not be moved to another ward, unless under exceptional circumstances and agreed with the senior manager on call. The blue ribbon will be marked in the capacity management application and patients, who are identified by the palliative care team and reviewed daily, will have a blue ribbon symbol at their bedside.

Shinning a light on Pride

Across the globe, people have been came together in their thousands to celebrate June as Pride Month, when the world's lesbian, gay, bisexual and transgender (LGBT) communities gather and celebrate belonging and the freedom to be themselves. During the month Tara Rose spoke to three LGBT Trust colleagues about Pride and why it matter, how they want to support the LGBT community at the Trust, and the small things others can do to make a difference. This was shared as part of the Green Sheet.

The East Anglian regional NHS retirement fellowship

There was a great turnout to celebrate NHS70 from the East Anglian regional NHS retirement fellowship groups. Ex-NHS and social care staff congregated at The Athenaeum to reminisce and celebrate the beloved NHS.

Apprentice adult nursing programme

The Trust is delighted to confirm that 16 places have been offered to new and existing staff, who will be undertaking the four-year apprentice adult nurse programme starting in September. This is an exciting opportunity for potential registered nurses to undertake an NMC approved programme whilst also working for the Trust. The programme will be delivered by the University of Suffolk and students will be supported by our nursing directorate education team. Apprentices will be recognised by their student uniform and name badge and will spend 15 hours a week on clinical placement and theory days, whilst undertaking the remaining 22.5 hours within their base sites as part of the rostered numbers.

Lowest caesarean rates in the country

A Daily Mail article published earlier this month has named the West Suffolk NHS Foundation Trust as having the lowest caesarean section rates in the country. Data published by NHS Digital shows that we delivered 19.3% of babies by C-section, compared to rates as high as 37% in other areas of the country. It was really pleasing to have our fantastic maternity unit highlighted on a national scale, and is evidence of the high-quality care they provide to every woman and baby.

High-flying Hannah scoops award

Congratulation to estates and facilities project manager, Hannah Sharland, who was awarded the individual development award at the recent Health Estates and Facilities Management Association (HefmA) awards. The awards recognise and celebrate the outstanding efforts and achievements demonstrated by NHS estates and facilities teams throughout the past year, and Hannah was nominated for the individual development award for achieving excellence in education and in the workplace.

The Trust came together in honour of International Nurses Day 2018

The day marks an international celebration held around the world on 12 May each year; on the anniversary of Florence Nightingale's birthday, the traditional founder of modern nursing. We were delighted to host a visit from Jo Churchill, MP, who spent the morning shadowing Maddie O'Brien, endoscopy department sister and RCN representative, who has worked in the NHS since 1983. Maddie said: "Being a nurse is a privilege and an honour. My patients place their trust in me and allow me into their lives so they can talk openly and I can support them." Jo also met Helen Beard, head of nursing surgery and acute medicine, who showed Jo a photo of herself on the Trust memory walk from 1990, then welcomed Jo to the matron's office, where staff were invited to drop-in all day for tea and cake.

International Day of the Midwife - Saturday 5 May

Our midwives were at the Arc shopping centre in Bury St Edmunds last Saturday to let people know what it's really like to be a midwife, and to show what a brilliant service they provide, both at West Suffolk Hospital and in the community. This was all part of the celebrations for International Day of the Midwife on Saturday, 5 May. The stall gave the public an opportunity to speak to our midwives, see the plans for the labour suite refurbishment and receive breast feeding support.

New Haverhill to West Suffolk Hospital bus service

A new bookable community bus service linking Haverhill with West Suffolk Hospital will be launched next month, Suffolk County Council has announced. The service, which passengers can book through the online community transport service called 'RIDE', will be provided by The Voluntary Network - Suffolk County Council's Connecting Communities operator in West Suffolk. It follows demand for a new way for people to travel from Haverhill to the hospital. A six-month pilot will start on 1 August, linking the town's bus station with West Suffolk Hospital 18 miles away. Villages close to the A143 will also have opportunities to use the service which will operate, on demand, Monday to Friday, between 7.00am and 7.00pm. Passengers will be charged fares in line with local bus services. A full return trip will cost £8.

National Carers' Week

There are an estimated 6.5 million carers in the UK currently. One in five people aged 50-64 are carers, yet many people never expect they will take on this role. National Carers' Week, highlighted the amazing and valuable work that people do across the country looking after their loved ones who are elderly, disabled or seriously ill. You may know someone who does this, or be one yourself. It's an important job that contributes hugely to the wellbeing of the person being cared for, and helps our whole community by reducing the strain on public services. But it can also be a very difficult role, which is potentially emotionally, physically and financially draining. If you need further help take a look at:

<https://suffolkfamilycarers.org/> or
<https://www.carersuk.org/>

8. Governor issues

For Reference

Presented by June Carpenter

REPORT TO:	Council of Governors
MEETING DATE:	9 August 2018
SUBJECT:	Governor issues
AGENDA ITEM:	8
PREPARED BY:	June Carpenter, Lead Governor Richard Jones, Trust Secretary & Head of Governance
PRESENTED BY:	June Carpenter, Lead Governor
FOR:	Information

Response to feedback from June Carpenter, following informal Governors meeting on 23 July 2018.

- 1. Courtyard Café - since the staff discount has been removed from the cafe we understand that because of the time needed to go to Time Out for a short break that some staff are missing out the ability to buy a drink. Can we be assured that staff have been consulted on this plan? Could a second till be acquired for people just buying drinks to make it quicker for all?**

Changes to staff discounts in the Courtyard Café became effective from Tuesday, 8 May, however, Trust staff can continue to take advantage of discounted goods in the well-stocked staff Time Out restaurant on the first floor. While we know some of our staff are users of the Courtyard café, it is a designated space for patients and visitors. We were regularly seeing long waiting queues which can sometimes overflow into the main entrance corridor of the hospital. Asking staff to go to Time Out was a way to provide a quicker and more efficient service for patients and visitors because there is currently not enough room to accommodate another till within the existing Courtyard Café layout. The unions were briefed in advance to gain their support ahead of the change, which was publicised to staff in the weeks running up to the change.

- 2. Night Bed Transfers - can we be assured that night bed transfers are only undertaken when it is medically necessary and if they are undertaken that the proper handover is given to the receiving ward.**

Movements at night have to be recorded and staff try to not move patients after 10.00pm or before 6.00am unless there is a clinical reason. The relevant department should be notified if a patient is moved and e-Care should assist with this.

- 3. Recruitment of Nursing Staff - could we please have confirmation of the winter and 5 year strategy for nurses. Are the NEDs assured about the proposed plans to cope with the winter pressures?**

Forms part of the quality presentation on the main agenda from Nick Jenkins.

- 4. PALS - could we please have a break down and explanation in the rise of the numbers referred to PALS. Presumably there are some referrals from community included in the figures? Is there a trend for the complaints?**

One of our priorities over the past two years has been increased provision of our patient advice and liaison service (PALS) to ensure concerns can be dealt with at source in a proactive, efficient

As a result of promoting the work PALS do, both to staff and members of the public, we are pleased to see that our service is more readily available as can be demonstrated by our increase in enquiries. We have seen the impact of this positive change through feedback from service users, staff and also in numbers of formal complaints, which have decreased. The ability to resolve issues before they deteriorate further has been beneficial for our patients and their loved ones in achieving resolution at an early stage, which is likely to have contributed to fewer formal complaints.

Themes of PALS enquiries in Q1 2018/19 included the cost of patient parking and issues with the provision of our new non-emergency patient transport service, E-zec.

It is proposed that further information on PALS and complaints management and learning is shared with Governors within the proposed training and development programme (agenda item 12).

5. Car parking - since the new barrier scheme has been introduced has there been a decline in the revenue raised?

The new system became operational on 2 July 2018 with a few initial issues. At the time of writing this report we do not have the income data for July so are unable to confirm any impact on income. It is worth noting that car parking income in the summer months is historically lower so activity and income will be carefully monitored over the next few months. Recommend an update to the Council of Governors meeting in November 2018.

6. Quality report - is progress being made in the benchmarking of the standards?

The Integrated Quality & Performance Report (IQPR) to the Board includes a range of benchmark indicators, including: the CQC dashboard, NHS Improvement emergency flow improvement tool and the NHS safety thermometer. Improved reporting means that we are now able to benchmark our falls against national data based on falls per thousand bed days.

7. Can we try the Quince House meeting room again instead of the lecture theatre, a lot of people find it difficult to hear in there.

Proposed to use Quince House for the August and November meetings. This will be reviewed and if acceptable Quince House used during 2019.

8. Internet - assurance re the use of cookies

Internet cookies are files (normally in text format) that contain information about your browsing behaviour on websites and can automatically get logged on sites you have already visited. They are typically harmless but can be used for incorrect purposes such as targeting advertisements. The Trust can centrally control whether these are allowed in Google Chrome or Internet Explorer (our chosen browsers) but to date has not had cause to do this. In part this arises from the use of web filtering that prevents access to sites that are deemed unsuitable or not related to business of the Trust. In the unlikely event that a cookie proves to be malicious all Trust computers also come with a world leading anti-virus package that includes tools that scan files for malicious code and can intervene if a suspect pattern is identified. Alongside this we are now piloting further security software that is included in our new security perimeter that uses a different technological approach to scanning suspect items. If a suspect file is found, then it is isolated and passed to the threat emulation engine. The file is then executed in a secure virtual space and the resulting action monitored. If the engine determines that the actions are malicious the file is destroyed and the software foot print added to the known risks table. Finally, whilst not a defence per se, WSFT holds regular staff training and awareness sessions to remind staff of the risk around use of the Internet.

It has been confirmed that any cookies used by the Trust's website are either required for the website to work correctly or to help us monitor our website, to improve it for future visitors. We do not use cookies to collect personal information about users or to identify individual users. Further detail is provided on the website.

9. Lanyards the words of trust governor can't be seen

There was an error in manufacturing which means that the 'Governor' wording is not running along the sides of the lanyard in the correct way. This has been raised with the supplier and new lanyards ordered. These will take some time to be produced and arrive.

Recommendation:

To note issues raised and responses.

9. Summary quality & performance report

For Reference

Presented by Richard Davies

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

The performance for Q1 demonstrates overall **good performance achieving the majority of local and national targets** (defined by NHS Improvement's (NHSI) Single Oversight Framework).

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

CQC's five key questions

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

Community services

The dashboards include performance for both hospital and community services. Areas for note from community services include: maintaining friends and family test (FFT) scores at 97% (100% in Glastonbury Court); low levels of complaints; community teams met response times targets; the wheelchair service has maintained 100% referral to treatment (RTT) performance; continuing challenge of delayed transfer of care patients in community beds; and children in care services continue to be a challenge in terms of initial health assessments being completed on time.

Quality walkabout summary for Q1 **Report from Paul Morris, Deputy Chief Nurse**

During quarter 1 of 2018 we have visited a total of nine areas: F9, F7, F1, DSU, CCU, MTU, Fracture Clinic, Clinical skills labs and F5. 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 non-executive directors and governors who have supported these walkabouts. These have been able to further develop and facilitate a real opportunity to observe, review and interact with both staff and patients. These have been able to review previous walkabouts and often see the area's response to the challenge or the extra support offered as a result of the walkabout.

A great example of this was on F5 where there was a real need for the conversion of a bathroom into a shower room. The unit manager was desperate to have this converted. With her drive and support of the estates team the quality walkabout was able to support the timely commencement of the works between the visits in October 2017 and May this year.

Ward staffing has impacted on completion of daily checks which need to improve. There is an electronic App being designed by the Trust to support live monitoring of the daily checks, this will incorporate monitoring features and provide access to live information about the completed checks. Escalation reporting, incorporated with in the App, will ensure non-compliance is flagged and can be actioned in a timely way. Review of the App is scheduled for the end of August prior to launch.

Patient experiences have been good and many complimenting on the quality of the care they have received. At times noise at night has been raised, but when discussing this further this has been due to other patients with all accept one occasion where it was felt the staff has contributed to the noise. 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. The quarter has seen the appearance of lack of staff and increase workload become more of a common theme with the comment "there just isn't enough of them" often being used.

In total 24 actions were developed following the walkabouts of which 20 have been completed. 10 of these actions were within the paediatric area and are picked up within the task and finish group and have a medium term to long term completion timeframe. These included recruitment of further staff and equipment development within the HDU areas. The actions that have been raised as a result following walkabouts have involved escalation to the following teams, Estates and Facilities, House Keeping, Senior Nursing and Medical teams and others have been able to be managed at the ward level. I would like to acknowledge the support of all of these teams as without them we would not have been able to achieve often a very timely resolve to the issues identified.

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. Moving forward we are exploring the feedback process and this we are hoping to incorporate into our Datix system to ensure oversight of both the issues and actions and timely completion.

We have also listened regarding staff keenness regarding GREatix and we are in the process of establishing this with the communications team.

Recommendation:

To note the summary report.

Summary quality & performance report

Are we safe?

Within the **safety dashboard** 18/37 indicators for which data was available were reported as 'green' throughout Q1, including:

- Response to patient safety alerts
- Never events – zero reported
- Infection prevention indicators – C difficile and MRSA bacteraemia, central venous catheter insertion, peripheral cannula insertion, preventing surgical site infection pre- and peri- operatively, ventilator associated pneumonia, urinary catheter insertion
- Avoidable serious injuries/deaths from falls – hospital and community
- Ward acquired pressure ulcers (year to date)
- Risk register red/amber risks action completion
- National reporting and learning system upload of incidents

Areas for improvement

- There is continued focus to raise awareness of **pressure ulcer prevention** by the tissue viability team and link workers, specifically focussing on heel protection and promoting repositioning of patients, a significant challenge during the warmer weather. We are taking part in the pressure ulcer prevention NHSI collaborative and are actively working with the quality improvement lead to focus on reducing the incidence of pressure damage within the acute and community settings. Part of this review will include a review and implementation of the classification of pressure damage based on the NHSI guidance. A pressure ulcer group has been established for the community to improve consistency of reporting, ensuring actions and lessons learned.
- There were a total of 166 **falls** during Q1 (reducing from 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 maintained staff awareness but during the quarter the ability to ensure staff availability to 'special' patients has been challenging. This has been impacted by levels of activity and acuity. Initiatives to support the reduction in falls include cohorting of cognitively impaired patients with observation provided by bay based nursing, as well as the use of wander guards and digital reminiscence therapy. We are also participating in the NHSI falls collaborative.

Are we effective?

Within the **effective dashboard** 6/11 indicators for which data was available were reported as 'green' for each month in Q1, including:

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

Areas for improvement

- 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. Improvements are being made and changes to the recording of data, to consistently apply appropriate clinical definitions for when a discharge summary is required, will further improve performance

Are we caring?

Within the **caring dashboard** 29/33 indicators for which data was available were reported as 'green' throughout Q1.

The following **recommender indicators were rated as green** for each month in the quarter – inpatient, outpatients, short stay, A&E, A&E children, birthing unit, F1 (parent and young person) 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. Work with the operational areas and changes to the patient experience team have been made to support improvement going forward.

Are we responsive?

Within the **responsive dashboard** 16/34 indicators for which data was available were reported as 'green' throughout Q1.

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	Q1	Q4	Q3	Q2
Referral to treatment time, 18 weeks in aggregate, incomplete pathways	92%	91.3%	89.76%	88.32%	85.85%
RTT waiter over 52 weeks for incomplete pathway	0	43	51	62	90
A&E Clinical Quality - Total Time in A&E under 4 hours	95%	90.8%	84.77%	87.02%	90.54%
Cancer 62 Day Waits for first treatment (from urgent GP referral)	85%	87.9%	84.67%	89.28%	85.41%
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral)	90%	90.9%	91.50%	94.44%	96.23%
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%	100%	99.75%	100%
Cancer 2 week (all cancers)	93%	94.1%	97.41%	92.79%	94.12
Cancer 2 week (breast symptoms)	93%	88.0%	94.14%	99.71%	98.81
C. diff due to lapses in care (YTD)	16	2	3	10	3

* Estimated data due to reporting issues

Areas for improvement

- **ED Performance** - performance in ED against the 4 hour wait standard has shown improvement recently, just missing the target of 95% for May and June 2017, however prior to this the 95% target has not been achieved since June 2017. Unprecedented demand on ED over the winter period saw a decline in performance and intensive focus from Executives has been in place in ED. Further actions are in place to ensure sustainable performance moving forward and planning ahead into winter. A dedicated ED action plan is in place, which is monitored through weekly and monthly ED meetings to monitor and drive progress. The involvement of ECIST has commenced to assist with an in depth view of demand and capacity and seeking solutions to ensure our capacity meets the demand in ED.
- **RTT – 18 weeks** - performance in this area has been challenged for many months and was exacerbated with the cancellations over the winter period. A focused effort from teams has seen the position recover and performance against the 92% target was achieved for May, albeit it with caution. Performance in June demonstrated a slight deterioration to 91.3% as predicted. Detailed demand and capacity work is ongoing to allow specialty level trajectories to be developed to deliver a sustainable position.
- **Cancer Standards** - whilst the 62 day cancer standard continues to be achieved, this is being closely monitored to ensure delivery is continued. Performance for 2 week breast referrals continues to be challenged due to increase in demand despite additional sessions being offered. All the cancer standards are being closely monitored.

Are we well-led?

Within the **well-led dashboard** 23/35 indicators for which data was available were reported as 'green' throughout Q1, including:

- Turnover (rolling 12 months)
- Executive Team Turnover (Trust Management)
- Agency Spend
- Proportion of Temporary Staff
- Total vacancies
- Recruitment timescales
- DBS checks
- 17 of the 24 mandatory training requirements

Areas for improvement

- All staff to have an **appraisal** - The appraisal compliance percentage has improved in the quarter to 69.3% in June (63% in March). All executives have improvement in appraisal as part of their objectives for 2018-19 and this forms a significant focus in divisional performance review meetings.

10. Summary finance & workforce report

For Reference

Presented by Alan Rose

REPORT TO:	Council of Governors
MEETING DATE:	9 August 2018
SUBJECT:	Summary Finance & Workforce Report
AGENDA ITEM:	10
PREPARED BY:	Nick Macdonald, Deputy Director of Finance
PRESENTED BY:	Alan Rose, Non-Executive Director
FOR:	Information - update on Financial Performance

EXECUTIVE SUMMARY:

This report provides an overview of key issues during Q1 and highlights any specific issues where performance fell short of the target values as well as areas of improvement. The format of this report is intended to highlight the key elements of the monthly Board Report.

- The Q1 position reports a YTD loss of £3.2m, against a planned loss of £2.9m.
- This position includes STF funding of £0.4m.
- The Use of Resources Rating (UoR) is 3 YTD (1 being highest, 4 being lowest)

Key risks

- Securing cash loan support from DH for the 2018/19 revenue and capital plans.
- Delivering the £12.2m cost improvement programme.
- Containing the increase in demand to that included in the plan (3.2%).

I&E headlines for June 2018

The reported I&E for June 2018 is a deficit of £366k, against a planned deficit of £301k. This results in an adverse variance of £65k in month (£251k YTD).

This overspend predominantly relates to underperformance against the A&E performance and therefore PSF income being £165k below planned. We have appealed for this funding to be awarded in spite of our performance and are currently awaiting the outcome of that appeal.

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.

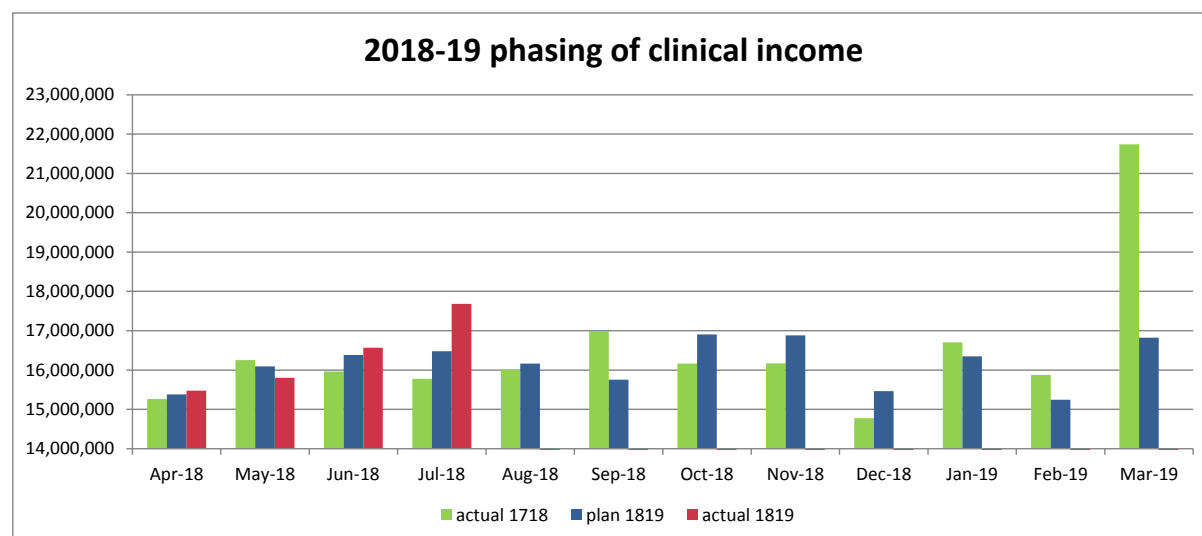
Metric	Value	Score
Capital Service Capacity rating	-0.803	4
Liquidity rating	-15.364	4
I&E Margin rating	-5.60%	4
I&E Margin Variance rating	1.60%	1
Agency	-41.22%	1
Use of Resources Rating after Overrides		3

2. Performance against I & E plan

SUMMARY INCOME AND EXPENDITURE ACCOUNT - June 2018	Jun-18			Year to date			Year end forecast		
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Actual	Variance
	£m	£m	£m	£m	£m	£m	Budget	Actual	F/(A)
NHS Contract Income	15.8	15.9	0.1	47.3	47.5	0.2	190.3	190.3	0.0
Other Income	2.9	2.9	0.0	8.3	8.1	(0.2)	33.4	33.4	0.0
Total Income	18.7	18.8	0.2	55.6	55.5	0.0	223.7	223.7	0.0
Pay Costs	12.9	12.7	0.3	37.9	38.7	(0.8)	151.4	151.4	0.0
Non-pay Costs	5.6	6.3	(0.7)	18.1	18.0	0.2	74.3	74.3	0.0
Operating Expenditure	18.5	19.1	(0.5)	56.1	56.7	(0.6)	225.7	225.7	0.0
Contingency and Reserves	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
EBITDA excl STF	0.1	(0.2)	(0.3)	(0.5)	(1.1)	(0.6)	(2.0)	(2.0)	0.0
Depreciation	0.7	0.6	0.1	2.1	1.7	0.3	8.2	8.2	0.0
Finance costs	0.3	0.2	0.1	0.9	0.7	0.2	3.6	3.6	0.0
SURPLUS/(DEFICIT) pre PSF	(0.9)	(1.0)	(0.2)	(3.5)	(3.5)	(0.1)	(13.9)	(13.9)	0.0
Provider Sustainability Funding (PSF)									
PSF - Financial Performance	0.4	0.6	0.3	0.4	0.4	0.0	2.6	2.6	0.0
PSF - A&E Performance	0.2	0.0	(0.2)	0.2	0.0	(0.2)	1.1	1.1	0.0
SURPLUS/(DEFICIT) incl PSF	(0.3)	(0.4)	(0.1)	(2.9)	(3.2)	(0.3)	(10.2)	(10.2)	0.0

Performance against Income plan

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



Income (£000s)	Current Month			Year to Date		
	Plan	Actual	Variance	Plan	Actual	Variance
Accident and Emergency	709	655	(54)	2,093	2,002	(91)
Other Services	2,341	2,873	532	7,212	7,970	758
CQUIN	317	310	(7)	941	933	(9)
Elective	2,946	2,709	(236)	8,750	8,140	(610)
Non Elective	5,403	5,293	(110)	16,158	16,097	(61)
Emergency Threshold Adjustment	(356)	(339)	17	(1,063)	(1,052)	11
Outpatients	2,843	2,806	(36)	8,316	8,502	186
Community	1,633	1,633	0	4,899	4,899	0
Total	15,835	15,942	106	47,305	47,492	186

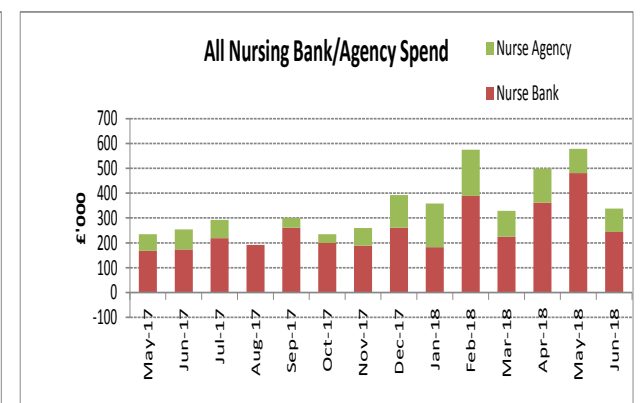
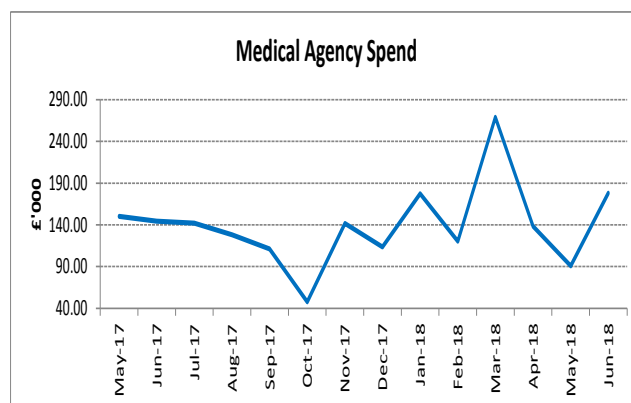
3. Performance against Expenditure plan - Workforce

Monthly Expenditure (£) Acute services only				
As at June 2018	Jun-18	May-18	Jun-17	YTD 2018-19
	£'000	£'000	£'000	£'000
Budgeted costs in month	11,092	11,109	11,151	33,367
Substantive Staff	9,943	9,928	9,935	29,779
Medical Agency Staff (includes 'contracted in' staff)	167	76	132	374
Medical Locum Staff	224	225	229	705
Additional Medical sessions	248	298	230	845
Nursing Agency Staff	89	88	81	304
Nursing Bank Staff	231	459	162	1,037
Other Agency Staff	20	(6)	49	55
Other Bank Staff	117	104	120	367
Overtime	102	165	88	406
On Call	60	58	55	181
Total temporary expenditure	1,259	1,466	1,147	4,274
Total expenditure on pay	11,201	11,394	11,083	34,052
Variance (F/(A))	(110)	(285)	68	(685)
Temp Staff costs % of Total Pay	11.2%	12.9%	10.4%	12.6%
Memo : Total agency spend in month	276	157	262	733

Monthly Whole Time Equivalents (WTE) Acute Services only			
As at June 2018	Jun-18	May-18	Jun-17
	WTE	WTE	WTE
Budgeted WTE in month	3,130.9	3,134.7	2,980.9
Employed substantive WTE in month	2771.73	2765.43	2724.3
Medical Agency Staff (includes 'contracted in' staff)	11.48	9.43	11.13
Medical Locum	20.84	17.4	16.46
Additional Sessions	17.79	24.6	18.21
Nursing Agency	17.55	17.33	12.5
Nursing Bank	73.62	68.2	52.86
Other Agency	5.71	7.4	16.41
Other Bank	56.46	49.2	57.73
Overtime	30.59	56.39	40.19
On call Worked	7.33	7.74	8.42
Total equivalent temporary WTE	241.4	257.7	233.9
Total equivalent employed WTE	3,013.1	3,023.1	2,958.2
Variance (F/(A))	117.8	111.6	22.7
Temp Staff WTE % of Total Pay	8.0%	8.5%	7.9%
Memo : Total agency WTE in month	34.7	34.2	40.0
Sickness Rates	3.79%	3.77%	3.62%
Mat Leave	2.56%	2.13%	2.1%

Monthly Expenditure (£) Community Service Only				
As at June 2018	Jun-18	May-18	Jun-17	YTD 2018-19
	£'000	£'000	£'000	£'000
Budgeted costs in month	1,516	1,516	1,123	4,548
Substantive Staff	1,473	1,504	1,056	4,437
Medical Agency Staff (includes 'contracted in' staff)	12	15	13	33
Medical Locum Staff	3	3	4	9
Additional Medical sessions	1	0	0	1
Nursing Agency Staff	6	9	0	26
Nursing Bank Staff	12	23	11	49
Other Agency Staff	13	17	15	44
Other Bank Staff	8	7	9	22
Overtime	6	8	4	22
On Call	3	3	1	9
Total temporary expenditure	63	85	57	215
Total expenditure on pay	1,536	1,589	1,114	4,652
Variance (F/(A))	(20)	(73)	9	(104)
Temp Staff costs % of Total Pay	4.1%	5.4%	5.1%	4.6%
Memo : Total agency spend in month	30	42	28	103

Monthly Whole Time Equivalents (WTE) Community Services Only			
As at June 2018	Jun-18	May-18	Jun-17
	WTE	WTE	WTE
Budgeted WTE in month	485.56	485.56	380.57
Employed substantive WTE in month	473.95	465.73	344.1
Medical Agency Staff (includes 'contracted in' staff)	0.74	0.42	1.0
Medical Locum	0.35	0.35	0.4
Additional Sessions	0.00	0.00	0.0
Nursing Agency	1.01	1.96	0.0
Nursing Bank	3.78	3.95	3.8
Other Agency	4.41	3.93	5.4
Other Bank	3.02	2.23	2.3
Overtime	2.02	2.43	2.1
On call Worked	0.04	0.00	0.0
Total equivalent temporary WTE	15.37	15.27	14.9
Total equivalent employed WTE	489.32	481	359.0
Variance (F/(A))	-3.76	4.56	21.6
Temp Staff WTE % of Total Pay	3.1%	3.2%	4.2%
Memo : Total agency WTE in month	6.2	6.3	6.4
Sickness Rates (Feb / Jan)	3.67%	3.62%	3.55%
Mat Leave	3.11%	1.13%	1.1%



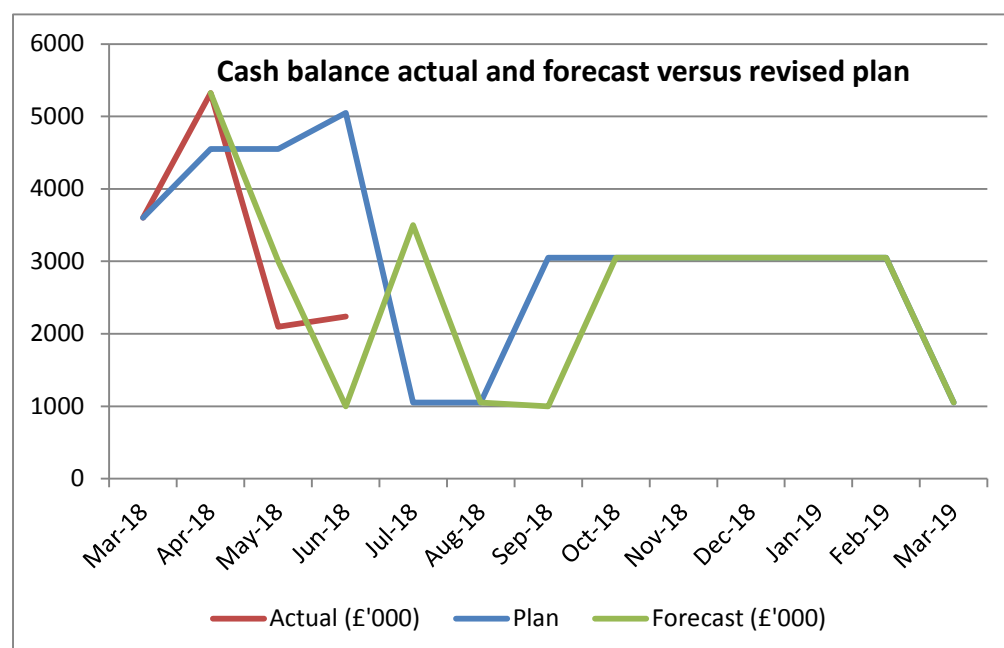
4. Balance Sheet

STATEMENT OF FINANCIAL POSITION

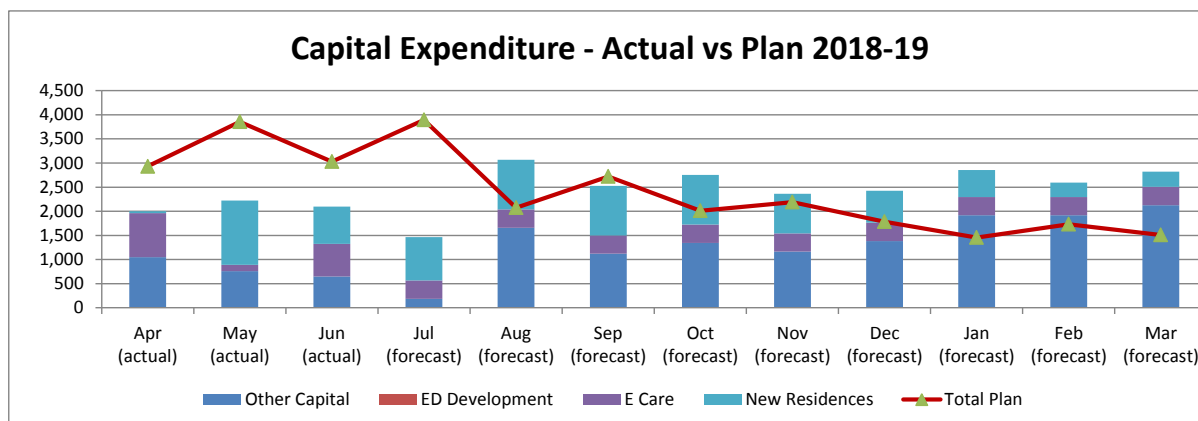
	As at 1 April 2018 * £000	Plan 31 March 2019 £000	Plan YTD 30 June 2018 £000	Actual at 30 June 2018 £000	Variance YTD 30 June 2018 £000
Intangible assets	23,852	27,909	25,033	25,546	513
Property, plant and equipment	94,170	111,399	98,647	97,260	(1,387)
Trade and other receivables	3,925	3,925	3,925	3,925	0
Other financial assets	0	0	0	0	0
Total non-current assets	121,947	143,233	127,605	126,730	(875)
Inventories	2,712	2,700	2,900	2,680	(220)
Trade and other receivables	21,413	19,500	22,050	21,071	(979)
Non-current assets for sale	0	0	0	0	0
Cash and cash equivalents	3,601	1,050	1,050	2,239	1,189
Total current assets	27,726	23,250	26,000	25,990	(10)
Trade and other payables	(26,135)	(27,498)	(26,038)	(25,646)	392
Borrowing repayable within 1 year	(3,114)	(3,357)	(3,164)	(3,083)	81
Current Provisions	(94)	(26)	(26)	(94)	(68)
Other liabilities	(963)	(1,000)	(5,500)	(4,059)	1,441
Total current liabilities	(30,306)	(31,881)	(34,728)	(32,882)	1,846
Total assets less current liabilities	119,367	134,602	118,877	119,838	961
Borrowings	(65,391)	(90,471)	(68,912)	(69,025)	(113)
Provisions	(124)	(158)	(192)	(124)	68
Total non-current liabilities	(65,515)	(90,629)	(69,104)	(69,148)	(44)
Total assets employed	53,852	43,973	49,773	50,690	917
Financed by					
Public dividend capital	65,803	66,103	65,803	65,803	(0)
Revaluation reserve	8,021	8,021	8,021	8,021	0
Income and expenditure reserve	(19,974)	(30,152)	(24,051)	(23,133)	918
Total taxpayers' and others' equity	53,850	43,972	49,773	50,690	917

The cash at bank as at the end of June 2018 is £2.2m.

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	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	2018-19
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
E Care	916	131	675	380	380	380	380	380	380	380	380	384	5,146
ED Development	0	0	0	0	0	0	0	0	0	0	0	0	0
New Residences	37	1,329	773	901	1,027	1,027	1,027	819	663	559	300	313	8,774
Other Schemes	1,047	760	647	184	1,658	1,120	1,346	1,163	1,382	1,916	1,916	2,125	15,266
Total / Forecast	1,999	2,220	2,096	1,465	3,065	2,527	2,753	2,362	2,425	2,855	2,596	2,822	29,186
Total Plan	2,932	3,855	3,031	3,895	2,074	2,721	2,010	2,190	1,784	1,455	1,730	1,509	29,186

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

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

At this point in the year the phasing of schemes is subject to change.

Expenditure on e-Care for the year to date is £1,722k with a forecast for the year of £5,144k.

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

The forecasts for all projects have been reviewed by the relevant project managers. All of the schemes that are still due for completion during the year and therefore the expenditure will catch up with the plan later in the financial year. Therefore there are no significant financial risks to the budgets reported.

Year to date the overall expenditure of £6,315k is below the plan of £9,818k.

Recommendation:

To note the summary report.

11. Quality presentation - development to support emergency demand

For Reference

Presented by Nick Jenkins

12. Training & development programme

For Approval

Presented by Richard Jones

REPORT TO:	Council of Governors
MEETING DATE:	9 August 2018
SUBJECT:	Training and development programme
AGENDA ITEM:	12
PREPARED BY:	Richard Jones, Trust Secretary
PRESENTED BY:	Richard Jones, Trust Secretary
FOR:	Approval

1. Background

The Board has a **responsibility** to ensure that Governors are equipped with the skills and knowledge they need to undertake their role (s151(5) of the Health and Social Care Act).

This has been delivered through a **programme of activities** available to Governors, including:

- Externally facilitated induction and refresher training
- Adhoc training sessions e.g. finance training provided by Craig Black
- Invitation to presentations relevant to Governors e.g. 5 O'clock club and quality presentations at the Quality & Risk Committee
- Joint workshops with the Board e.g. operational planning meeting in May 2018
- Presentations at the Council of Governors

Positive feedback has been has always been received on this programme of activities, as reflected in the Governors commentary in the Annual Quality Report (approved in May 2018).

2. Proposal

It is proposed to maintain and develop the existing programme of activities.

In addition to the activities listed above consideration could be given to inviting subject matter experts to present at **informal governor meetings**. This would provide the opportunity to receive updates in a less formal setting, but would only work if Governors support the approach and attendance at the meetings is adequate.

The subjects identified to be included in the **training and development programme** over the coming year include:

- Community services and Alliance working (Dawn Godbold)
- Quality and safety framework - measurement and learning (Rowan Proctor, Executive chief nurse)
- PALS and complaints management and learning (Cassia Nice, Patient Experience Manager)
- Future estate strategy and clinical model (Craig Black, Director of resources)
- Population health (Helena Jopling, Public Health consultant)

It is proposed to schedule an annual **refresh on the 'core skills'** for the Governor role with Claire Lea as the external trainer and facilitator. In addition to the core refresh this session can be targeted at key areas such as:

- Accountability
- Effective questioning and challenge
- Member and public engagement

3. Recommendation

Governors are asked to consider the proposed training and development programme and agree:

- (a) Topics to be included in the general training and development programme over the next year (recognising this can be added to as issues arise)
- (b) For the externally facilitated 'core skills' training refresh:
 - i. The timing of the session – Dec 2018 or January 2019
 - ii. Any specific areas to be targeted for training (example list above)
- (c) Whether it is appropriate to use the informal governor meetings for briefings from subject matter experts
- (d) Based on the outcome of the discussion a programme of activities will be prepared and it is proposed this is reviewed by the Council of Governors every six months

13. Annual Report & Accounts 2017/18
(on Trust website)

For Reference

Presented by Richard Jones

14. Annual audit letter & quality report limited assurance review

For Reference

Presented by Angus Eaton



WEST SUFFOLK NHS FOUNDATION TRUST

ANNUAL AUDIT LETTER

Audit for the year ended 31 March 2018
18 July 2018



EXECUTIVE SUMMARY

PURPOSE OF THE LETTER

This Annual Audit Letter summarises the key issues arising from the work that we have carried out in respect of the year ended 31 March 2018. It is addressed to the Trust but is also intended to communicate the key findings we have identified to key external stakeholders and members of the public.

RESPONSIBILITIES OF AUDITORS AND THE TRUST

It is the responsibility of the Trust to ensure that proper arrangements are in place for the conduct of its business and that public money is safeguarded and properly accounted for.

Our responsibility is to plan and carry out an audit that meets the requirements of the National Audit Office's (NAO's) Code of Audit Practice (the Code), and to review and report on:

- The Trust's financial statements
- The auditable parts of the Remuneration and Staff Report
- Whether the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We are also required to review and report on the Annual Report, Annual Governance Statement and the Trust Accounts Consolidation schedules.

We also undertake a review of the Trust's Quality Report, to confirm that it has been prepared in line with requirements and to test three performance indicators, two mandated by NHS Improvement and one selected by the Governors.

We recognise the value of your co-operation and support and would like to take this opportunity to express our appreciation for the assistance and co-operation provided during the audit.

BDO LLP
18 July 2018

AUDIT CONCLUSIONS

FINANCIAL STATEMENTS

We issued our unmodified true and fair opinion on the financial statements on 25 May 2018.

We reported our detailed findings to the Audit Committee on 24 May 2018. We reported on uncorrected misstatements that management and the Audit Committee concluded were immaterial.

USE OF RESOURCES

We issued a qualified 'except for' opinion in respect of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources on 25 May 2018.

QUALITY REPORT

We issued our unmodified assurance report on the Quality Report on 25 May 2018.

We reported our detailed findings in a separate report on 24 May 2018.

FINANCIAL STATEMENTS

OPINION

We issued our unmodified true and fair opinion on the financial statements on 25 May 2018.

SCOPE OF THE AUDIT OF THE FINANCIAL STATEMENTS

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that they are free from material misstatement, whether caused by fraud or error.

This includes an assessment of whether the accounting policies are appropriate to the Trust's circumstances, and have been consistently applied and adequately disclosed, the reasonableness of significant accounting estimates and the overall presentation of the financial statements.

OUR ASSESSMENT OF RISKS OF MATERIAL MISSTATEMENT

Our audit was scoped by obtaining an understanding of the Trust and its environment, including the system of internal control, and assessing the risks of material misstatement in the financial statements.

We set out below the risks that had the greatest effect on our audit strategy, the allocation of resources in the audit, and the direction of the efforts of the audit team.

RISK DESCRIPTION	HOW RISK WAS ADDRESSED BY OUR AUDIT AND AUDIT FINDINGS	CONCLUSION
<p><u>Management override</u></p> <p>The primary responsibility for the detection of fraud rests with management. Their role in the detection of fraud is an extension of their role in preventing fraudulent activity. They are responsible for establishing a sound system of internal control designed to support the achievement of departmental policies, aims and objectives and to manage the risks facing the organisation; this includes the risk of fraud.</p> <p>Under ISA (UK) 240, "The Auditor's responsibility to consider fraud in an audit of financial statements" there is a presumed significant risk of management override of the system of internal controls.</p>	<p>We responded to this risk by:</p> <ul style="list-style-type: none"> Testing the appropriateness of journal entries recorded in the general ledger and other adjustments made in the preparation of the financial statements Reviewing accounting estimates (in particular, the estimate in relation to deposits for Community services equipment) for bias and evaluated whether the circumstances producing the bias, if any, represent a risk of material misstatement due to fraud Obtaining an understanding of the business rationale for significant transactions that are outside the normal course of business for the entity or that otherwise appear to be unusual. <p>We identified two non-material unadjusted audit difference of in relation to the calculation of the estimate for the Community services equipment deposit accrual, one in respect of the current year (£652k) and one in respect of the prior year (£391k) with a net impact in the current year of £261k.</p> <p>We do not consider these to be as a result of Management bias.</p> <p>If these adjustments had been made, it would have improved the reported financial performance of the Trust by reducing the deficit position.</p>	<p>We had no issues to report in respect of our journals testing.</p> <p>We reported the identified errors of £652,000 and £391,000 as unadjusted misstatements that did not materially affect the overall financial performance reported by the Trust.</p>

RISK DESCRIPTION	HOW RISK WAS ADDRESSED BY OUR AUDIT AND AUDIT FINDINGS	CONCLUSION
<p><u>Revenue Recognition</u></p> <p>Under ISA (UK) 240 “The Auditor’s responsibility to consider fraud in an audit of financial statements” there is a presumption that income recognition presents a fraud risk. For Trusts, the risks affect the existence and accuracy of income.</p> <p>The majority of the Trust’s revenue is received from CCGs and NHS England for the provision of healthcare services. For NHS income, the risk is primarily around the estimation of the year-end revenue position with commissioners. For example, there is a risk that the year-end completed spells accrual may be misstated, or that contract challenges and penalty estimates may not be appropriate, particularly where disputes may be ongoing.</p> <p>The Trust also receives a significant amount of income from non-NHS sources (in aggregate) including income from non-patient care services to other bodies and private healthcare providers, various fees and charges and other non-NHS revenue. There is a risk in relation to the recognition point of such income, particularly where services are partially-completed at the year-end.</p> <p>We consider the risk of fraudulent revenue recognition can be rebutted for the following income streams:</p> <ul style="list-style-type: none"> • Revenue from Local Authorities • Private Patient Income • Overseas Patient Income • NHS Injury Scheme • Research and Development • Receipt of Capital Grants and Donations • Charitable and Other Contributions to Expenditure • Income in Respect of Staff Costs where Accounted on Gross Basis • Other Income 	<p>We responded to this risk by:</p> <ul style="list-style-type: none"> • Carrying out audit procedures to update our understanding of the Trust’s internal control environment for the significant income streams, including how this operates to prevent loss of income and ensure that income is recognised in the correct accounting period • Substantively testing an extended sample of material non-NHS income streams to supporting documentation to confirm that income has been accurately recorded and earned in the year • Reviewing the process for resolving discrepancies between the Trust and other NHS bodies through the agreement of balances process, and management’s estimate of amounts receivable where there are contract disputes, subsequently investigating all discrepancies and disputed amounts above £250k. This tolerable variance was lowered in response to the significant audit risk identified • Agreeing a sample of income with other NHS bodies back to contract amounts • Ensuring that all income items tested had been accounted for in line with the Trust’s revenue recognition policy. <p>We identified that the Trust did not accrue for income of £340k from one Trust relating to the 2017/18 year. Our work indicated that this was as an isolated instance.</p>	<p>We reported the identified error of £340,000 as an unadjusted misstatement that did not materially affect the overall financial performance reported by the Trust.</p>

RISK DESCRIPTION	HOW RISK WAS ADDRESSED BY OUR AUDIT AND AUDIT FINDINGS	CONCLUSION
<p><u>Accounting for the Community Care contract</u></p> <p>During the year, the Trust amended the arrangement with NHS West Suffolk CCG and NHS Ipswich and East Suffolk CCG for the provision of a number of community healthcare services.</p> <p>The Trust is no longer the lead for the contract. Income that was previously passed through the Trust to the Ipswich Hospital NHS Trust (IHT), is now paid directly to IHT by NHS Ipswich and East Suffolk CCG. Specific services are provided across the Suffolk region by both Trusts, and the income provided directly to the Trusts is not consistent with the services provided by each Trust. As a result, there is a need for income to be passed between the Trusts in accordance with the services actually delivered by the Trusts.</p> <p>This is a significant change to this contractual arrangement and management needed to determine the appropriate accounting treatment for the new arrangement. Consequently there was a risk that the accounting treatment applied will not be appropriate.</p> <p>determine the appropriate accounting treatment for the new arrangement. Consequently there was a risk that the accounting treatment applied will not be appropriate.</p>	<p>We responded to this risk by reviewing the treatment and reasoning proposed by the Trust, with reference to applicable financial reporting standards and the contract documentation for the arrangement.</p> <p>No issues were identified by our audit work in this area.</p>	<p>No issues to report.</p>

OUR APPLICATION OF MATERIALITY

We apply the concept of materiality both in planning and performing our audit and in evaluating the effect of misstatements.

We consider materiality to be the magnitude by which misstatements, including omissions, could influence the economic decisions of reasonably knowledgeable users that are taken on the basis of the financial statements.

Importantly, misstatements below these levels will not necessarily be evaluated as immaterial as we also take account of the nature of identified misstatements, and the particular circumstances of their occurrence, when evaluating their effect on the financial statements as a whole.

The materiality for the financial statements as a whole was set at £4.4 million. This was determined with reference to a benchmark of gross expenditure (of which it represents 1.75 per cent) which we consider to be one of the principal considerations for the Trust in assessing the financial performance.

We agreed with the Audit Committee that we would report all individual audit differences in excess of £176,000.

AUDIT DIFFERENCES

Our audit did not identify any material audit differences.

We found 3 audit differences not corrected in the final financial statements as follows:

- £0.391 million - Adjustment for understatement of prior period deposit accrual (factual misstatement of an estimate)
- £0.652 million - Adjustment for understatement of current period deposit accrual (factual misstatement of an estimate)
- £0.340 million - Accrual for additional income owed from Guy's and St Thomas NHS Foundation Trust. This has historically been recognised on a cash basis with the income in respect of 2016/17 recognised in 2017/18 when it was received. We recommend that going forward, the income is recognised in the period to which it relates (factual)

Correcting for these remaining misstatements would have resulted in the Trust reporting a £0.601 million lower deficit for the year. We consider that these misstatements did not have a material impact on our opinion on the financial statements.

TRUST ACCOUNTS CONSOLIDATION SCHEDULES

We are required to provide an opinion to the Trust to confirm that the financial information included in the Trust Accounts Consolidation schedules (and used in the preparation of the Group consolidation) is consistent with the audited financial statements.

We reported the Trust Accounts Consolidation schedules were consistent with the financial statements.

NAO GROUP ASSURANCE REVIEW

The Trust was selected as one of forty six sampled NHS providers by the NAO for full group audit review by the component auditor of the Trust Accounts Consolidation schedules, including testing of reported counter-party transactions and balances.

Our work did not result in any exceptions being reported to the NAO.

ANNUAL REPORT

Other information in the Annual Report was not inconsistent or misleading with the financial statements or with our knowledge acquired in the course of our audit.

ANNUAL GOVERNANCE STATEMENT

The Annual Governance Statement was found to comply with NHS Improvement's guidance and was not inconsistent or misleading with other information we were aware of from our audit of the financial statements, the evidence provided in the Trust's review of effectiveness and our knowledge of the Trust.

REMUNERATION AND STAFF REPORTS

The auditable parts of the Remuneration and Staff Report were found to have been properly prepared in accordance with the requirements directed by the Secretary of State.

INTERNAL CONTROLS

We did not find any significant deficiencies in internal controls during the course of our audit. A number of other areas for improvement were identified which we have discussed with management.

USE OF RESOURCES

CONCLUSION	We issued a qualified ‘except for’ / adverse opinion on the Trust’s arrangements for securing economy, efficiency and effectiveness in its use of resources on 25 May 2018.
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SCOPE OF THE AUDIT OF USE OF RESOURCES

We are required to be satisfied that proper arrangements have been made to secure economy, efficiency and effectiveness in the use of resources based on the following reporting criterion:

In all significant respects, the audited body had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people.

As part of reaching our overall conclusion we consider the following sub criteria in our work: informed decision making, sustainable resource deployment, and working with partners and other third parties.

OUR ASSESSMENT OF SIGNIFICANT RISKS

Our audit was scoped by our cumulative knowledge brought forward from previous audits, relevant findings from work undertaken in support of the opinion on financial statements, reports from the Trust including internal audit, information disclosed or available to support the Governance Statement and Annual Report, the Care Quality Commission’s assessments of the Trust, and information available from the risk registers and supporting arrangements.

We set out overleaf the risks that had the greatest effect on our audit strategy, the allocation of resources in the audit, and direction of the efforts of the audit team.

RISK DESCRIPTION	HOW RISK WAS ADDRESSED BY OUR AUDIT AND AUDIT FINDINGS	CONCLUSION
<p><u>Financial Position (sustainable resource deployment)</u></p> <p>The following risk was included in our audit plan dated 9 February 2018:</p> <p>The Trust has reported significant deficits in the last two financial years and has agreed a deficit control total of £5.9 million, after Sustainability and Transformation Fund (STF) income of £5.2 million, for the 2017/18 year.</p> <p>At month 9 the Trust reported a year-to-date deficit of £7.8 million (prior to STF), which represents an adverse variance to plan of £0.6 million and was forecasting that by the year end the deficit would be £11.1 million (excluding STF income) which, if delivered, represented achievement of the agreed control total.</p> <p>The Trust set a £14.4 million cost improvement plan (CIP) for the year and as at month 9 was reporting that it had delivered £9.7 million of this and was forecasting to deliver £14.4 million savings by the year end, confirming that full delivery of the CIP programme remained possible. Longer-term financial turnaround is dependent upon economy-wide solutions, but there remain significant challenges within the Trust to manage local efficiencies and costs whilst delivery quality services.</p>	<p>We responded to this risk by:</p> <ul style="list-style-type: none"> • Reviewing the Trust's Operational Plan and considering the assumptions used that are relevant to financial projections for reasonableness • Considering the arrangements in place for identifying, managing and monitoring the Trust's CIP, and sampling any CIP schemes to consider the adequacy of arrangements. <p>We found that:</p> <ul style="list-style-type: none"> • The Trust set an original budget for 2017/18 which anticipated an £11.1m deficit. With the use of the STF funding, the Trust was forecasting a deficit of £5.9m. The Trust achieved a significant improvement to the forecast with the final outturn for 2017/18 resulting in a deficit of £0.3m. The improvement was partly due to the Trust receiving the STF incentive and a further bonus of £5.3m at the year-end, the level of which was greater than expected and had not therefore been incorporated into the Trust's forecasts • During 2017/18, the Trust delivered £13.8m of the £14.4m Cost Improvement Programme (CIP), which played a significant part in the Trust achieving its overall financial plan • The planned deficit control total set by NHSI for 2018/19 is £13.8m, which if achieved would give the Trust £3.7m of STF funding. The Trust were initially forecasting a deficit of £16.6m for 2018/19. The planning assumptions used to arrive at these forecasts are in line with national guidance from NHS Improvement • Delivery of the Trust's initial 2018/19 plan requires delivery of a further £9.4m of CIP savings, which is less than the £13.8m delivered in 2017/18, but nonetheless still a significant challenge. The Trust is not expected to achieve financial balance in the medium term • Despite the Trust's success in delivering the agreed control total for 2017/18, this still resulted in a deficit for the year and the financial plans are forecasting that significant deficits will be incurred for the foreseeable future. 	<p>We are required to conclude that there is insufficient evidence that the Trust's arrangements support, in all significant respects, its ability to achieve planned and sustainable financial stability and we have modified our opinion in this respect.</p>

RISK DESCRIPTION	HOW RISK WAS ADDRESSED BY OUR AUDIT AND AUDIT FINDINGS	CONCLUSION
<p><u>e-Care (informed decision making)</u></p> <p>There are known data quality issues with the e-Care system, which was implemented in 2016. The most notable issues are in relation to the data used for performance reporting including the referral to treatment (RTT) 18-week target, which was being estimated at the start of the year. Some data used in the performance dashboard was also unavailable.</p> <p>The Trust is reporting these issues have been resolved during 2017/18, but had not been resolved at the start of the year. Although the Trust, CCG and NHSI are fully aware of the issues with the e-Care system, the problems with the quality of the data casts doubt over the Trust's ability to make properly informed decisions using the data available.</p>	<p>We responded to this risk by:</p> <ul style="list-style-type: none"> • Considering the impact on the Trust's performance and ability to accurately report data • Reviewing the clarity of reporting on matters where data is obtained from e-Care • Reviewing the adequacy of the action plan in place to ensure that the issue with data quality is rectified in a timely manner. <p>No issues were identified by our audit work in this area.</p>	<p>We had no issues to report by exception.</p>

QUALITY REPORT

CONCLUSION

We issued an unqualified assurance report on the Quality Report on 25 May 2018.

SCOPE OF THE REVIEW OF THE QUALITY REPORT

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- The Quality Report is not prepared in line with the guidance issued by NHS Improvement
- The Quality Report is not consistent with the sources specified in NHS Improvement's detailed guidance for external assurance on quality reports 2017/18
- the two performance indicators subject of limited assurance review are not reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the guidance.

SPECIFIED INDICATORS FOR TESTING

We are required to test two mandated performance indicators, from a suite of four indicators, chosen in the order of priority required by NHS Improvement:

- Percentage of patients with a total time in A&E of four hours or less from arrival to arrival, admission, transfer or discharge
- Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period
- Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers
- Emergency readmissions within 28 days of discharge from hospital.

We tested the first two on the list, as well as the Trust's local friends and family data, as chosen by the Governors. The results of this audit are outside the scope of our limited assurance report.

REQUIREMENTS	RESPONSE	FINDINGS
Review the content of the report and consistency with specified documents.	<p>We reviewed the contents of the Quality Report and compared this to the guidance and Regulations issued by the Department of Health and Social Care.</p> <p>We read the information included in the Quality Report and considered whether it was materially inconsistent with:</p> <ul style="list-style-type: none"> • Board minutes and papers relating to quality reported to the Board • Feedback from Commissioners, Local Healthwatch and Overview and Scrutiny Committee • The Trust's complaints report • Latest national patient survey and staff survey • Head of Internal Audit's annual opinion over the Trust's control environment • Annual Governance Statement • Care Quality Commission's quality and risk profiles • Results of the latest Payment by Results coding review. 	<p>The Quality Report has been prepared in line with the Regulations.</p> <p>We reported to Management where there are omissions or where additional information and disclosure is required to comply with the guidance issued by NHS Improvement. These amendments have been made to the final published version.</p> <p>The Quality Report is not materially inconsistent with our review of the information we are required to consider.</p>
<p>Testing of Percentage of Patients taking less than 18 weeks from referral to treatment (Incomplete pathway)</p> <p>The Trust reported performance of 86.42% in respect of the RTT indicator, against a target of 92% in the Quality Report.</p>	<p>We undertook testing to:</p> <ul style="list-style-type: none"> • Confirm the definition and guidance used by the Trust to calculate the indicator • Document and walk through the Trust's systems used to produce the indicator • Undertake substantive testing on the underlying data against six specified data quality dimensions. <p>We tested of a sample of 60 cases included in the reported performance, consisting of 30 cases for data validity and 30 cases for data completeness.</p>	<p>We were able to conclude that this performance indicator is reasonably stated in all material respects.</p>
<p>Testing of 4 hour A&E waiting times</p> <p>The Trust reported performance of 89.33% in respect of the 4 hour A&E waiting times indicator, against a target of 95% in the Quality Report.</p>	<p>We undertook testing to:</p> <ul style="list-style-type: none"> • Confirm the definition and guidance used by the Trust to calculate the indicator • Document and walk through the Trust's systems used to produce the indicator • Undertake substantive testing on the underlying data against six specified data quality dimensions <p>We tested of a sample of 15 cases included in the reported performance for data validity.</p>	<p>We were able to conclude that this performance indicator is reasonably stated in all material respects.</p>

REQUIREMENTS	RESPONSE	FINDINGS
<p>Testing of the Trust's local friends and family data</p> <p>The Trust has reported performance of over 90% of patients recommending the Trust's services to their families and friends, against a target of 90% in the Quality Report.</p>	<p>We undertook testing to:</p> <ul style="list-style-type: none"> • Confirm the definition and guidance used by the Trust to calculate the indicator • Document and walk through the Trust's systems used to produce the indicator • Undertake substantive testing on the underlying data against six specified data quality dimensions. <p>We tested of a sample of 15 cases included in the reported performance, for data validity.</p>	<p>We were able to conclude that this performance indicator is reasonably stated in all material respects.</p>

APPENDIX

REPORTS ISSUED

We issued the following reports in respect of the 2017/18 financial year.

REPORT	DATE
Audit Plan	21 February 2018
Audit Completion Report	25 May 2018
Report on the Quality Report	25 May 2018
Report to the Council of Governors	18 July 2018

FEES

We reported our original fee proposals in our Audit Plan. We have not had to amend our planned fees.

AUDIT AREA	FINAL FEES £	PLANNED FEES £	PRIOR YEAR FEES £
Code audit fee	45,225	45,225	44,000
Code audit fee - additional	-	-	-
Total audit	45,225	45,225	44,000
Fees for audit related services			
- Quality Report	4,295	4,295	5,000
Fees for other non-audit services	-	-	-
Total assurance services	49,520	49,520	49,000

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The matters raised in our report prepared in connection with the audit are those we believe should be brought to the attention of the organisation. They do not purport to be a complete record of all matters arising. No responsibility to any third party is accepted.

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WEST SUFFOLK NHS FOUNDATION TRUST

LIMITED ASSURANCE REVIEW ON THE QUALITY REPORT 2017/18
Report to the Council of Governors

21 May 2018



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EXECUTIVE SUMMARY

Significant review findings

This report covers the findings of our review of West Suffolk NHS Foundation Trust's (the Trust) Quality Report for the year ended 31 March 2018, which is included within the Trust's Annual Report. The scope of the limited assurance review includes checking the contents of the quality review against guidance issued by NHS Improvement, considering its consistency with other specified information and spot checks of a sample of reported performance indicators.

AREA OF AUDIT	SUMMARY
Content of the report	<p>We have reviewed the draft Quality Report and we have reported to management where there are omissions or where additional information and disclosure is required to comply with the guidance issued by NHS Improvement.</p> <p>The Trust has amended the Quality Report to reflect our recommended changes and we conclude that the content of the report is compliant with the guidance issued by NHS Improvement.</p>
Consistency checks with specified documents	<p>We have read the draft Quality Report and conclude that it is not materially inconsistent with our review of the information we are required to consider as set out in NHS Improvement's detailed guidance for external assurance on Quality Reports 2017/18.</p>
<p>Mandated indicator 1:</p> <p>Percentage of patients taking less than 18 weeks from referral to treatment (Incomplete pathway)</p>	<p>The Trust has reported performance of 86.42% in respect of the patients on incomplete pathways that had been waiting for treatment for less than 18 weeks, against a target of 92% in the draft Quality Report.</p> <p>Our testing of a sample of cases included checks to ensure that the correct information had been entered onto the E-Care system with respect to each patient, and to ensure that the appropriate start and end date had been used in the indicator calculation.</p> <p>We found issues with the validity and completeness of the data used in the calculation, as the incorrect date had been entered onto the system or there was missing evidence to support that data. In total, out of 30 samples tested we found nine errors in respect of the data validity and five errors in respect of completeness, for which recommendations have been raised in Appendix 1.</p> <p>As a result of additional information provided by the Trust in response to our initial findings and further review work performed, we have been able to conclude that this performance indicator is reasonably stated in all material respects.</p>
<p>Mandated indicator 2:</p> <p>4 hour A&E waiting times</p>	<p>The Trust has reported performance of 89.33 in respect of patients being admitted, transferred to discharged within 4 hours of arrival at A&E, against a target of 95% in the draft Quality Report.</p> <p>Our testing of a sample of cases included checks to ensure that the correct information had been entered onto the system used for the indicator calculation.</p> <p>We did not find any issues arising as a result of all the testing performed over this indicator.</p> <p>Therefore we have been able to conclude that this performance indicator is reasonably stated in all material respects.</p>

EXECUTIVE SUMMARY

Significant review findings

AREA OF AUDIT	SUMMARY
Local indicator (not covered by our assurance report):	<p>The Trust has reported performance of over 90% of patients recommending the Trust's services to their families and friends, against a target of 90% in the draft Quality Report.</p> <p>Our testing of a sample of cases included checks to ensure that the correct information had been used in the indicator calculation.</p>
Friends and Family Indicator	<p>We found some small differences in respect of the accuracy of the data used in the calculation, and were not able to perform testing over the completeness of this indicator due to the way the questionnaires are distributed and collected. As the questionnaires are supposed to be accessible to everyone and are anonymous, there is no way to confirm that the responses recorded are genuine patient responses or that all completed questionnaires are included in the population entered into the system. The accuracy differences were not material, and a recommendation has been raised to avoid such differences going forward.</p> <p>As a result of additional information provided by the Trust in response to our initial findings, and further review work performed, we have been able to conclude that this performance indicator is reasonably stated in all material respects, with the exception of completeness of responses, as explained above.</p>
Limited assurance opinion	<p>We have read the draft Quality Report and conclude that it is not materially inconsistent with our review of the information we are required to read as set out in NHS Improvement's detailed guidance for external assurance on quality reports 2017/18.</p> <p>We conclude that the content of the Quality Report is in line with NHS Foundation Trust Annual Reporting Manual 2017/18 and supporting guidance and that the reported Incomplete Pathways indicator and A&E Waiting Time indicator performance levels are reasonably stated in all material respects.</p>

We would like to take this opportunity to thank the management and staff of the Trust for the co-operation and assistance provided during the limited assurance review.

REVIEW SCOPE AND OBJECTIVES5

Requirement to publish a Quality Report

QUALITY ACCOUNT

All trusts are required under statute to publish a Quality Account which must include prescribed information as required by the NHS Act 2009 and in the terms set out in the NHS (Quality Account) Regulations 2010 as amended by the NHS (Quality Account) Amendment Regulations 2011, the NHS (Quality Account) Amendment Regulations 2012 and the NHS (Quality Account) Amendment Regulations 2017 (collectively “the Quality Accounts Regulations”).

The Department of Health and Social Care published the NHS (Quality Accounts) Amendment Regulations 2017 in July 2017. These add new mandatory disclosure requirements relating to ‘Learning From Deaths’ to quality accounts from 2017/18 onwards. The providers are expected to report their progress in using learning from deaths to inform their quality improvement plans.

QUALITY REPORT

NHS Improvement requires Foundation Trusts to include a Quality Report in their Annual Report.

NHS Improvement’s detailed requirements for Quality Reports for 2017/18 confirms that their requirements for the Quality Report incorporates all the requirements of the Quality Account Regulations, as well as a number of additional reporting requirements set by NHS Improvement.

REVIEW SCOPE AND OBJECTIVES

Limited assurance review

SCOPE AND OBJECTIVES

NHS Improvement requires that NHS Foundation Trusts obtain external assurance from auditors for the Quality Report to include:

- | | | |
|---|--|--|
| 1 A review of the content of the quality report against NHS Improvement's detailed requirements for quality reports 2017/18. | 2 A review of the content of the quality report for consistency against the other information sources as directed by NHS Improvement. | 3 Testing of mandated performance indicators (and one indicator selected by Governors), to assess whether these have been reasonably stated in all material respects. |
|---|--|--|

MANDATED INDICATORS

We are required to test two mandated performance indicators, from a suite of four indicators, chosen in the order of priority required by NHS Improvement:

1. Percentage of patients with a total time in A&E of four hours or less from arrival to arrival, admission, transfer of discharge
2. Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period
3. Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers
4. Emergency re-admissions within 28 days of discharge from hospital.

The results of this review are reported in our limited assurance report in the Quality Report.

As the Trust reports all of the indicators in NHS Improvement's list we have reviewed the following two indicators:

- Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period
- Percentage of patients with a total time in A&E of four hours or less from arrival to arrival, admission, transfer of discharge.

OTHER INDICATORS

The Trust is also required to obtain external assurance over one local indicator included in the Quality Report, as selected by the Council of Governors of the Trust.

We are not required to provide any assurance over this indicator.

Governors selected the following local indicator for external review:

- Friends and Family Indicator

REVIEW SCOPE AND OBJECTIVES

Limited assurance review

COMMUNICATIONS

The required outcomes of this review are:

- Limited assurance report on the Quality Report
- Detailed report on the findings and recommendations for improvements, including the additional indicator, addressed to the Council of Governors.

The content of this report has been discussed and agreed with the Trust Secretary.

DETAILED FINDINGS

Review of the quality report

CONTENT OF THE REPORT

We reviewed the Quality Report against the requirements set out in NHS Improvement's detailed requirements for Quality Reports for 2017/18.

ISSUES IDENTIFIED AND CONCLUSIONS

We reviewed the draft quality report and have reported to management where there are omissions or where additional information and disclosure is required to comply with the guidance issued by NHS Improvement.

The Trust has amended the Quality Report to reflect our recommended changes and we conclude that the content of the report is compliant with the guidance issued by NHS Improvement.

CONSISTENCY CHECKS

We read the Quality Report to assess if it is materially inconsistent with any of the following documents, as directed by NHS Improvement:

- Board minutes for the period April 2017 to May 2018
- Papers relating to quality reported to the Board over the period April 2017 to May 2018
- Feedback from Governors dated May 2018
- Feedback from Commissioners, Health watch organisations and the Overview and Scrutiny Committee dated May 2018
- The Trust's complaints report to be published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009
- Feedback from other named stakeholders involved in the sign off of the quality report (if there are any)
- Latest national patient survey dated 31 May 2017
- Latest national and local staff survey dated 2017
- Head of Internal Audit's annual opinion for 2017/18
- Care Quality Commission Inspection Report.

ISSUES IDENTIFIED AND CONCLUSIONS

We have read the draft Quality Report and concluded that it is not materially inconsistent with our review of the information we are required to consider as set out in NHS Improvement's detailed guidance for external assurance on Quality Reports 2017/18. However we have yet to receive the feedback from the Governors, Commissioners, local Healthwatch organisation or Overview and Scrutiny Committee at the time of drafting this report.

DETAILED FINDINGS

Mandated indicator testing

INCOMPLETE PATHWAYS INDICATOR

The Referral to Treatment (RTT) operational standards are that 90% of admitted and 95% of non-admitted patients should start consultant-led treatment within 18 weeks of referral. In order to sustain delivery of these standards, 92% of patients who have not yet started treatment should have been waiting no more than 18 weeks.

The Trust is required to report the percentage of pathways incomplete within 18 weeks for patients that remain on incomplete pathways at the end of each month. The reported figure being the average of the 12 monthly positions across the whole year.

The Trust has reported performance of 86.42% of incomplete pathways being below 18 weeks waiting time for patients on incomplete pathways at the end of the reporting period (as an average across the 2017/18 financial year), against a target of 92% in the quality report.

ISSUES AND IMPACT ON ASSURANCE REPORT

The Trust has reported performance of 86.42% in respect of the patients on incomplete pathways that had been waiting for treatment for less than 18 weeks, against a target of 92% in the draft Quality Report.

Our testing of a sample of cases included checks to ensure that the correct information had been used in the indicator calculation.

When performing our testing over the accuracy of this indicator we identified that the April 2017 figures were estimated (due to issues with E-Care not saving the correct data at that time). This was also an issue in the prior year and the Trust has discussed the issue with NHS Improvement who were content to accept the estimated figures provided. The Trust have disclosed the fact that the 2016/17 reported performance and the April 2017 figures are estimated in the draft Quality Report. We were not able to obtain assurance over the percentage for April for this reason, however the percentage estimated is in line with the other audited months.

When performing testing over the validity of this indicator we found the following issues. Out of a sample of 30 cases tested, 9 contained errors. This is a 30% error rate in our tested population, however, none of the errors identified had a material impact on the indicator as a whole, as the Trust have still reported percentages below the target of 92% each month. The errors mainly related to the incorrect date being entered into the system for the start date of the indicator, or for lack of supporting documentation maintained on the file, meaning we could not verify the start date.

When performing testing over the completeness of the indicator we found the following issues. Out of a sample of 30 cases tested, 5 contained errors. This is a 17% error rate in the sample, however, none of the errors identified had a material impact on the indicator as a whole, as the Trust have still reported percentages below the target of 92% per month. The errors relate to the incorrect date being entered into the system for the end date of the indicator or for lack of supporting documentation maintained on the file, meaning we could not verify the end date.

We identified some small differences between the reported figures in the draft quality report and those we calculated from the information that we had been provided with. Upon investigation of these, the Trust identified a small group of community patients who had been omitted from the data provided to audit. We have identified the total missing patients and worked out the maximum impact if all of these patients had been included in the data provided to audit as either passes or as fails, as we could not perform testing to establish this. If all of the patients were passes (i.e. not waiting for healthcare for more than 18 weeks), the effect on the 6 months (October 2017 - March 2018) that these patients are relevant for would be <0.1% per month. If all of the patients were fails, the effect on the 6 month with these patients included would be <0.75% per month. Therefore, neither of these would cause a material impact to the figures reported in the quality report, however, a recommendation has been raised in Appendix 1 to ensure that all patients whose data used to calculate the reported performance is provided to audit, as going forward this could potentially have a material impact.

As a result of the additional information provided by the Trust in response to our initial findings, and further review work performed, we have been able to conclude that this performance indicator is reasonably stated in all material respects.

4 HOUR A&E WAITING TIMES

The Trust is required to report the percentage of patients who are admitted, discharged or transferred within 4 hours of arrival at A&E.

The Trust has reported performance of 89.33% of patients being admitted, discharged or transferred within 4 hours of arrival at A&E, against a target of 95% in the quality report.

ISSUES AND IMPACT ON ASSURANCE REPORT

The Trust has reported performance of 89.33 in respect of patients being admitted, transferred to discharged within 4 hours of arrival at A&E, against a target of 95% in the draft Quality Report.

Our testing of a sample of cases included checks to ensure that the correct information had been entered onto the system used for the indicator calculation.

We did not find any issues arising as a result of all the testing performed over this indicator.

Therefore we have been able to conclude that this performance indicator is reasonably stated in all material respects.

DETAILED FINDINGS

Local indicator testing


Local Indicator - Friends and Family	ISSUES AND IMPACT ON ASSURANCE REPORT
<p>The Trust gives surveys to all patients who receive care asking for opinions on the level of care received. One question relates to whether the patient would recommend the Trust to their friends and family. This is presented as graphs in the Quality Report.</p>	<p>The Trust has reported performance of over 90% of patients recommending the Trust's services to their families and friends, against a target of 90% in the draft Quality Report.</p> <p>Our testing of a sample of cases included checks to ensure that the correct information had been used in the indicator calculation.</p> <p>We found some small differences in respect of the accuracy of the data used in the calculation, and were not able to perform testing over the completeness of this indicator due to the way the questionnaires are distributed and collected. As the questionnaires are supposed to be accessible to everyone and are anonymous, there is no way to confirm that the responses recorded are genuine patient responses or that all completed questionnaires are included in the population entered into the system. The accuracy differences were not material, and a recommendation has been raised to avoid such differences going forward.</p> <p>Due to the nature of this indicator and how the responses are collected/uploaded to Meridian, there is no way to confirm that the responses recorded are genuine patient responses or that all completed questionnaires are included in the population entered into the system and therefore we could not obtain assurance over the completeness of the data for this indicator. This is not the fault of the Trust but an issue with how the information for this indicator is collected and provided throughout all of the Trusts and Foundation Trusts in the UK.</p> <p>As a result of additional information provided by the Trust in response to our initial findings, and further review work performed, we have been able to conclude that this performance indicator is reasonably stated in all material respects, with the exception of the completeness testing, as explained above.</p>



APPENDICES

APPENDIX I: RECOMMENDATIONS AND ACTION PLAN

CONCLUSIONS FROM WORK	RECOMMENDATIONS	MANAGEMENT RESPONSE	RESPONSIBILITY	TIMING
REVIEW OF THE QUALITY ACCOUNT				
PERFORMANCE INDICATORS				
<p>RTT Incomplete Pathways Indicator</p> <p>Our testing identified errors within the data where the incorrect start or end date had been entered for some of the patients we tested.</p> <p>We also identified a lack of supporting documentation to evidence the date which should be recorded as the start or end date for four of the cases we tested.</p>	<p>We recommend that the Trust ensures that all staff are aware of what the appropriate start and end dates are for this indicator. This may be best communicated with an information sheet sent out to all data analysers / inputters, or an email detailing the correct dates the Trust should use.</p> <p>We also recommend that all of the supporting evidence to confirm the start and end date for this indicator is maintained on the system.</p> <p>The Trust should perform a sense check on a monthly basis of the data held in the system to confirm the appropriate supporting documentation is being kept on the system for each patient, and to check the start and end date are appropriate in line with the first part of our recommendation.</p>			
<p>A small cohort of patients who were included in the submission to NHSI had been omitted from the supporting data provided to audit to support the indicator performance reported in the Quality Report.</p>	<p>We recommend that all data in respect of this indicator that is reported to NHSI and used in the Quality Report, is provided to audit to support the reported result.</p>			
<p>Friends and Family Local Indicator PI</p> <p>Our testing identified some small differences in the monthly reported percentages for this indicator.</p>	<p>We recommend that the Trust maintain the supporting data behind each submission in a file so that there is a clear audit trail should anyone want to go back and check the figures submitted to Meridian.</p>			



The matters raised in our report prepared in connection with the audit are those we believe should be brought to your attention. They do not purport to be a complete record of all matters arising. This report is prepared solely for the use of the company and may not be quoted nor copied without our prior written consent. No responsibility to any third party is accepted.

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15. Annual external audit review

For Reference

Presented by Angus Eaton

Council of Governors – 9 August 2018

Agenda item:	15						
Presented by:	Angus Eaton, Chair of Audit Committee						
Prepared by:	Angus Eaton, Chair of Audit Committee Louise Wishart, Assistant Director of Finance						
Date prepared:	27 July 2018						
Subject:	Annual external audit review						
Purpose:		For information	✓	For approval			
Executive summary: The NHS Foundation Trust Code of Governance document, issued by NHS Improvement, includes guidance to the Council of Governors relating to assessing the performance of the external auditors: C.3.4. The Audit Committee should make a report to the Council of Governors in relation to the performance of the external auditor, including details such as the quality and value of the work and the timeliness of reporting and fees, to enable the Council of Governors to consider whether or not to re-appoint them. The Audit Committee should also make recommendations to the Council of Governors about the appointment, re-appointment and removal of the external auditor and approve the remuneration and terms of engagement of the external auditor.” The attached report to the Council of Governors outlines the External Auditors performance for the 2017/18 financial year and recommends the continued use of BDO as External Audit provider. The Audit Committee is asked to review and agree a final version for submission to the Council of Governors.							
Trust priorities	Deliver for today		Invest in quality, staff and clinical leadership		Build a joined-up future		
	✓		✓		✓		
Trust ambitions <i>[Please indicate ambitions relevant to the subject of the report]</i>	 <i>Deliver personal care</i>	 <i>Deliver safe care</i>	 <i>Deliver joined-up care</i>	 <i>Support a healthy start</i>	 <i>Support a healthy life</i>	 <i>Support ageing well</i>	 <i>Support all our staff</i>
	✓	✓	✓	✓	✓	✓	✓
Previously considered by:	N/A						
Risk and assurance:	BDO has been reviewed by the Financial Reporting Council and the outcome of that review is reflected in this report.						

Legislation, regulatory, equality, diversity and dignity implications	<i>International Standards of Auditing</i>
Recommendation: The Council of Governors reviews the performance of external audit as set out in this report and approves the continued appointment of BDO as the Trust's external auditor.	

1. Background

The NHS Foundation Trust Code of Governance document, issued by NHS Improvement, includes guidance to the Council of Governors relating to assessing the performance of the external auditors:

C.3.4. The Audit Committee should make a report to the Council of Governors in relation to the performance of the external auditor, including details such as the quality and value of the work and the timeliness of reporting and fees, to enable the Council of Governors to consider whether or not to re-appoint them. The Audit Committee should also make recommendations to the Council of Governors about the appointment, re-appointment and removal of the external auditor and approve the remuneration and terms of engagement of the external auditor.”

2. Performance of the External Auditors

The Audit Committee met on the 27 July 2018, at this meeting the performance of the Trust's external auditors was considered, in particular the:

- Timeliness of reporting
- Quality of work
- Audit fees
- Added Value

2.1. Timeliness of reporting

The Audit Committee agreed that the Trust had a good working relationship with BDO and deadlines were always met. BDO responded to the vast majority of queries raised in 2017/18 promptly.

Audit Reports have always been received to enable the Trust to meet the Annual Reports and Accounts external filing deadlines.

2.2. Quality of Work

The Audit Committee considers that it has received good quality reports from BDO that communicate any significant findings arising from their audit. The reports have been helpful in assisting the Audit Committee in discharging its governance duties. They work effectively with Internal Audit ensuring that sharing of information provides a cost effective method of ensuring all audit requirements and risks can be met.

The quality of BDO's audit work is assessed by Financial Reporting Council (FRC) on an annual basis. The report covers all of their audit work and not just their NHS clients.

The following section in an extract from the report which identified areas for improvement. These matters were not considered significant enough to warrant sanctions as allowed for by the FRC. The content of the FRC report is focussed on the matters where they believe improvements are required and the report is not intended to provide a balanced scorecard.

“Review of firm-wide procedures

The firm should:

- Improve the timeliness of its training for revised Auditing Standards.

Individual audit reviews

The firm should:

- Achieve greater consistency in audit quality control and review procedures.
- Improve the evidence of appropriate challenge in relation to areas of audit judgement.”

7 of the 8 audit files selected for review were considered to be “Good with only limited improvements required”. The remaining file was assessed as “Improvements Required” with no files assessed as “Significant Improvements Required”.

Areas of good practice identified were also highlighted in the report.

“– Consultation on and review of all extended audit reports.
– The use of, and coordination with, internal specialists to assess key valuation assumptions.
– Obtaining independent evidence to determine appropriate property valuations.
– The use of a combination of substantive analytical procedures and tests of detail in the audit of revenue.”

A full version of the report can be viewed here along with similar reports on other audit firms.

<https://www.frc.org.uk/auditors/audit-quality-review/audit-firm-specific-reports?id=1196>

2.3. Audit Fees

The Trust carried out a competitive external audit tender exercise and BDO were successfully re-appointed as appointed as external auditor for 3 years from 2017/18. This external audit tender exercise should provide the Council of Governors with a level of assurance that the fees have been market tested and therefore fees offer good value for money.

For the 2017/18 financial year the summary of fees excluding VAT is as follows:

	£'000
Statutory audit fee	45
Quality Report	4
Total	49

2.4. Added Value

As part of the agreement with BDO for the audit from 2017/18, BDO agreed to provide a series of added value sessions with the Audit Committee. There has been a delay in this provision which BDO is aware of and keen to address in partnership with the Trust. The Trust is confident this will happen and that the commitment to deliver added value will be met.

3. Recommendation

The Council of Governors is asked to consider the feedback from the Audit Committee on the performance of the Trust's external auditors. This should provide sufficient assurance to the Council of Governors that BDO has provided a quality, timely and cost effective external audit service. The Audit Committee recommends that BDO should remain in appointment as the Trust's external auditors until their current contract ends.

16. Lead & deputy lead governor appointment process

For Approval

Presented by Richard Jones

REPORT TO:	Council of Governors
MEETING DATE:	9 August 2018
SUBJECT:	Lead Governor and Deputy Lead Governor appointment process
AGENDA ITEM:	16
PRESENTED BY:	Richard Jones, Trust Secretary & Head of Governance
FOR:	Approval

1. Background

The current term of office for the both lead and deputy lead governors ends on 30 November 2018. The term of office for both roles is for three years (for the next appointment running until 30 November 2021).

A Governor is not eligible to stand for election during their third term of office as a governor. Therefore from the current Governors this means that June Carpenter, Jayne Gilbert and Justine Corney are not eligible to stand. The thanks for the Council should be noted to June Carpenter who have held the office for some time.

The responsibilities of the lead governor are set out in **Annex A**. A separate role specification is not produced for the deputy lead governor as they effectively take on the same responsibilities in the event that the lead governor is absent for any reason.

2. Proposal

In accordance with the terms and conditions of the lead governor role it is proposed that nominations be invited from public governors for the lead governor and deputy lead governor role according to the schedule below.

Governors may nominate themselves for the lead governor and/or deputy lead governor but these will be run as two separate elections.

- Email inviting nominations for lead governor and deputy lead governor to be sent to public governors **w/c 15 October 2018**
- Nominations for lead and deputy lead governor to be received **by noon on Friday 2 November 2018**
- Nomination and voting slips to be included in the Council of Governors meeting papers; all governors are eligible to vote as long as they are present at the meeting
- The completed voting slips will be used as the basis for a secret ballot to take place at the Council of Governors meeting on **14 November 2018**
- The election for the lead governor will take place first, followed by the election for the deputy lead governor.

NB in accordance with the constitution only Governors present at the meeting will be able to cast a vote.

3. Recommendation

- (i) The Council of Governors is asked to approve the lead governor role specification (Annex A)
- (ii) The Council of Governors is asked to approve the process and timetable for the nomination and election of the lead and deputy lead governors, as set out in this report.

Annex A

Lead Governor role specification

1. Introduction

The Lead Governor of West Suffolk NHS Foundation Trust (WSFT) will be appointed to carry out the role described in Appendix B of Monitor's FT Code of Governance July 2014 (Annex 1), or any subsequent amendments.

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

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

2. Role description

- 2.1 To act as the point of contact between the Governors and NHSI in circumstances where it would not be appropriate for the Chair of the Board of Directors to contact NHSI directly, or vice versa.
- 2.2 To work with the Chair to facilitate effective relations between the Board of Directors and the Council of Governors. This could include joint meetings/workshops with the Board of Directors and attendance of Non Executive Directors at Council of Governors meetings.
- 2.3 To sit on the Nominations and Remuneration Committee for the purpose of appointing the Chair and other Non-Executive Directors and discussing remuneration including allowances and other terms of office.
- 2.4 To contribute to the Chair's annual appraisal, including receiving comments from Governors not directly involved in the appraisal process.
- 2.5 To meet with the Chair to help plan and prepare for Council of Governors meetings.
- 2.6 To chair meetings of the Council of Governors which cannot be chaired by the Trust Chair, Deputy Chair or other Non Executive due to a conflict of interest. These occasions are likely to be infrequent.
- 2.7 To ensure a process is in place to understand the views of all Governors.
- 2.8 To ensure a process is in place to support new Governors.
- 2.9 To help ensure that Governors comply with the Council's Code of Conduct.

3. Key working relationships

Trust Chair, Council of Governors, Trust Secretary, FT Office Manager, Senior Independent Director and NHSI.

4. Terms and conditions

- 4.1 The Lead Governor will be a public governor who is currently in their elected term of office and will not be eligible to continue in this role if they are not re-elected
- 4.2 Any Governor wishing to stand as Lead Governor will be required to relinquish other responsibilities i.e. committee chair
- 4.3 The term of office for the lead Governor will be three years running from one year after Governor elections*
- 4.4 A Governor will not be eligible to stand for election during their final eligible term of office as a Governor
- 4.5 Nominations are to be received by the Trust Secretary prior to the proposed election and include a nomination statement
- 4.6 Voting will take place in person at the next available Council of Governors meeting. Proxy votes will not be accepted, as stated in the constitution
- 4.7 The Governor with the most votes will become Lead Governor.
- 4.8 Removal of the Lead Governor before their term of office is over will require approval by the majority of members at a meeting of the Council of Governors
- 4.9 The role specification of the Lead Governor will be produced by the Board of Directors following consultation with the Council of Governors and consideration of their views and should include the relevant provisions of Appendix B of the NHS Foundation Trust Code of Governance
- 4.10 If the Lead Governor leaves the post then the Deputy Lead Governor will take up the role until Lead Governor elections have taken place.

Richard Jones
Trust Secretary
August 2018

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

Annex 1: The role of the nominated lead governor (Appendix B of Code of Governance)

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

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

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

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

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

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

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

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

17. Report from nominations committee

For Reference

Presented by Sheila Childerhouse

REPORT TO:	Council of Governors
MEETING DATE:	9 August 2018
SUBJECT:	Report from the Nominations Committee meeting held on 13 July 2018
AGENDA ITEM:	17
PRESENTED BY:	Sheila Childerhouse, Chair / June Carpenter, Lead Governor
FOR:	Information

The following summarises discussions that took place at the Nominations Committee meeting on 13 July 2018.

- The feedback summaries for Angus Eaton, Richard Davies, Gary Norgate and Alan Rose's 360° appraisals were reviewed and issues to be considered at their appraisal meetings agreed.

It was agreed that mid-year appraisal would be undertaken for the Chair in October.

- The committee reviewed the senior manager remuneration policy and agreed with the content.
- The committee received the benchmarking data for the NED and Chair roles and reviewed the remuneration of the NEDs and Chair (the Chair left the meeting for this item). They agreed a recommendation to be presented to the closed session of the Council of Governors meeting on 9 August 2018.
- The appraisal process was reviewed and it was agreed that a revised form would be trialled for the Chair's mid-year appraisal. It was proposed that there should be external input into the Chair's appraisal every other year.
- Following the resignation of Steve Turpie a proposal for a new vice chair was agreed for recommendation to the board on 27 July and the Council of Governors on 9 August 2018.

18. Report from engagement committee

For Reference

Presented by Florence Bevan

REPORT TO:	Council of Governors
MEETING DATE:	9 August 2018
SUBJECT:	Report from Engagement Committee meeting held on 10 July 2018
AGENDA ITEM:	18
PRESENTED BY:	Florence Bevan, Chair of Engagement Committee
FOR:	Information

The attached minutes summarise discussions that took place at the Engagement Committee meeting on 10 July 2018.

Recommendation

Governors receive the minutes for information.

MINUTES OF THE COUNCIL OF GOVERNORS ENGAGEMENT COMMITTEE

HELD ON TUESDAY 10 JULY 2018, 4.30pm

IN THE EDUCATION CENTRE AT WEST SUFFOLK HOSPITAL

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

18/11 APOLOGIES

Apologies for absence were noted as above. Cassia Nice had also sent her apologies.

18/12 MINUTES OF MEETING HELD ON 27 MARCH 2018

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

Peter Alder referred to item 18/03 and suggested that information could also be put in library vans.

18/13 MATTERS ARISING ACTION SHEET

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

Item 1 – review gender categorisation when updating membership form. G Holmes would update form and circulate to engagement committee members for comment.

G Holmes

Item 3 – pilot an event in the community similar to the Courtyard Café. Peta Cook had discussed with Amanda Keighley and they were proposing to do trial this at Newmarket. G Holmes to forward questionnaire used in Courtyard Café for Peta Cook to adapt accordingly. Richard Jones suggested other venues for consideration could be Thetford, Haverhill and Sudbury health centres and possibly the new Mildenhall health hub.

G Holmes

P Cook

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

Item 5 – inform community services staff that as part of WSFT they are automatically staff FT members, unless they wished to opt out. It was proposed that this information should be included in the green sheet, together with information about the Annual Members meeting (AMM).

G Holmes

Richard Jones explained that an invitation letter for the AMM would be sent to all members at the beginning of August. This would also include a reply paid (freepost) postcard for responses and request an email address to encourage this as the preferred method of communication.

Action

18/14 EXPERIENCE OF CARE

Florence Bevan reported that she had attended the recent Voice meeting which was very interesting. The aim was to recruit 20 members and once this group was established the engagement committee would need to think about how to link with this group.

Peta Cook noted that this group should include community members.

Richard Jones would follow up with Cassia Nice as to which activities governors could be involved in. He proposed that George Holmes should then produce a schedule of activities for governors by month.

R Jones
G Holmes

18/15 CHARITABLE FUNDS BRIEFING

Sue Smith, Fundraising Manager, introduced herself and explained her role and the activities that the charitable funds team undertook. She suggested that governors could team up with charitable funds at some events as they already had good links with the community. Some of the groups they visited could be a good way of obtaining feedback on the Trust and also provide an opportunity for recruitment.

It was proposed that Sue Smith should notify George Holmes of any opportunities for governors to attend events/groups with the charitable funds team.

S Smith

18/16 CONSIDERATION OF ENGAGEMENT PLAN FOR 2018-19

The current membership numbers were noted.

Approaches to membership engagement, particularly in the community, were considered. It was agreed that linking with the charitable funds team should provide a variety of opportunities to engage with different sectors of the community.

Courtyard café style events in the community (as previously discussed) would be piloted and the outcome feedback to the engagement committee.

P Cook

Engagement opportunities as detailed in the experience of care strategy (honeycomb) would be followed up with Cassia Nice.

R Jones

Very positive feedback had been received from the recent events on eye conditions in Sudbury and Thetford and it was considered that Raj Hanspal was a very good ambassador for WSFT.

Gordon McKay suggested that governors should attend the model railway exhibition in Beyton on Saturday 22 September, 10.00am-4.00pm, as charitable funds was having a stand at this event. Florence Bevan and Peter Alder volunteered to attend for part of the day.

F Bevan /
P Alder

18/17 FEEDBACK REPORTS

Courtyard Cafe

Feedback was very positive on the whole. It was noted that complaints about car parking had reduced.

The main issues were around communication. It was suggested that staff needed to be careful about how they communicated to a patient they were being discharged, so that they had a realistic expectation of the time this would take due to TTOs etc. Richard Jones would follow up with Rowan Procter.

R Jones

Richard Jones to follow up the proposal that there should be clearer information/signage about what the money from car parking was used for.

R Jones

It was noted that the feedback from Courtyard Café was reviewed by the Patient & Carers Experience Group (PCEG).

18/18 ISSUES FOR ESCALATION TO THE COUNCIL OF GOVERNORS

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

18/19 DATE OF FUTURE MEETING

Tuesday 9 October, 4.30pm. Venue to be confirmed.

19. Lead governor report

For Reference

Presented by June Carpenter

REPORT TO:	Council of Governors
MEETING DATE:	9 August 2018
SUBJECT:	Report from Lead Governor
AGENDA ITEM:	19
PRESENTED BY:	June Carpenter, Lead Governor
FOR:	Information

The Nominations committee has been busy working with the head hunters to shortlist for the NED vacancy and will be interviewing prior to this meeting where the recommendation will be ratified.

A small group of governors had a good discussion on many topics which have been passed on for reply. Perhaps next time we will have more governors present!

A couple of governors heard the maiden speech of the new minister of health Matt Hancock highly publicised in the national press.

June Carpenter
Lead Governor

20. Staff governors report

For Reference

Presented by Amanda Keighley

REPORT TO:	Council of Governors
MEETING DATE:	9 August 2018
SUBJECT:	Report from Staff Governors
AGENDA ITEM:	20
PRESENTED BY:	Amanda Keighley, Staff Governor
FOR:	Information

Staff governors have attended various departmental meetings within their link areas, which they had found helpful. It was felt that they staff are becoming more aware of who the staff governors are and their role.

They have attended board meetings, which has enabled them to raise concerns, eg staffing, 52 waits, IT in the community etc, and provide assurance to their colleagues that the board is aware of these issues and they are being focussed on and addressed.

Staff governors have also taken part in quality walkabouts, environmental walkabouts and courtyard café sessions, which they had found useful.

The two staff governors in the community have been particularly active in meeting with and presenting to a number of staff groups/community teams. They have been able to provide assurance that community issues are being raised and acknowledged at board level in the same way (performance reporting) as the acute site issues are being presented. This shows the commitment to an integrated approach across acute and community based services.

A 'courtyard café' style engagement event in Newmarket has been arranged for 29 August. If this is a success similar events will be undertaken across the community.

At the recent quarterly staff governor meeting with Jan Bloomfield, Richard Jones and Georgina Holmes it was agreed that that board members should continue to be more visible in the Trust and the community. NEDs should also be encouraged to go out into the community and visit facilities where care was delivered, or attend team meetings.

21. Urgent items of any other business

Presented by Sheila Childerhouse

22. Dates for meetings for 2018/19

- Annual Members Meeting Tuesday 11 September
- Wednesday 14 November

To note dates for 2019:

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

For Reference

Presented by Sheila Childerhouse

23. Reflections on meeting

For Reference

Presented by Sheila Childerhouse