COUNCIL OF GOVERNORS MEETING

Wednesday 13 November 2019, 17.30, Northgate Room, 2nd Floor, Quince House, West Suffolk Hospital

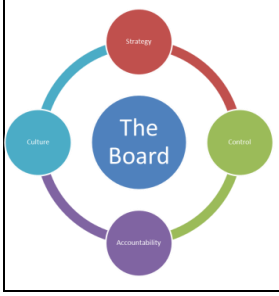
AGENDA

Council of Governors Meeting

There will be a meeting of the **COUNCIL OF GOVERNORS** of West Suffolk NHS Foundation Trust on Wednesday, **13 November 2019 at 17.30** in the Northgate Room, Quince House, West Suffolk Hospital

Sheila Childerhouse, Chair

Agenda

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

17.30	**GENERAL BUSINESS**	
1.	**Apologies for absence** To receive any apologies for the meeting: Jayne Gilbert, Mark Gurnell, Amanda Keighley.	Sheila Childerhouse
2.	**Welcome and introductions** To request mobile phones be switched to silent.	Sheila Childerhouse
3.	**Declaration of interests for items on the agenda** To receive any declarations of interest for items on the agenda	Sheila Childerhouse
4.	**Minutes of the previous meeting** (enclosed) To approve the minutes of the meeting held on 6 August 2019	Sheila Childerhouse
5.	**Matters arising action sheet** (enclosed) To note updates on actions not covered elsewhere on the agenda	Sheila Childerhouse
6.	**Chair's report** (enclosed) To receive an update from the Chair	Sheila Childerhouse
7.	**Chief executive's report** (enclosed) To note a report on operational and strategic matters	Stephen Dunn
8.	**Governor issues** (enclosed) To note the issues raised and receive any agenda items from Governors for future meetings	Liz Steele
18.15	**DELIVER FOR TODAY**	
9.	**Summary finance & workforce report** (enclosed) To note the summary report	Angus Eaton
10.	**Summary quality & performance report** (enclosed) To note the summary report	Gary Norgate

18.40	**INVEST IN QUALITY, STAFF AND CLINICAL LEADERSHIP**	
11.	**Winter planning** (enclosed) To receive a report	Alan Rose
18.50	**BUILD A JOINED UP FUTURE**	
12.	**Alliance update** (enclosed) To note the report	Sheila Childerhouse
19.00	**GOVERNANCE**	
13.	**Meeting etiquette and behaviour** To consider a report	Sheila Childerhouse
14.	**Report from Nominations Committee** (enclosed) To note a report from the Nominations Committee meeting of 28 October 2019	Sheila Childerhouse
15.	**Report from Engagement Committee** (enclosed) To receive the minutes of the meeting of 15 October 2019	Liz Steele
16.	**Lead Governor report** (enclosed) To receive a report from the Lead Governor.	Liz Steele
17.	**Staff Governors report** (enclosed) To receive a report from the Staff Governors	Peta Cook
19.30	**ITEMS FOR INFORMATION**	
18.	**Urgent items of any other business** To consider any matters which, in the opinion of the Chair, should be considered as a matter of urgency	Sheila Childerhouse
19.	**Dates for meetings for 2020** Tuesday 11 February Wednesday 6 May Tuesday 11 August Tuesday 22 September - Annual members meeting (Apex) Wednesday 11 November	Sheila Childerhouse
20.	**Reflections on meeting** To consider whether the right balance has been achieved in terms of information received and questions for assurance and the Trust's values and behaviours observed.	Sheila Childerhouse
19.35	**CLOSE**	

1. Apologies for absence

To receive any apologies for the meeting: Jayne Gilbert, Mark Gurnell, Amanda Keighley

For Reference

Presented by Sheila Childerhouse

2. Welcome and introductions

To request mobile phones be switched to silent.

For Reference

Presented by Sheila Childerhouse

3. Declaration of interests for items on the agenda

To receive any declarations of interest for items on the agenda

For Reference

Presented by Sheila Childerhouse

4. Minutes of the previous meeting (enclosed)

To approve the minutes of the meeting held on 6 August 2019

For Approval

Presented by Sheila Childerhouse

REPORT TO:	Council of Governors
MEETING DATE:	13 November 2019
SUBJECT:	Draft Minutes of the Council of Governors Meeting held on 6 August 2019
AGENDA ITEM:	4
PRESENTED BY:	Sheila Childerhouse, Chair
FOR:	Approval

DRAFT

MINUTES OF THE COUNCIL OF GOVERNORS' MEETING
HELD ON TUESDAY 6 AUGUST AT 5.30pm
IN THE NORTHGATE ROOM AT WEST SUFFOLK NHS FOUNDATION TRUST

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

Action

GENERAL BUSINESS

19/40 APOLOGIES

Apologies for absence were noted as above. Stephen Dunn had also sent his apologies.

19/41 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting and thanked governors for the excellent attendance at this time of year.

She reported that Garry Sharp had stepped down as a staff governor and she recorded her and the Council of Governors' thanks for his contribution whilst in this role. Dr Vinod Shenoy, who was the next highest polling candidate, had been invited to join the Council of Governors and it was very much hoped that he would accept.

19/42 DECLARATIONS OF INTEREST

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

19/43 MINUTES OF THE COUNCIL OF GOVERNORS MEETING HELD ON 13 MAY 2019

The minutes of the meeting held on 13 May 2019 were approved as a true and accurate record.

19/44 MATTERS ARISING ACTION SHEET

The action sheet was reviewed and the following issues raised:-

Liz Steele explained that governors still felt that a number of actions were showing as complete which they considered had not been completed. An example of this was item 174 relating to IT issues in the community which had not been resolved or completed. It was requested that there should be a more meaningful sheet which showed what was in progress and what was outstanding.

The Chair agreed and suggested that perhaps this should be an action log. She referred to item 174 and acknowledged that community IT continued to be an issue and explained that changing an IT system was challenging. She had requested a report providing an update on community IT for the next board meeting and also that a regular update/communication should be circulated to community staff.

Jo Pajak said that governors felt that there was now more consistency as the action sheet was in the same format as the one that went to the board. However the actions should not be showing as complete if they had not been fully resolved.

Richard Jones agreed that community IT had not been completed as a piece of work, although an update had been provided. He explained that some items would be ongoing until they were genuinely complete. He would consider how to manage ongoing issues and how they should be reflected in the action plan, eg an additional column to indicate that final action/completion was still required. **R Jones**

Item 184, Follow up with Paul Morris re approach to feedback on quality walkabouts. Jayne Gilbert suggested that there should be feedback to individuals who had taken part in a quality walkabout so they knew what actions had been taken, rather than a quarterly summary in this report which was also available to the public. Richard Jones said that he had spoken to Paul Morris who had explained the process that took place at the end of each quality walkabout and that a summary report was produced and sent to the area that had been visited.

The Chair said the most useful thing was to look at where there were overall themes and trends. She stressed that these walkabouts should not be too formal and should not look like an inspection.

Jo Pajak suggested that it would be useful for governors to have a short explanation (one A4 sheet) of the purpose and process for quality walkabouts so that they understood what to expect. It was agreed that this would be a good idea. **R Jones**

Nick Jenkins said that he would not want there to be a detailed report for each quality walkabout as this would take away the informal style of these visits. He was more interested in trends and themes. Alan Rose agreed that these should provide assurance rather than detail and they should rely on relevant managers to follow up actions. He said that governors should trust the relevant members of the organisation to take this feedback away and act on it.

The Chair said that part of the assurance was also the changes that could be seen when an area was revisited. Liz Steele agreed but said that there was a need for consistency across all governors who took part in quality walkabouts.

It was agreed that a definition of the purpose and process for quality walkabouts and how feedback/actions were followed up should come back to the next Council of Governors meeting. The Chair stressed the importance of maintaining a strategic view and not getting embroiled in operational matters. **R Jones**

19/45 CHAIR'S REPORT

The Chair reported that Simon Stevens (Chief Executive, NHS England) had approved the appointment of the new chair of the STP which she considered to be a very good appointment.

The governors confirmed that they were happy with the format and content of this report.

19/46 CHIEF EXECUTIVE'S REPORT

Nick Jenkins presented this report in the absence of the Chief Executive.

He referred to the Shining Lights awards at the end of May and had been very impressed with the way that Time Out had been transformed into an event venue. The volunteers' tea party had also been a very good event and was a fitting tribute to all their work over the last year.

Medic bleep had recently gone live and would be replacing everything except emergency cardiac bleeps. Tomorrow, when the new junior doctors started, the majority of bleeps would be taken out of the organisation. He explained that this was as large an IT project as the original go-live of e-Care.

There had been an increase in the number of emergency attendances and so far there did not appear to be anything that could be done to mitigate this. The whole system was working on this in preparation for next winter; however this remained a concern for the Trust. Plans were being put in place to try to ensure that there was sufficient capacity in the winter but this would continue to have an adverse effect on the Trust's financial position.

Judy Cory thanked the Chief Executive on behalf of the Friends for their mention in this report. The Chair said that WSFT was extremely lucky to have such a good, active group of volunteers and Friends who did so much to support the organisation.

Jo Pajak asked for examples of how the Trust ensured inclusiveness. The Chair said that this would be addressed under agenda item 11, 'Trust Inclusion Objectives'.

19/47 GOVERNOR ISSUES

Item 1 Pathology incident reporting

Jo Pajak asked the NEDs for assurance that the systems that provided these reports were providing the detail that they would wish to see in them. Gary Norgate explained that he regularly asked this question and that were a number of ways through which he gained assurance, ie accreditation and quality walkabouts which highlighted a number of issues for improvement. Discussions also took place at the scrutiny committee every month where a large amount of detail was provided. In addition there were regular visits from the responsible officer from ESNEFT who provided an update on progress being made on the issues.

In his role as senior independent director he had also spoken directly with pathology staff to get their views on safety and some of the issues. Therefore he felt assured by the information that he was able to access.

Angus Eaton explained that internal audit were also able to provide assurance around this service.

Richard Davies added that he scrutinised serious incidents and learning from deaths and there were no significant themes coming out which indicated that there was an issue with pathology or unexplained deaths.

Barry Moult noted that there were a number of serious incidents that had not yet been reported on and said that if one of these was due to the issues in pathology this would be a concern. Nick Jenkins agreed and said that he always wanted assurance that no patients were coming to harm due to issues in pathology. He explained that pathology was the most regulated part of the organisation with a very high level of detail that was reported through the quality management system and Datix. He was not aware of a serious incident in pathology as this was kept a close eye on. He explained that the outstanding serious incident reports were due to the pressure that everyone was under and not because people were not bothering to do them.

Martin Wood agreed with Nick Jenkins and said it would be useful to understand some of the themes of the 178 incidents reported on Datix this year to date.

Richard Davies considered that it was very reassured that 178 incidents had been reported as this showed that people were reporting incidents. Nick Jenkins agreed and said that it was also very reassuring that 164 of these were no harm incidents.

Gary Norgate reported that he had attended a root cause analysis (RCA) meeting which he had found to be very reassuring as people took this very seriously and no stone had been left unturned.

The Chair stressed that everyone was very concerned about patient safety and frustrated that this was taking longer to resolve than they would have liked. She explained that the Trust was also constrained by national guidance. However she felt that progress was now being made and the organisation needed to ensure that it continued to progress and do everything possible to move the situation forward and gain accreditation.

Nick Jenkins gave an update on the progress with accreditation and explained that there were also accreditation problems at other NEESPS sites.

Item 2 Patient transport

Judy Cory asked if there was any outcome from the workshop on 2 August and expressed concern at the number of patients waiting for transport at the front of the hospital. The Chair said that everyone was aware that this was a concern but it appeared to be improving and the Trust was now working with the east of Suffolk which had fewer problems. It was also known that Ezec was running services in other parts of the country therefore it should be possible to improve the service it provided in west Suffolk.

Richard Jones explained that Ezec had brought in a new logistics manager to support the process and ensure closer working with the hospital flow team. One of the things that came out of the workshop was to improve the relationship between the Ezec team and the patient flow team.

The concerns about this service had been escalated and there had been discussions in the board meeting and with the CCG who held the contract. The Chair assured governors that the Trust would be keeping the pressure on everyone to improve the service.

Nick Jenkins explained that patients waiting for transport would be moved to the discharge waiting area which would provide them with a better experience than waiting at the front of the hospital.

Adrian Osborne asked if there was a remedial action plan as this was a concern for people in Sudbury. The Chair explained that this was an operational document that was owned by the CCG. She acknowledged that this was a concern and said that it was a major problem across the whole of west Suffolk. She offered to meet with Adrian Osborne to discuss this if necessary.

Item 3 Community IT

The Chair reiterated the need for regular communication with community staff on the progress of this.

Item 5b Use of antibiotics

Liz Steele said that despite concerns about the need to look closely at the use of antibiotics there were still a lot of antibiotics prescribed by emergency GPs; she asked what the view of WSFT was on this. Nick Jenkins said that antibiotic resistance was a very difficult issue to manage but stressed that GPs should not be blamed for this. The CCG would be aware if more than an acceptable amount of antibiotics were being prescribed by any practice or service and would follow this up.

Alan Rose reported that he had attended a meeting recently and Suffolk was reducing its use of antibiotics faster than anywhere else in the country.

Item 6 Patients with no fixed address

Sara Mildmay-White was very disappointed to read that these individuals were presenting to the housing team when they left hospital, rather than before they were discharged. The 2017 Housing Act gave hospitals a duty of care to refer patients to the housing department. She explained that assistance that could be given to these people if they were identified to the council earlier and asked when patients were admitted how much of their housing issues were flagged up.

Nick Jenkins said that he would follow this up with Helen Beck. He thought that for inpatients where necessary this information would be passed to the discharge planning team. The Chair said that this was very much about system working, particularly in relation to warmer homes money; she would also follow this up through the STP and alliance. **N Jenkins**

DELIVER FOR TODAY

19/48 SUMMARY FINANCE & WORKFORCE REPORT

Louisa Pepper explained that this was the report for quarter one. The planned deficit for the year to date was forecast to be £1.6m but was currently at £2.4m. In order to achieve the breakeven control total all divisions had been asked to produce a recovery plan. Both the executive team and the NEDs believed that this was possible but this would be dependent on demand levels returning to normal.

The year to date variant was due to the high demand on the hospital which had resulted in recurring costs of £200k per month and non-recurring costs of £350k relating to overseas recruitment and community equipment.

The overseas recruitment was going very well and a new cohort of nurses had started this week. 74 nurses were due to be recruited with the next few months, together with an additional staff member to support the overseas nurses.

The £8.9m cost improvement programme (CIP) was £46k behind plan in June. Some CIPs were over delivering but due to demand staff costs were an issue.

The Trust had a capital programme of £18.6m for 2019/20. However due to the financial pressures on the whole of the NHS organisations had been asked to reduce their capital plans by 20%. This meant that WSFT's capital programme would need to be reviewed and the delaying of individual projects assessed for patient safety. It was expected that some projects would be moved back to early next year financial year.

Liz Steele asked about winter pressures and if the Trust would be able to reduce costs if the current pressures on the organisation continued. She suggested that it appeared that the pressure on the organisation was unlikely to improve and asked what would happen if this was the case. Louisa Pepper explained that plans were being put in place to reduce expenditure and also identify additional CIPs.

Nick Jenkins explained that the executive team were working together on this and quality, finance and patient safety all needed to be considered; however he stressed that patient care and safety always came first. It was a very challenging situation and the system must try to manage demand but it was not only money that was the issue but also staffing and capacity in the hospital. Liz Steele said that she was very pleased and reassured to know that patient care was the priority for the executive team.

Gary Norgate referred to the alliance and its objective to keep people out of hospital and at home where possible and treating them in the best place, which was an excellent example of system working.

Alan Rose agreed that patients should come first but said that it also gave the board a dilemma as it had a very good reputation of achieving its financial plan which gave it opportunities in other areas, eg digital innovation and taking part in the pilot for the emergency department standards. Therefore, it was important to try to maintain this reputation as far as possible which meant that there could be some difficult decisions to be made in the next few months. The Chair agreed that this was an ongoing challenge.

Jayne Gilbert asked about Brexit and if WSFT was working on this. Louisa Pepper confirmed that this was the case and explained that Helen Beck was in regular contact with relevant parties for everything, including pharmacy and equipment. Risks had been identified and plans were in place to mitigate any issues. Nationally there were also plans to deal with any issues around pharmaceuticals and Helen Beck and Barry Moss were very involved in this. Craig Black had also been involved in the financial issues around Brexit which were being managed through the department of health. She assured governors that WSFT was as ready as it could be.

19/49 SUMMARY QUALITY & PERFORMANCE REPORT

Richard Davies referred to the Mid Staffs story and explained that he always had this in mind when looking at quality data, ie what was missing, what was going wrong or not showing.

All data available was continually triangulated against a large number of other initiatives and he was very reassured that the information coming out of this was that the Trust was performing well. He was also assured that the culture of the organisation meant that it put patient safety and care as the number one priority. He explained that WSFT was a learning organisation and was always looking at what could be done better and lessons learned.

This report identified the areas that were of most concern to the NEDs and executive team and he was assured that they were not missing anything.

He highlighted areas that were being focussed on by the board, ie pressure ulcers and the link with nutrition and hydration. These had been increasing but levels were now reducing and this continuing to be monitored. There had been an improvement in discharge summaries, particularly elective, but less so with non-elective and the emergency department. This was the focus of ongoing work, particularly with the new junior doctors.

The referral to treatment (RTT) position had been an ongoing concern for some time and there was now some assurance that there was a clear understanding of what the problems were down to speciality level. The main issue was the management of the backlog and additional funding had been agreed from the CCG to help manage this.

A rapid improvement plan for appraisal rates and mandatory training had been presented to the board in June and had provided assurance that this was being addressed.

INVEST IN QUALITY, STAFF AND CLINICAL LEADERSHIP

19/50 TRUST INCLUSION OBJECTIVES

Denise Pora explained the Trust inclusion strategy and that a formal review and update of the inclusion strategy's supporting objectives was undertaken every two years.

She detailed the range of training for staff from induction onwards. All staff were encouraged to undertake unconscious bias training and this was compulsory for everyone responsible for recruitment and clinical excellence awards. Staff were also encouraged to form networks around inclusion and the Shining Lights Awards included a category for equality and inclusion.

A lot of information was provided by the staff survey and in 2018 this had identified a level of bullying and harassment experienced by staff who were different.

The Chair commented on the value of unconscious bias training and Gary Norgate agreed that this was extremely good. The Chair also said that the leadership summit had been outstanding and had been very thought provoking.

Sara Mildmay-White asked about objectives for patients, users and carers and if they included marginal groups, eg prisoners. Denise Pora said that this was possible and could be considered for some of these groups.

Jo Pajak asked if there was any mention of ageism. Denise Pora explained that age was a protected characteristic; therefore the Trust ensured that there was no discrimination against this and this had been a focus over the past few years.

Barry Moult asked about employing older people. Denise Pora explained that age was not asked for on the Trust's application form. There were staff from all age groups within the workforce and the staff survey showed no evidence that older staff experienced any discrimination.

The Chair thanked her for a very informative report and for all the work she had put into this.

19/51 PATHOLOGY SERVICES

Nick Jenkins explained that the draft pathology strategy was included in this report and had been circulated around a number of areas for comment. These comments would be included in a revised strategy next month. It was hoped to present the final strategy to the boards of the partner organisations for approval at the end of September. However, he was more concerned that this should be got right even if it took a bit longer to do so.

Joe Pajak thanked Nick Jenkins and those involved for the amount of work that had gone into this and noted the detail in this strategy. He said it would be helpful for governors to have a two page executive summary of the strategy when it was finalised. It was agreed that this would be a good idea. **N Jenkins**

He referred to the need for a better structure for integrated governance and said that it would be helpful if there was more clarity on this. Nick Jenkins confirmed that this was being worked on; the pathology strategy meetings had improved but there was still work to be undertaken. There was a transformation group who were working on this and this would be reviewed by the pathology strategy board next month. He said that he was now assured that ESNEFT had as much focus on this as WSFT. The Chair agreed and said that she was assured by the fact that there was a new chair of ESNEFT who was already focussing on this.

BUILD A JOINED UP FUTURE

19/52 ALLIANCE UPDATE

The Chair explained that the governance review was ongoing and was focussing on the alliances and was instrumental in developing the governance for the integrated care system (ICS) and STP. It was now working on bringing synergy to how the three alliances worked, rather than uniformity across the three organisations.

Angus Eaton would be attending a workshop next week on behalf of the Chair which would be looking at some of the issues that had been identified.

It was noted that Ed Garrett was now the accountable officer for the system which was considered to be a very good appointment.

19/53 ANNUAL REPORT & ACCOUNTS 2018/19

The governors noted that the annual report and accounts for 2018/19 were available on the Trust's website or a hard copy was available on request.

Richard Jones explained that a number of governors had reviewed and commented on the quality report. He thanked those governors for their input into this.

19/54 ANNUAL AUDIT LETTER AND QUALITY REPORT limited assurance review

The Chair welcomed and introduced Matthew Weller from BDO, the Trust's external auditors.

It was explained that this report had been to the audit committee.

The Council of Governors received and noted this report and no issues were raised.

The Chair thanked Matthew Weller for the work he did for the Trust and with the audit committee.

19/55 ANNUAL EXTERNAL AUDIT REVIEW

Alan Rose reminded governors that one of their statutory roles was to appoint the external auditors of the organisation, ie BDO, who worked predominately through the audit committee which was chaired by Angus Eaton. WSFT had a good, professional working relationship with BDO who were responsive to what was required of them and had been useful in bringing external insight through benchmarking ways in which the organisation operated.

The audit committee had recommended that BDO should complete their contract for the rest of the year and that this should be extended for a further year, after which there would be a retendering exercise starting in July 2020. Representatives from the Council of Governors would also be asked to take part in this.

The Council of Governors agreed to the recommendation that BDO should remain in appointment as the Trust's external auditors until their current contract ended and that their contract should be extended for one further year at the same price (ending in 2020/21) after which a re-tendering exercise would be undertaken (starting July 2020).

GOVERNANCE

19/56 REPORT FROM NOMINATIONS COMMITTEE

The Chair confirmed that she had held individual appraisal feedback meetings with the NEDs and that she had also received feedback on her appraisal from Gary Norgate and Liz Steele.

19/57 REPORT FROM ENGAGEMENT COMMITTEE

It was noted that a response to the issue escalated from the engagement committee meeting relating to the changes made in the Courtyard Café was included in this report.

Florence Bevan reported that the area observations had been enjoyed by all those governors who had taken part, although one or two had experienced resistance from staff.

Feedback from the engagement and recruitment sessions in the Courtyard café continue to be very positive. She was particularly impressed by the signs saying that all car parking fees went back into the Trust for patient care etc; therefore there were now fewer comments about the cost of parking. There were also a lot of positive comments about the friendliness and atmosphere of the hospital, particularly compared to other Trusts. There were also a number of comments about appointments being on time. She noted that little things like this mattered to patients and their carers etc. The Chair agreed and said how important it was that the hospital was so friendly.

As chair of the engagement committee Florence Bevan attended the patient and carers experience group (PCEG) and Voice meetings which she found helpful and interesting.

19/58 LEAD GOVERNOR REPORT

Liz Steele thanked all the governors who gave up their time to take part in the engagement activities. She requested that all governors took the opportunity to recruit new members, eg family and friends etc whenever possible.

The informal meetings with the NEDs were considered to be very helpful with good attendance from both governors and NEDs.

19/59 STAFF GOVERNORS REPORT

Martin Wood thanked Garry Sharp for his work as a staff governor and looked forward to welcoming Vinod Shenoy.

He highlighted the report from the recent quarterly meeting of the staff governors which was also attended by Richard Jones, Kate Read and Georgina Holmes. He explained that these meetings were more operational than other governor meetings which was a reflection on the role of the staff governors and feedback they received from the organisation.

The Chair thanked the staff governors for their work and recognised that it was a challenge for them not to be operational.

Richard Jones noted that the board meeting in Mildenhall would take place at the end, not beginning of November.

ITEMS FOR INFORMATION

19/60 URGENT ITEMS OF ANY OTHER BUSINESS

Mark Gurnell noted the dates of the meetings for 2020 and explained that he could have an issue attending a number of these as he had other work commitments on a Tuesday and on Wednesday 6 May. Therefore there was a possibility that his attendance would breach the terms of the Trust's constitution.

The Chair noted this and said that his circumstances would be taken into account.

19/61 DATES FOR COUNCIL OF GOVERNOR MEETINGS FOR 2019

Future dates for meetings for 2019 and 2020 were noted as follows:-

2019:
Wednesday 13 November
Annual Members Meeting Tuesday 17 September 2019

2020:
Tuesday 11 February
Wednesday 6 May
Tuesday 11 August
Tuesday 22 September - Annual members meeting (Apex)
Wednesday 11 November

19/62 REFLECTIONS ON MEETING

No comments received.

5. Matters arising action sheet (enclosed)

To note updates on actions not covered elsewhere on the agenda

For Reference

Presented by Sheila Childerhouse

REPORT TO:	Council of Governors
MEETING DATE:	13 November 2019
SUBJECT:	Matters Arising Action Sheet from Council of Governors Meeting of 6 August 2019
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	**Lead**	**Target date**	**RAG rating for delivery**
188	06/08/19	19/47	Review how patients with no fixed address are identified to the housing department prior to discharge.	A meeting has recently taken place with the council re WSFT's duty to refer. WSFT has also appointed (on a one year contract) a health and housing officer who will start as soon as the funding is transferred from the CCG. They will pick up patients in ED and the base wards and liaise directly with the housing department. The CCG funding will also pay for a one bedroom flat in the centre of BSE for patients who require temporary accommodation. Sara Mildmay-White had also been invited to shadow the discharge team to provide her with assurance that a process is in place.	N Jenkins / R Jones	11/2/20	Green
189	06/08/19	19/51	Provide governors with a two page executive summary of the pathology strategy once it has been finalised.	The updated pathology strategy was approved at the Board meeting on 1 November. This will form the basis of a summary for governors.	N Jenkins / R Jones	21/12/19	Green

Completed action points

Ref.	Date of Meeting	Item	Action	Action taken	**Lead**	**Target date**	**RAG rating for delivery**
174	12/2/19	19/07	Follow up with Peta Cook re IT issues in the community and report back to a future meeting.	Concerns regarding community IT raised at Board on 1 March 2019. The outcome of the escalation meeting with the CCG will be followed-up by Board on 24 May. The issue has been captured on the Trust's risk register. Updated included in Governor issues report and has been scheduled to be included in the CEO report going forward. At the CoG meeting on 6 August it was agreed that the community IT issues had not yet been resolved. The Chair had requested a report providing an update on community IT for the next board meeting and also that a regular update/communication should be circulated to community staff. The digital board report received at the September Board meeting included an update on community IT. This will also be maintained as one of the 'ongoing' issues for which the Governor's receive an update at the CoG meeting (**see update in Annex A**).	G Norgate	13/11/19	Complete

Ref.	Date of Meeting	Item	Action	Action taken	**Lead**	**Target date**	**RAG rating for delivery**
186	06/08/19	19/44	Consider how to reflect actions that have not been fully completed more accurately in the action sheet.	The action update report has been amended to include a table of ongoing issues. This will be a live document reported to each CoG. Individual actions will be closed as appropriate but an annex to the action sheet has been developed to consider issues which will take longer to address. This annex will be updated and reviewed at each CoG meeting to both receive an update on the identified issues and consider whether new items should be included in the list. The ongoing items identified to date are: - Pathology - Community IT - Transport	R Jones	13/11/19	Complete
187	06/08/19	19/44	Provide governors with a short explanation (one A4 sheet) of the purpose and process for quality walkabouts, including how actions are followed up.	Overview of quality walkabout process detailed in **Annex B** of this report and will be included in future Governor handbooks. The Q2 report on action and learning is included in the summary quality report as part of the main agenda.	R Jones	13/11/19	Complete

Annex A – ongoing issues log

The Governors are asked to:

1. Note the updates to ongoing issues
2. Consider whether any other items from the action list should be considered for inclusion in this log
3. Consider whether any items from the log can be removed.

Issue	Update
1. Community IT	Reflection from the staff governors meeting included the good contents of the recent newsletter (Appendix 1) and progress with issuing new smartphones. However, it emphasised challenging timelines and the need for delivery against what is promised. **Recent actions/achievements:** - West Suffolk CCG has handed in notice on its contract with NEL CSU who provides the Trust's community IT infrastructure due to ongoing issues with service provision. Planning for the transition to other, possibly in-house, IT provision is already underway and the aim is to leave the NEL CSU contract around October 2020. Noted that 12 month notice period for contract – October 2020. - The digital leadership team has appointed Sarah Judge as chief clinical information officer (CCIO) for community, and Helen Beck as chair of the community board within the digital programme to provide leadership and scrutiny to the programme. - There have been steady improvements in provision of hardware to community teams, particularly with smartphones to allow access to WSFT intranet and other services **Plans for next 3-6 months:** - Over the new few months we will be migrating the contents of the Suffolk Community Health intranet to the WSFT intranet to provide a single source of guidance and resource. - The smartphone provision across community teams will continue to improve, leading to the pilot of Medic Bleep, our communication app that has been adopted across the acute trust to replace non-urgent pagers, within two community teams. **Communication plan to staff:** - Part of the enhancements to the community digital programme includes restructuring the programme of work into separate workstreams with nominated leads for each. One of these is a dedicated communication and engagement workstream led by Michelle Glass, associate director of operations for community and integrated services. - Community IT bulletins will be more regular and we are hoping to engage with community staff to become digital champions and feed their experience into our digital projects. - A copy of the communication which was sent out in September is appended to this report (**Annex C**) and a further communication will be sent out this month.

2. Transport	E-Zec Medical Transport Ltd (E-Zec) are three months into the current recovery plan but performance is not improving at the rate expected by the joint service commissioners. We know that poor performance is causing poor patient experience, delayed discharges, missed appointments and generating a significant amount of coordination work that the Trust is undertaking. Whilst all issues are being monitored and investigated, learning is not being embedded. In mid-September E-Zec approached the CCG to discuss recent performance. It was acknowledged by E-Zec that more dramatic improvement was required and that a fundamental change to the service model would provide better experience for commissioners and patients. It was agreed collectively that the current level of performance is not acceptable. E-Zec has proposed to change the mechanism for managing discharge activity by dedicating vehicles for sole use by the Trust for this purpose. This would increase the level of control for the Trust as we would be responsible for the allocation and logistical management of these vehicles. This model is being used successfully in other acute settings and we have engaged with commissioners and providers in Swindon who manage the non-emergency patient transport in this way. It is anticipated that adopting this model will deliver improvements to the contract as a whole. This proposal includes an overall uplift in additional road based staff (crew) of 25 across the contract (25% increase in personnel) and an additional 14 vehicles (30% increase) to the Suffolk fleet. Vehicles will be allocated to the Trust on a daily basis to manage discharges accordingly. Whilst the detail is being worked through it is anticipated that this will equate to three vehicles dedicated daily at West Suffolk Monday to Friday, and two vehicles at the weekend. Initial conversations with the joint commissioners has been positive although all are in agreement that this must be a system change and equally supported at each acute site. It has been recognised as a positive step which has the potential to significantly improve the performance of non-emergency patient transport services (NEPTS). The revised model will allow for increased focus and capacity for outpatient appointments, managed and controlled by E-Zec. They will review operations as a whole to allow for potential efficiencies and to support capacity management across the contract outside core hours and when discharge demand is high. Detailed planning is currently underway and whilst the final operating model has not been agreed it is expect that any administrative resource increase is met by E-Zec. At the time of writing it is anticipated that this model will be adopted from 2 December 2019 for an initial period of three months with ongoing review.
3. Pathology	Pathology Services across Suffolk and North East Essex have developed a clinical strategy and vision for pathology services over the next five years. One of the key aims of the clinical strategy is to describe how ESNEFT and WSFT can deliver good quality pathology services at best value in the future working with relevant partners in the Suffolk and North East Essex Integrated Care System, while meeting the requirements of national policy. The results of staff engagement have been reported to our Board, along with the updated strategy which was approved on 1 November 2019. A key principle of the strategy is that pathology services are clinically-led to maintain safety and effectiveness. Nick Jenkins has met with the lead for histopathology to emphasize the importance of this and is engaging with the staff to consider how their clear desire for greater local determination can be achieved within the existing ownership model.

	This engagement will be maintained to ensure that it feeds into the strategy and forms part of the test and challenge of the strategy's implementation. Since the last Council of Governors meeting, the Medicines and Healthcare products Regulatory Agency (MHRA) undertook a one-day inspection at West Suffolk on 17 September. While we know there is still more to be done, it was reassuring that the inspector recognised the improvements the laboratory has made.

Quality walkabout

Quality walkabouts take place on a Tuesday morning at 9 am with representation from the Executive team, Non- Executive Director (NED), Governor and the patient safety team (Head or Deputy).

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The schedule for visits is planned at the beginning of the year and aims to include a medical ward/surgical ward, specialty area and community area on a monthly basis.
This can change to reflect soft intelligence which has been obtained regarding an area.

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Patient safety team plan the visits for the year and the PA for the Chair plans and records the membership.

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Data collected prior to the visit can include incidents, PALS/complaints, risks, perfect ward data.
There is a briefing for the walkabout team to discuss the area and highlight any governance or previous issues raised from the walkabout.

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The walkabout follows a format of reporting based on caring, responsive, effective, well-led and safe however discussions will take place around issues pertinent to the specific area.

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Following the walkabout there is a de-brief with the walkabout team.
Reports including actions will be written by the Patient safety team and approved by the Head of patient safety.

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Reports and actions will be approved and uploaded to Datix.
Reports will be shared with the triumvirate within 2 weeks of the visit for dissemination with the ward team.

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Walkabout actions are reported to Quality group for escalation with a summary of the previous month's visits.
A quarterly report and actions are submitted for the Governors quarterly meeting.

NHS
West Suffolk
NHS Foundation Trust

WSFT community staff update:
Improving the digital experience community staff across Suffolk

September 2019

We know that you if you have good, reliable technology, it can make your working lives better and improve patient care.

We're investing in community IT to help make improvements (£500,000 so far), and wanted to give you a quick update on where we're at…

Top priorities

Listening to your feedback, our top three priorities for community IT services are:

- Connectivity, including Wi-Fi
- Roll-out of new smartphones, which will include access to the WSFT intranet
- Improving hardware for teams across all our community sites

These ambitions will be supported by a dedicated team; we're delighted that Sarah Judge is now acting as digital operational lead and chief clinical information officer for community services, and she will be working alongside Andrew Smith, IT technical manager, and the wider IT team to drive forward improvements.

The intranet

We're currently running two intranet systems – one WSFT system that was already running at the Trust when it took on community services, and the community intranet system that community teams were using at that time.

Developing one, amalgamated intranet is absolutely on the cards and we hope this project work can start in the near future; there are some contract considerations we need to take into account with the current community intranet provider, NEL, before we can start on this, but we are making progress. And we've done a lot of work in the meantime to make sure that all the information and resources you need are available on the community intranet site – and vice versa.

The community and WSFT intranets and all their content will remain fully available until we're in a safe and assured position to move all Trust staff onto one intranet.

The websites (public facing)

We've started work on moving information from the Suffolk CH public-facing website to the WSFT public-facing website. Thank you to our integrated community paediatric services team who have been supporting with this! In time, all content will be moved onto the WSFT public-facing website and, at this point, the community website will be retired.

Colleagues outside of WSFT

Colleagues from ESNEFT and the Suffolk GP Federation are also still using the community intranet. ESNEFT plans to move community content on to its intranet by the end of 2019, and information for Suffolk GP Fed staff is being transferred to a shared network drive by the end of September 2019. Once all material has been transferred, the intranet can be amended so that only information relevant to WSFT staff is displayed.

To reiterate, the community intranet and all its relevant their content will remain fully available until we're in a safe and assured position to move all WSFT Trust staff onto one intranet.

Thank you for your ongoing support and patience. We're committed to driving this agenda forward.

Have a question or want to know more? Contact Sarah and Andrew at: sarah.judge@wsh.nhs.uk, andrew.smith@wsh.nhs.uk

6. Chair’s report (enclosed)

To receive an update from the Chair

For Reference

Presented by Sheila Childerhouse

REPORT TO:	Council of Governors
MEETING DATE:	13 November 2019
SUBJECT:	Chair's report to Council of Governors
AGENDA ITEM:	6
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.

Will Pope's appointment as independent chair of Suffolk and North East Essex integrated care system (ICS)
I was an active member of this highly inclusive recruitment and appointment process, which included a wide range of members on the panel. As a result of this thorough review and with support from regional office we have been able to make an excellent appointment to this post which will be good for the system and the west of Suffolk.

Collective assurance meeting for the ICS five year system strategic plan (31 October)
This event formed part of the formal engagement and approval process with the partner organisations for the plan. With formal approval the document will be submitted to the regional office and depending on Purdah there will be a soft launch in December. It was refreshing to see the enthusiastic buy in with the strategy from health, local government and the voluntary sectors with a great sense of it being 'our' system plan which will be owned and driven whatever the politics.

One clinical community
I was privileged to take part in this great initiative which gives the opportunity for clinicians and professionals across west Suffolk to work together to drive integration and share ideas. This forms part of an ongoing programme as part of the West Suffolk Alliance. More detail is provided in the West Suffolk Alliance and integration report on the meeting's agenda.

Shadowing the Bury Town Community Team (10/91)
I was delighted to be able to spend a morning with Bury Town community team, including shadowing home visits with a community occupational therapist. This enabled me to see first-hand some of the challenges for staff on the ground. It was also great to be able to engage with the team and hear about their frustrations, but also their aspirations for how they could work in the future. Our staff make me so proud!

Recommendation
Governors are asked to note the report for information.

Annex A: List of meetings attended

Date	Meetings and events (1/8/19 until 31/10/19)
01/08/2019	Integrated Care Design Panel Conference Call with Susannah Howard
02/08/2019	Telephone Call with Ann Radmore
06/08/2019	CoG Pre-Meet with Richard Jones
06/08/2019	1:1 with Tara Rose Head of Communications
06/08/2019	Meeting with Paul Morris, Deputy Chief Nurse
06/08/2019	CoG Meeting
06/08/2019	Telephone Call with Rhianna Gerry re NED appointment
06/08/2019	1:1 with Emma Whight, new PA?
07/08/2019	Telephone Call with Richard Jones
20/08/2019	Quality Walkabout
20/08/2019	1:1 with Craig Black
20/08/2019	1:1 with Stephen Dunn
20/08/2019	Induction Meeting with Dr Seth Dockrill, Consultant Cardiologist and Dr Emily Gelson, Consultant Obs & Gynae
21/08/2019	Induction with Konrad Wronka, Consultant Trauma & Orthopaedics
21/08/2019	Meeting with Helen Taylor, Chair, East Suffolk & North Essex Foundation Trust
21/08/2019	Meeting with Martin Wood
21/08/2019	Lay Member Conference Discussion
21/08/2019	1:1 with Jan Bloomfield
21/08/2019	Telephone Call with Susannah Howard
22/08/2019	CQC Staff Briefing Session
22/08/2019	Integrated Care Design Panel Conference Call with Susannah Howard
27/08/2019	Quality Walkabout
27/08/2019	1:1 with Stephen Dunn
27/08/2019	Meeting with Judy Cory
27/08/2019	Telephone Call with Jayne Gilbert
27/08/2019	Meeting with Matthew Hicks, Leader of Suffolk County Council
27/08/2019	Catch Up Call with NEDs
28/08/2019	Visit to Residences with Stephen Dunn & Roger Quince
30/08/2019	1:1 with Stephen Dunn
30/08/2019	Diabetes Event in Preparation for Annual Members Meeting
03/09/2019	Quality Walkabout
03/09/2019	Meeting with Liz Steele
03/09/2019	1:1 with Tara Rose
03/09/2019	Induction with Dr Elliott Rees, Consultant Radiologist
03/09/2019	1:1 with Stephen Dunn
03/09/2019	Meeting with Michelle Glass
03/09/2019	1:1 with Rowan Procter
04/09/2019	NHS Providers Network: Trust Operating in a Rural Environment
10/09/2019	Shadowing Bury Community Team
10/09/2019	STP Chairs Group Working Dinner
11/09/2019	Scrutiny Committee Meeting
11/09/2019	Meeting with Alan Rose
11/09/2019	Reference Call re Will Pope
11/09/2019	Meeting with Richard Jones
11/09/2019	Monthly NED Teleconference
12/09/2019	One Clinical Community Meeting
17/09/2019	Meeting with Dr Louise Jeynes
17/09/2019	Meeting with Barry Moult
17/09/2019	1:1 with Kate Vaughton
17/09/2019	1:1 with Stephen Dunn
17/09/2019	Annual Members Meeting
19/09/2019	Networking Lunch for chairs Group and Visitors from NAO
19/09/2019	Suffolk and North East Essex STP Chairs Group

Date	Meetings and events (1/8/19 until 31/10/19)
20/09/2019	Suffolk and North East Essex STP Board
20/09/2019	Networking Lunch with National Audit Office and Professor Will Pope
23/09/2019	Telephone Call with Richard Jones
24/09/2019	1:1 with Stephen Dunn
24/09/2019	Telephone Call with Liz Steele
24/09/2019	Quality Walkabout
24/09/2019	1:1 with Dr Christopher Browning
26/09/2019	Board Development Session
27/09/2019	Trust Board Meeting
27/09/2019	Quality and Risk Committee
01/10/2019	Quality Walkabout
01/10/2019	Meeting with Carin Swanevelder
01/10/2019	1:1 with Stephen Dunn
02/10/2019	West Suffolk Oversight and Support Meeting
02/10/2019	Lunch with Edward Libbey
04/10/2019	AAU Opening with James Finch, Chairman Suffolk County Council
08/10/2019	Quality Walkabout
08/10/2019	Meeting with Liz Steele
08/10/2019	1:1 with Stephen Dunn
08/10/2019	Meeting with Louise Jeynes
08/10/2019	1:1 with Tara Rose
08/10/2019	Meeting with Julie MacLeod & Sue Smith re Friends
08/10/2019	Meeting with Richard Jones
08/10/2019	Telephone Conversation with Owen Francis, Head of Higher Ed & Inclusion Lead, Global Academia & Healthcare, Harvey Nash Ltd
08/10/2019	Medical Staff Committee Meeting
09/10/2019	Scrutiny Committee Meeting
09/10/2019	Well Led Prep Interview
09/10/2019	1:1 with Nick Jenkins
09/10/2019	NED Dinner
15/10/2019	Quality Walkabout
15/10/2019	Meeting with Stephen Dunn and Professor William Pope
15/10/2019	Pre Meet with Alistair Currie
15/10/2019	Meeting with CQC and NHSE
15/10/2019	Suffolk & North East Essex STP Chairs Group
15/10/2019	Feedback from NHSi
16/10/2019	1:1 with Helen Beck
16/10/2019	One Clinical Community Evening Reception
18/10/2019	Suffolk & North East Essex STP Board
21/10/2019	NHS Providers Dinner with Baroness Dido Harding
22/10/2019	1:1 with Stephen Dunn
22/10/2019	Induction with Karen Newbury, New Head of Midwifery
22/10/2019	Meeting with Richard Jones
28/10/2019	CQC Initial Meeting and Trust Presentation
28/10/2019	Telephone Call with Louisa Pepper
28/10/2019	FT Nominations Committee Meeting
28/10/2019	Conference Call with NEDs
29/10/2019	Quality Walkabout
29/10/2019	Meeting with Richard Jones and Georgina Holmes
29/10/2019	1:1 with Stephen Dunn
29/10/2019	Visit to Sudbury Community Health Team
30/10/2019	CQC Interview
30/10/2019	Meeting with Ian Howells, Chaplaincy
30/10/2019	Meeting with Helen Beck
30/10/2019	CQC Feedback Session
31/10/2019	Collective Assurance Meeting for SNEE Five Year System Strategic Plan

7. Chief executive’s report (enclosed)

To note a report on operational and strategic matters

For Reference

Presented by Stephen Dunn

Council of Governors – 13 November 2019

AGENDA ITEM:	7
PRESENTED BY:	Steve Dunn, Chief Executive Officer
PREPARED BY:	Steve Dunn, Chief Executive Officer
DATE PREPARED:	6 November 2019
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 aim to highlight some of the key strategic issues and challenges that the organisation is addressing.

Despite the financial challenge we face I can't start this report any other way can I? We have had some much-welcomed and fantastic news for the people of West Suffolk. A few weeks ago the Prime Minister set out his plan that "in the next ten years we will build 40 new hospitals in the biggest **investment in hospital infrastructure** for a generation." And we are one of the 40.

West Suffolk Hospital is one of the projects that has been 'green-lighted' to proceed to the next level of development plans. We know that we need a new hospital; it was built in 1974 and given a predicted lifespan of 30 years, and although we've managed our estate well and invested in new developments on the site (like the acute assessment unit, labour suite, emergency department, new staff accommodation and cardiac suite), the remaining areas of the hospital visually look tired and old, and we have some very real challenges with our buildings and general estate maintenance.

That this has been acknowledged at a national level and is welcome news. A total pot of £100m of seed money is being made available to help kick start the next stage of developing these plans, and we expect to receive a portion of that which is a real indication of both the intent for and need of a new hospital. It may take 5-10 years for any new hospital plans, whether on the current or a different site, to come to fruition, but the Trust is delighted to be included in this announcement. Engagement with the local community and care partners will be essential to progress, but this is welcome news for the future of healthcare in West Suffolk, and indeed the integrated care system. We will now start the exciting work with our system partners to develop options and these plans.

But our investment in our current site hasn't stopped, and local MP Jo Churchill formally opened our acute assessment unit earlier this month. This dynamic unit has been helping us to transform how emergency patients are assessed and treated. It is designed to support emergency patients and GP referrals that need observation, diagnosis and treatment, but who don't need major emergency department care – for example, patients with chest pain who may need a heart monitor and clinical observation.

Built behind the West Suffolk Hospital's emergency department, phase one of the AAU opened to the public in December 2018; phase two opened to the public in September 2019. The latest, exciting developments include the expansion of the ambulatory emergency care (AEC) space, and the monitored bay. It also has its own dedicated ambulance entrance, so if you drive into the hospital site you'll be able to spot it! Since it first opened the unit has received 9,710 AAU patient admissions and 3,275 AEC patient attendances (Dec '18 to Aug '19).

One of the ways in which we deliver the services in AAU is the innovative use of physicians associates (PAs). We've been celebrating our **PAs and allied health professionals (AHPs)** for PA Week and AHP Day respectively to highlight their importance to patient care. We're so lucky to have colleagues with a variety of skills here at WSFT, who all come together to provide well-rounded, holistic care to our patients. If you haven't had chance to catch up with some of the content and videos, take a look back at our Twitter feed (@WestSuffolkNHS).

I'm delighted that our staff here have once again rated our hospital and community services 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), for January to March (one of the busiest periods we've ever had), 92% of WSFT staff surveyed said they would recommend the Trust as a place to receive treatment, the seventh highest percentage recorded in England. In addition, 79% said they would recommend it as a place to work, which is the tenth highest percentage recorded in England. There's no greater testament to a health organisation than to be entrusted with the care of staff themselves and their loved ones, as they are often part of the local community. My own family use our services, and I'm in agreement with my colleagues – it's a great place to receive care.

And if that wasn't enough, our emergency department is performing better than most trusts in the country in several areas of urgent and emergency care, according to the Care Quality Commission's latest urgent and emergency care survey. We matched the **highest score in England for the availability of help from members of staff** while patients were waiting in the emergency department, and the overall score for waiting times. We're really proud of these scores, which show that patients are having a positive, high-quality experience in our emergency department. We have significantly improved from the 2016 survey, and this is a real credit to the quality care our staff provide. They continue to go the extra mile, despite seeing around a 10% increase in attendances to our emergency department year on year. But there is always room for improvement – outstanding doesn't mean perfect.

Building on our success we have launched a fantastic new **recruitment campaign, #BeKnown**, to help us keep staffing numbers ticking over and further reduce our use of more expensive agency and overtime. #BeKnown tells the stories of Trust staff and what they're known for amongst their close knit working community. Because we know that, big or small, everyone makes a contribution to the Trust and its patients. Initially focused on a variety of clinical roles across the Trust, including doctors, nurses, pharmacists, and allied health professionals like occupational therapists and physiotherapists, we're calling on people to consider developing the next stage of their health career here with us at WSFT. Visit https://beknown.wsh.nhs.uk/ for more.

Overall in terms of September's **quality and performance** we continue to be challenged against a range of metrics. There were 55 falls, 49 Trust acquired pressure ulcers and three C. difficile infections. The challenge of demand and capacity continues with four areas failing the target for September 2019 - cancer 2 week wait breast symptoms with performance at 91.8%, cancer 62 day GP referral with performance at 77.2%, cancer 62 day screening with performance at 85.7% and incomplete 104 day wait with three breaches reported in September 2019. Referral to treatment performance for September was 82.0%, with six patients waiting longer than 52 weeks. The Trust is part of a pilot scheme trialling a number of new metrics for emergency department (ED) performance. These new metrics have replaced the longstanding 4-hour wait performance metric, so this has therefore been removed from the report. When the new metrics have been agreed nationally they will be included for monitoring.

Our **financial position** remains very much on our minds and we remain extremely concerned with the deterioration in our financial performance with the month six position reporting a deficit of £5.4m YTD which is £3.9m worse than plan. We agreed a control total to breakeven which means we need to deliver a cost improvement programme of £8.9m. We continue to forecast to meet our plan to break even in 2019-20. However, this requires a recovery plan to reduce the current rate of expenditure by around £10m. We do have recovery plans in place but it's clearly going to take a huge effort from all colleagues to get us to where we were aiming to be, which was to break even at the end of this financial year. The Board will consider this position and options at the meeting on 1 November.

I'm really proud of the work in the community to **join-up care to meet individual need**. A community service that wraps individual care around people with complex needs has been recently been expanded. There are now six community matrons looking after patients in west Suffolk who have chronic, long-term conditions, helping them to achieve the best quality of life they can, and preventing unnecessary admission to hospital. Expanding the service is part of our Trust's drive to support alliance working, a partnership approach that brings together public, private and voluntary health and care providers to improve the lives of local people.

Flu season is here and we are urging all frontline and patient-facing staff to have the **flu vaccination** as soon as possible, to protect themselves, their family and their patients. The campaign began on 1 October, when vaccinations were offered in Time Out, the occupational health department and peer vaccinators out and about in the hospital and in the community.
This year supply of the vaccine will be staggered, as the World Health Organisation delayed releasing the formula by four weeks to take in the data from the Australian flu season (there, the flu season peaked in the early weeks). This was to ensure the vaccine is as effective as possible against this year's flu strain. The vaccine is being delivered to us in three batches in October and November, so the decision has been taken to prioritise vaccination in the first weeks of the campaign to frontline clinical staff and staff who are patient-facing, such as receptionists.

A part of our **Freedom to Speak Up** arrangements we have launched a new anonymous reporting phone line and intranet form to give staff another way to share concerns. We know that, across the NHS, one of the main reasons colleagues don't speak up when they see something is because they fear they might be victimised or punished for it. Here at WSFT, we work really hard to create a culture of compassion, honesty and learning. We want everyone to feel they have a voice, control and influence. But we know that we don't always get that right – in last year's NHS Staff Survey:

- Of those staff that had experienced harassment, bullying or abuse at work, only 37.9% reported it
- Of those staff that had experienced physical violence at work, only 49.7% reported it
- Of those staff that saw an error, near miss or incident that you thought could hurt staff, patients, or service used, only 91.4% of you reported it.

So we're taking steps to try and make reporting feel safer and easier. We'd always encourage colleagues to formally report issues where they feel able to do so rather than use anonymous tools, but we'd rather hear this way than not at all!

We hosted our **annual members meeting** in September, and were delighted to see so many members and colleagues there. More than 150 people joined us at the event in the Apex in the centre of Bury St Edmunds. It's a real opportunity to share some of our achievements and challenges over the last year, and the audience was also treated to a specialist clinical talk on diabetes by our diabetes consultant Dr John Clark. I learned a lot! We were very grateful to our governors their support in planning and hosting the event. Thank you.

Since my last report we've also added **new accolades** to our list; we were once again named as a CHKS Top 40 Hospital in the CHKS 2019 awards. These prestigious, national awards recognise hospitals that are safer for patients, more effective, more efficient and have lower mortality, comparing the performance of all hospitals throughout England, Northern Ireland and Wales. More

than 20 indicators of performance were analysed by CHKS, healthcare improvement specialists, spanning things like clinical effectiveness, health outcomes, efficiency, patient experience and quality of care (including inpatient surveys), reported C-difficile rate for patients aged 2 and over, the NHS staff survey, and emergency readmission rates. It is once again an incredible achievement to be recognised.

We were also rated as the **top acute in the region for doctors' training** satisfaction, meaning we've now held the top spot for two years in a row. The doctors surveyed by the General Medical Council (GMC) at our Trust rated their overall satisfaction at 82%, a 3% increase on last year. Each year the GMC asks doctors in training questions based on a number of criteria, including clinical supervision, educational supervision, induction, teamwork and supportive environment, to ensure that doctors receive high quality training in a safe and effective clinical environment. As a Trust we care about personal development, so it's fantastic to see this yield results. Ensuring doctors are highly-skilled and knowledgeable about up-to-date clinical research isn't just great for them; our patients will have better care and a better experience too. So ensuring a great training experience for the NHS doctors of the future is so important.

I was so honoured to be able to give an extra special 'thank you' to six of our WSFT team this month, as I got to choose six colleagues to be invited to 10 Downing Street to attend a **tea party hosted by Prime Minister** Boris Johnson. Helen Ballam, ward manager at Newmarket Community Hospital; Sue Deakin, trauma and orthopaedics consultant; Ali Devlin, clinical practice facilitator; Marilou Franco, theatre nurse; Gylda Nunn, integrated therapies manager; and Dr Vivek Rajagopal, clinical director for medicine, made their way to London to discuss the challenges faced by the NHS, potential solutions to issues, and to share stories of how our WSFT staff go the extra mile for their patients. I understand they had a fabulous day, and had lots to say to the Prime Minister not just about the great parts of the NHS, but the challenges our NHS staff face too.

As I write this report we have just completed the second part of our **Care Quality Commission (CQC) inspections** for the year, with the well-led visit taking place between 28 and 30 October. The service line inspections are now almost complete and we look forward to working with the inspection team to continue to make improvements to our services - we have always said that outstanding does not mean perfect, and we know we have areas where we need to improve. But we have much to celebrate, and most of all I have enjoyed letting the inspectors see first-hand how outstanding our staff are at caring.

There is much to celebrate despite the pressures and staff working exceptionally hard

Chief Executive blog - A look back at my summer reading
https://www.wsh.nhs.uk/News-room/news-posts/A-look-back-at-my-summer-reading.aspx

Deliver for today

Newmarket hosts event focusing on dysphagia
The integrated speech and language therapy team hosted a Dysphagia Awareness Day at Newmarket Community Hospital on Thursday, 3 October. The aim was to improve knowledge and awareness of swallowing difficulties for colleagues working at the hospital, in the community and local care homes, as well as the general public. It was also an opportunity to share information about IDDSI – the International Dysphagia Diet Standardisation Initiative – which should now be followed across Suffolk, ensuring everyone adheres to the guidelines for modified food and drink.

Stop sepsis save lives
During the week commencing 9 September, members of the deteriorating patient group were raising awareness of sepsis. On the morning of World Sepsis Day (13 September) an information stand was available in the hospital's main reception area for patients and visitors. Sepsis is characterised by a life-threatening organ dysfunction due to a dysregulated host response to infection. It is one of the most prevalent reasons for deterioration in hospital, with national mortality rates over 25%. This highlights the importance of implementing the Sepsis 6 protocol within an hour of diagnosis, combined with adequate monitoring and escalation to the critical care outreach team. e-Care generates alerts for sepsis and these should be reviewed and completed by a doctor within the hour, confirming or ruling out a diagnosis of sepsis and implementing subsequent actions.

Creating a vocal legacy for patients
People in west Suffolk with a devastating condition which affects their speech are being supported to use pioneering technology to create a permanent "voice bank" for their loved ones. Voice banking allows a person to record phrases which can then be converted to create a personal synthetic voice when they no longer have the ability to use their own. Patients diagnosed with motor neurone disease (MND) work with speech and language therapists and a staff volunteer from our Trust (WSFT), with support from the MND Association and St Nicholas Hospice. Voice banking means that people who feel they are losing much of their identity can still "speak" to their friends and family. Most people with MND (80-95%) experience weakness in the mouth, throat and tongue, so voice banking allows them to record an infinite number of words and sentences that can be generated in a synthetic voice that bears a resemblance to the person's speech.

Frailty at the front door pilot
The Trust's 'test and learn' pilot, which has been looking at ways to improve outcomes for older patients living with frailty, completed in August. A multidisciplinary team had been brought together to assess the benefits of a frailty assessment unit, which recognises that patients living with frailty have unique needs and circumstances, and aimed to reduce unnecessary hospital stays by expediting prompt discharge and/or referral to an alternative pathway by:

- early identification of those with frailty
- initiating of a rapid response service
- early assessment and an individual multidisciplinary team care plan
- development of clinical professional standards to reduce variation in care
- strengthening of links in and out of the hospital.

During the pilot, the medically-optimised team identified a community assessment bed for use each day. There have been daily team 'huddles' - one at 8.30am to set the day's plan and another at 3.30pm. The lessons from the pilot will be used to inform next steps.

Invest in quality, staff and clinical leadership

Video link technology set to improve care home support
Care home staff and nurses are working on a project which will allow them to jointly assess residents whose health has deteriorated unexpectedly – even if they are not in the same place.

The idea will see staff working in care homes video-call nurses when they are concerned about a resident. Special technology will then be used to take vital health metrics, such as heart rate and blood pressure, so that the nurse can advise on the best care for that individual. The aim is to reduce the number of people who are taken into hospital unnecessarily, while making sure they receive the most appropriate care in the right place to meet their needs.

Patient safety a priority for expanded teams:

- Six nurses have joined the new **integrated tissue viability service** (TVS), working across WSFT community and acute hospital services to support care for patients with skin health needs. Based at the West Suffolk Hospital site, team members can be found working on the wards, at the six leg ulcer clinics in our community services, and in patients' homes with community colleagues. Team lead Anna Taylor said: "This is an investment in supporting our staff to provide safer and better patient care to people with conditions such as leg ulcers, surgical site infections and pressure ulcers.

A team dedicated to improving the quality and safety of patient care we provide through timely and accurate pathology results has recently been expanded, and now has four colleagues working across WSFT services. The **point of care testing (POCT) team** is led by Emma Scrivener, a registered biomedical scientist who moved from the pathology laboratory to get the innovative

Sarah on board to support community services
Sarah Judge has joined the team working to improve staff experience and patient care for our community services through the Trust's digital programme. Sarah, a physiotherapist by background who joined the Trust in 2000, has had a key role in developing e-Care and other IT systems as the digital operational lead. Now she has an additional role as chief clinical information officer, working with Andrew Smith and the information management and technology team to push forward digital progress in the community. The community digital programme is looking at three priority areas amongst the larger programme of work: connectivity, such as reliable Wi-Fi in the community bases; the rollout of new mobile phones to community staff; and improving the hardware for our teams across the county. These will allow us to develop the integration of Trust services across Suffolk, and drive our focus on joined-up working across the whole health and care system.

Working towards a fairer Trust
As part of a drive to improve the working lives of colleagues with a disability, we recently held an open forum to share the views and experiences of people across the Trust. From this productive session, we have identified actions that will not only benefit people with a disability but all our staff, and therefore our patients too.

Soapbox success!
Our second soapbox challenge took place last week and we are thrilled to announce we raised an astonishing £19,000. To say we are chuffed is an understatement! The day started nice and early at 6.00am, when Mount Road was officially closed to traffic. It was then all hands on deck as we unloaded 100 crowd barriers, 100 road separators and 200 straw bales to line the course. This year we had so many amazing volunteers and they were all fantastic. Before we knew it, the course was complete with staging, ramps, jumps and a chicane. Soapbox City was ready to receive the teams and the food stations were up and running. A huge thank you to all our volunteers - we couldn't have done it without each and every one of them. We will be back in 2020 so, and will let you know as soon as we have a date in the diary.

Leaving a gift in your will
For those of you who like us on Facebook, you may have seen that this week is 'Remember a Charity in Your Will' week. Did you know that, on our neonatal unit, at least one tiny baby a day is treated with equipment purchased by a very generous gift left by a grateful patient? Gifts in wills provide an important part of our funding. Once you have considered all the important people in your life, leaving a precious gift in your will to My WiSH Charity, will make a real difference to the care your loved ones and future generations will receive.

Your gift could provide state-of-the-art medical equipment, specialist therapies and services, in addition to the outstanding care that is already provided by the NHS. If you would like to find out more or want to talk to Michele about all things legacy related, give her a call on 01284 712952.

Build a joined-up future

Showcasing success - trusted assessment case study
Housebound Mrs Smith is referred by her GP to the Care Coordination Centre (CCC) for a community occupational therapy (OT) assessment. One of her carers has also referred her separately for a social care OT assessment through Customer First. Both referrals are visible to the CCC and Customer First, so the duplication is quickly identified. The health and social care OTs discuss Mrs Smith's case and agree the health OT will lead on her care. During a visit to Mrs Smith's home, the OT uses shared records to view her previous assessments so they can talk about what has helped in the past and what wasn't as successful. They make a plan, the OT orders all equipment Mrs Smith needs and is able to return a few days later to see how she is getting on.

Using trusted assessment means that Mrs Smith was contacted by, assessed, treated and followed up by the same clinician, building trust while making sure she doesn't need to keep repeating her story to different professionals. It also improves efficiency for health and care services by working across organisational boundaries to prevent duplication. Trusted assessment is now in place across Support to Go Home, Early Intervention Team and Home First services and is currently being rolled out through all six integrated neighbourhood teams.

Sharing data to improve services
A partnership which is helping Suffolk's public services to make better use of data to help plan the way services are designed and delivered is celebrating its first anniversary. The Suffolk Office of Data and Analytics (SODA) is a partnership of the Ipswich and East Suffolk and West Suffolk CCGs, local councils and Suffolk Constabulary. In its first year it has used data to support decision -making around issues such as race disparity, housing need and the economic cost of mental health problems. It has also been used to build evidence around domestic abuse and forecast the income which councils can expect from business rates up until 2026. Anyone who thinks they could benefit from combining data, or who has any questions about SODA, should email michaela.breilmann@suffolk.gov.uk.

Development programme for non-medical prescribers launched
Staff working across the alliance are being invited to take part in a continued professional development programme for non-medical prescribers (NMPs) which has been developed by Suffolk GP Federation. The programme is designed to offer alliance staff a single place to receive training, in turn reducing duplication and ensuring consistency. It includes an annual conference, three forums and two masterclasses, which give NMPs the chance to network, share best practice, listen to guest speakers and work through case studies. It is hoped the programme will help staff meet the requirements of the Nursing and Midwifery Council (NMC), Health and Care Professions Council (HCPC) and Royal Pharmaceutical Society (RPS), which all ask their NMPs to complete continued professional development. The GP Federation is now working with the CCG and acute colleagues with the aim of introducing further joint training programmes in the future.

New independent chair appointed to Suffolk and North East Essex Integrated Care System
Professor William Pope will join the Suffolk and North East Essex Integrated Care System (ICS) as the new ICS independent chair. Professor Pope started his role in a part-time capacity in September, working closely with executive lead Dr Ed Garratt and other local leaders to help to further develop the vision to work together to improve health and care for local people. His appointment follows a competitive selection process involving a wide range of local and regional stakeholders, as well as formal approval by chief executive of the NHS, Simon Stevens.

Patients receive extra help at home

The British Red Cross Support at Home Service is based at West Suffolk Hospital; it offers support for people after being discharged from a hospital setting back into their normal routine by helping them to regain confidence and independence. The service can also support anyone who is experiencing a crisis following a hospital discharge. Types of support offered includes:

- shopping
- light housework
- collecting prescriptions
- confidence building and befriending
- signposting to other agencies for information, advice and long-term support for new or changing needs
- telephone support for up to six weeks for patients who are anxious about leaving hospital.

8. Governor issues (enclosed)

To note the issues raised and receive any agenda items from Governors for future meetings

For Approval

Presented by Liz Steele

REPORT TO:	Council of Governors
MEETING DATE:	13 November 2019
SUBJECT:	Governor issues
AGENDA ITEM:	8
PREPARED BY:	Liz Steele, Lead Governor Richard Jones, Trust Secretary & Head of Governance
PRESENTED BY:	Liz Steele, Lead Governor
FOR:	Approval

Response to feedback from Liz Steele, following informal Governors meeting on 23 July 2019.

1. ***Can the Council of Governors be confident that the Trust has a strategy for the care of the elderly across all departments?*** *The care and support of older people in all wards despite their speciality*

Response from Julie Fountain, Lead Nurse Dementia & Frailty

The Trust has a strategy to support the care of older people. This is supported by the Frail Elderly Steering Group which oversees service provision and improvements across WSFT services for frail older patients, patients with dementia and for family carers. The steering group's responsibilities include:

- review national guidelines, make recommendations and implement for practice
- ensure national agenda priorities regarding frailty and dementia are incorporated into the Trust's frail elderly action plan and that these actions are subject to review
- co-ordinate an action plan to support initiatives to improve care of frail older patients, patients with dementia and family carers
- work with other service providers and the voluntary sector regarding these service developments
- improve patient / carer experience through review of patient and carer feedback and action planning for improvements
- disseminate and publicise any good practice initiatives, both internal and external to the organisation

The action plan covers four core work streams:

1. Environment of care / dementia friendly hospital
2. Dementia / frailty pathway
3. Patient & carer experience
4. Workforce training & development

The Trust's clinical model for frailty has recently been reviewed and updated.

Following-up on the response above a presentation of this area is being scheduled for the next Quality & Risk Committee on 13 December 2019 at 2pm. As always Governors are invited to attend.

2. ***Is there a strategy for dealing with delayed transfers as a result of failure of transport?*** *It has become clear that when people are delayed in the discharge area because of the transport delays, their care package is sometimes not available when they reach home and go into a house that could be dark and cold. This could result in readmission*

   A detailed update on transport is provided within the 'ongoing issues' section of the action points (agenda item 5). This includes the proposed changes to patients transport services with greater control of discharge transport by dedicating vehicles for sole use by the Trust for this purpose. The impact of these new arrangements will be kept under careful review. It is helpful to note that the Engagement Committee report (item 15 on the agenda) details the results of very positive patient experience feedback from the discharge waiting area.

   We will also look to include the issue of transport delays, and the potential impact on packages of care, in the project group work on patient discharge outlined in response to question 3 below.

3. ***Communication and patient understanding when the process of discharge of patients*** *When older people and patients in general, are told by the doctor they can go home they assume it is immediate and call family etc. It can be some hours before they can actually leave. This was raised before and there are areas where this is carefully handled but more work is needed on this*

   Response from Cassia Nice, Head of Patient Experience

   The Transformation Team are doing a lot of work around preparing patients for discharge at the moment, in line with the 'get ready, get set, get home' campaign.

   We are also linking in with the transformation team on a project to incorporate the patient experience aspects based on feedback we have received, such as what you describe above. Alex Baldwin, Lesley Standring and I met and made initial plans. We felt the best first step was to better understand people's experiences so VOICE have begun patient engagement, visiting the wards collecting data using a discharge survey. This only started last week and will be on-going for several weeks.

   Once we have a better understanding of patients' experiences we are forming a project group to ensure we improve the discharge process across the whole hospital; this will incorporate representatives from the senior nursing team and pharmacy along with the transformation and patient experience teams. As you will appreciate, this is likely to be a big piece of work but I am happy to provide an update to the COG in 6 months' time.

   Following discussion with Cassia it has been agreed Florence Bevan, who attends the VOICE meetings will also form part of the project group that reviews these findings. An update on this work will be scheduled for the Council of Governors meeting in February 2020.

4. ***Staff survey*** *With regard to the staff survey can we be reassured that the Trust is taking steps to understand what issues are reflected by this figure. That is although the positive number is high there are still a large number who are not. What work is being undertaken to understand this. Staff governors feel there is no way of giving your reasons for your answer*

   Response from Denise Pora, Deputy Director of Workforce, Organisation Development

   We recognise staff will have many reasons why they don't recommend this as a place to work and we have a rich source of information from other questions in the survey and other processes that give us good insight into reasons why staff are dissatisfied and we take action on these.

For example, the National Staff Survey asks about equality, diversity and inclusion, health and wellbeing, staff experience of their immediate managers, appraisal, bullying and harassment etc. The information we gather is then used in our local strategies and action plans e.g. our inclusion strategy and action plan (governors may remember I came to talk to them about this in August) and our health and wellbeing plan (a report is going to the Board in November).

If staff feel the things that make WSFT somewhere they wouldn't recommend others to work aren't being addressed by their line manager they have numerous options to speak up from our FTSU guardian, Executive Directors' open door in Time Out on a Wednesday morning, Guardian of Safe Working, Trusted Partners and our new anonymous web based and telephone reporting lines.

Whilst WSFT remains below average for comparable trusts, we want to do better and used our summer leadership summit in 2019 to discuss bullying and harassment with 70 of our most senior leaders. This included surveying them specifically around their experience of bullying and harassment and how to tackle poor and inappropriate behaviour. As a result of the day an action plan has been agreed that is being implemented across.

Perhaps governors will be reassured to know that the Trust scored above the national average for similar trusts on 9 out of the 10 themes in the staff survey in 2018, and average for one. Governors might be interested to note that in the 2018 survey only three trusts nationally had a higher score than WSFT on health and wellbeing, seven on morale and four on staff engagement.

In addition we have tools to identify specific areas where there may be concerns e.g. exit interviews, the formal grievance process.

In response to a technology, entertainment and design (TED) talk video at the last Board meeting consideration was also given as to how non-executives and executives could engage with different staff groups, including for example attending ward rounds. The TED talk was titled 'How your power silences truth' by Megan Reitz. Governors may wish to consider watching the video which is available on You Tube.

Recommendation:

1. To note the response to the issues raised
2. To approve scheduling an update on the discharge engagement findings to the meeting in February 2020.
3. To consider watching the TED video 'How your power silences truth' by Megan Reitz.

9. Summary finance & workforce report (enclosed)

To note the summary report

For Reference

Presented by Angus Eaton

REPORT TO:	Council of Governors
MEETING DATE:	13 November 2019
SUBJECT:	Summary Finance & Workforce Report
AGENDA ITEM:	9
PREPARED BY:	Nick Macdonald, Deputy Director of Finance
PRESENTED BY:	Angus Eaton, Non-Executive Director
FOR:	Information - update on Financial Performance

EXECUTIVE SUMMARY:

This report provides an overview of key issues during Q2 and highlights any specific issues where performance fell short of the target values as well as areas of improvement. The format of this report is intended to highlight the key elements of the monthly Board Report.

- The planned deficit for the year to date was £1.5m but the actual deficit was £5.4m, an adverse variance of £3.9m.
- The reported position includes accruing for all FRF/PSF.
- We believe we should re-forecast to a loss of £10.0m (before PSF/FRF) which requires board approval. This would mean losing PSF/FRF relating to 19-20 of £6.0m.
- This forecast requires a recovery plan of £1.8m which includes prioritising the financial position against quality and performance targets.
- Across the STP we have been asked to reduce our capital programme by 20% - ie a reduction in the Trusts capital programme of £3.7m

Income and Expenditure Summary as at September 2019

The reported I&E for September 2019 is a deficit of £1.3m, against a plan to break even. This results in an adverse variance of £1.3m in September (£3.9m YTD). During September the medical staffing pay awards were paid, backdated to April, which added around £0.5m to the variance.

The YTD variance of £3.9m includes activity of £3.4m that is not chargeable under the GIC. Therefore the adverse position can be seen to be almost entirely driven by demand.

Our control total and plan is to break even in 2019-20, but the current position indicates a deficit of £10m after delivering a recovery plan of £1.8m. We therefore propose that we re-forecast to a deficit of £10.0m.

Each Clinical Division has presented recovery plans. After risk adjusting, this recovery plan would improve the position by around £1.8m. However, these schemes are subject to the same governance that is in place for all Cost Improvement Programmes, including Quality Impact Assessment and Project Management.

A further £1.8m of proposals have been discussed but not included in the forecast since they require further discussion and may have a detrimental impact on quality and possibly safety.

- RTT - worsening by 1.5% would improve the forecast by £0.5m. These savings would be from temporary medical staff (locums and additional sessions).
- ED - reduce temporary medical staffing by 3 WTEs would improve the forecast by £0.35m. An assessment needs to be made for the impact on safety.
- Temporary Nursing - removing all agency and overtime would improve the forecast by £1m.

Since our forecast includes £6m relating to over performance we are in discussion with WSCCG to pay towards this activity. Any funding received would improve the position.

Use of Resources (UoR) Rating

Providers' financial performance is formally assessed via five "Use of Resources (UoR) Metrics. The highest score is a 1 and 4 is the lowest. Under the UoR we score a 3 cumulatively to September 2019.

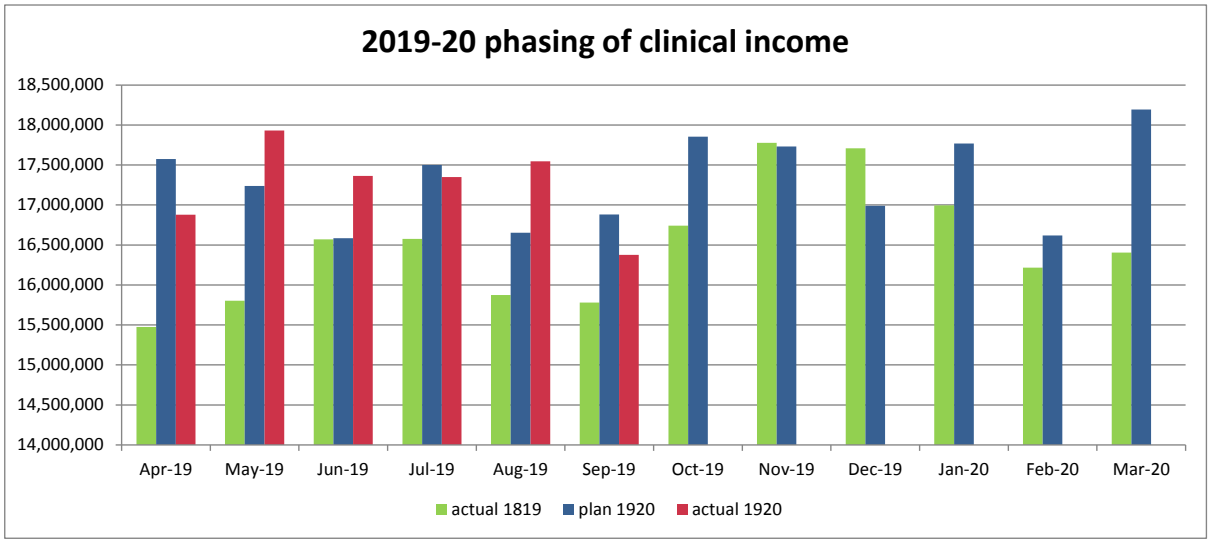
Metric	Value	Score	Plan
Capital Service Capacity rating	0.3	4	4
Liquidity rating	-41.6	4	4
I&E Margin rating	-6.2%	4	2
I&E Margin Variance rating	-4.6%	4	1
Agency	-5.0%	1	1
Use of Resources Rating after Overrides		**3**	**3**

Performance against I & E plan

SUMMARY INCOME AND EXPENDITURE ACCOUNT - September 2019	Sep-19 Budget £m	Sep-19 Actual £m	Sep-19 Variance F/(A) £m	Year to date Budget £m	Year to date Actual £m	Year to date Variance F/(A) £m	Year end forecast Budget £m	Year end forecast Actual £m	Year end forecast Variance F/(A) £m
NHS Contract Income	17.3	17.2	(0.1)	108.3	108.4	0.1	217.8	216.4	(1.4)
Other Income	2.6	2.5	(0.1)	14.5	13.9	(0.6)	28.9	28.0	(0.9)
Total Income	**19.8**	**19.7**	**(0.1)**	**122.8**	**122.3**	**(0.5)**	**246.7**	**244.4**	**(2.2)**
Pay Costs	14.2	14.8	(0.6)	84.4	86.5	(2.1)	170.0	172.6	2.6
Non-pay Costs	5.5	6.1	(0.7)	38.2	40.1	(1.9)	75.1	80.4	5.3
Operating Expenditure	**19.6**	**20.9**	**(1.3)**	**122.6**	**126.6**	**(4.0)**	**245.1**	**253.0**	**7.9**
Contingency and Reserves	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
EBITDA excl STF	**0.2**	**(1.2)**	**(1.4)**	**0.2**	**(4.3)**	**(4.5)**	**1.6**	**(8.6)**	**(10.2)**
Depreciation	0.7	0.6	0.1	3.9	3.6	0.3	7.8	7.2	(0.6)
Finance costs	0.3	0.3	0.0	1.9	2.0	(0.1)	3.9	4.3	0.4
SURPLUS/(DEFICIT)	**(0.8)**	**(2.1)**	**(1.3)**	**(5.6)**	**(9.8)**	**(4.2)**	**(10.1)**	**(20.1)**	**(10.0)**
Provider Sustainability Funding (PSF)									
MRET, FRF/PSF - Financial Performance	0.7	0.7	0.0	4.1	4.4	0.3	10.1	4.4	(5.7)
SURPLUS/(DEFICIT) incl PSF	**(0.0)**	**(1.3)**	**(1.3)**	**(1.5)**	**(5.4)**	**(3.9)**	**0.0**	**(15.7)**	**(15.7)**

Performance against Income plan

The chart below summarises the phasing of the clinical income plan for 2019-20, 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.



	Current Month			Year to Date		
Income (£000s)	Plan	Actual	Variance	Plan	Actual	Variance
Accident and Emergency	890	962	72	5,404	5,882	478
Other Services	631	311	(319)	8,637	8,706	68
CQUIN	169	173	4	1,015	1,015	(0)
Elective	2,773	2,806	33	16,574	16,124	(450)
Non Elective	6,051	6,169	117	36,356	36,424	68
EmergencyThreshold Adjustment	(332)	(332)	0	(2,014)	(2,014)	0
Outpatients	3,086	3,137	50	18,382	18,402	20
Community	3,221	3,215	(6)	19,326	19,290	(36)
Total	**16,490**	**16,440**	**(50)**	**103,681**	**103,828**	**148**

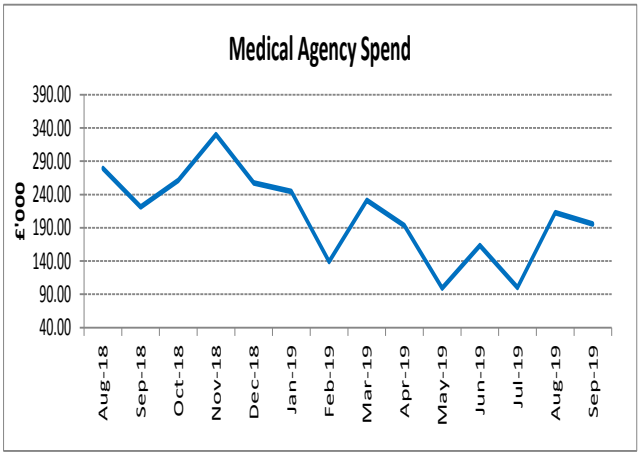
Performance against Expenditure plan - Workforce

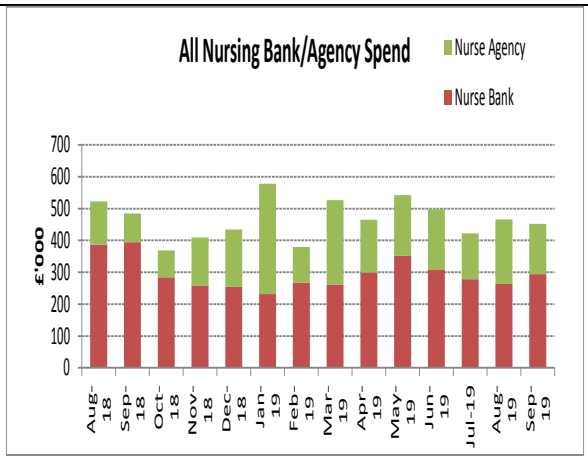
Monthly Expenditure (£) Acute services only				
As at September 2019	Sep-19	Aug-19	Sep-18	YTD 2019/20
	£'000	£'000	£'000	£'000
Budgeted costs in month	**12,459**	**12,415**	**11,691**	**74,194**
Substantive Staff	11,497	11,186	10,452	66,908
Medical Agency Staff (includes 'contracted in' staff)	187	201	185	901
Medical Locum Staff	288	399	210	1,632
Additional Medical sessions	231	331	248	1,654
Nursing Agency Staff	147	180	87	944
Nursing Bank Staff	269	242	372	1,625
Other Agency Staff	70	79	99	432
Other Bank Staff	134	162	150	863
Overtime	103	144	111	966
On Call	77	69	56	419
Total temporary expenditure	1,505	1,807	1,518	9,436
Total expenditure on pay	**13,002**	**12,993**	**11,970**	**76,344**
Variance (F/(A))	(543)	(578)	(279)	(2,151)
Temp Staff costs % of Total Pay	11.6%	13.9%	12.7%	12.4%
Memo : Total agency spend in month	404	460	371	2,278

Monthly Whole Time Equivalents (WTE) Acute Services only			
As at September 2019	Sep-19	Aug-19	Sep-18
	WTE	WTE	WTE
Budgeted WTE in month	**3,342.4**	**3,323.4**	**3,142.7**
Employed substantive WTE in month	3053.57	3023.43	2789.32
Medical Agency Staff (includes 'contracted in' staff)	11.32	11.97	16.78
Medical Locum	28.91	35.02	19.15
Additional Sessions	20.86	24.57	21.5
Nursing Agency	86.48	25.28	16.95
Nursing Bank	15.01	77.42	86.1
Other Agency	60.99	19.47	10.9
Other Bank	16.71	72.73	74.58
Overtime	29.89	38.36	31.39
On call Worked	7.35	6.69	6.65
Total equivalent temporary WTE	**277.5**	**311.5**	**284.0**
Total equivalent employed WTE	**3,331.1**	**3,334.9**	**3,073.3**
Variance (F/(A))	11.3	(11.5)	69.3
Temp Staff WTE % of Total Pay	8.3%	9.3%	9.2%
Memo : Total agency WTE in month	158.8	56.7	44.6
Sickness Rates (August/July)	3.37%	3.62%	3.86%
Mat Leave	2.17%	2.54%	2.89%

Monthly Expenditure (£) Community Service Only				
As at September 2019	Sep-19	Aug-19	Sep-18	YTD 2019-20
	£'000	£'000	£'000	£'000
Budgeted costs in month	**1,703**	**1,703**	**1,633**	**10,216**
Substantive Staff	1,677	1,607	1,499	9,647
Medical Agency Staff (includes 'contracted in' staff)	8	12	14	63
Medical Locum Staff	3	3	3	27
Additional Medical sessions	0	2	1	7
Nursing Agency Staff	11	23	3	107
Nursing Bank Staff	25	21	23	169
Other Agency Staff	9	12	(18)	28
Other Bank Staff	9	9	10	41
Overtime	5	7	7	40
On Call	5	3	3	22
Total temporary expenditure	76	93	47	503
Total expenditure on pay	**1,754**	**1,700**	**1,545**	**10,150**
Variance (F/(A))	(51)	2	88	66
Temp Staff costs % of Total Pay	4.4%	5.5%	3.0%	5.0%
Memo : Total agency spend in month	29	47	0	198

Monthly Whole Time Equivalents (WTE) Community Services Only			
As at September 2019	Sep-19	Aug-19	Sep-18
	WTE	WTE	WTE
Budgeted WTE in month	**528.75**	**528.7**	**486.93**
Employed substantive WTE in month	497.31	489.72	463.71
Medical Agency Staff (includes 'contracted in' staff)	0.54	0.74	0.92
Medical Locum	0.35	0.35	0.35
Additional Sessions	0.00	0.00	0.00
Nursing Agency	1.55	3.29	1.30
Nursing Bank	7.83	6.90	5.56
Other Agency	3.85	4.97	2.67
Other Bank	2.09	2.41	3.90
Overtime	1.40	2.20	1.94
On call Worked	0.06	0.02	0.00
Total equivalent temporary WTE	**17.7**	**20.9**	**16.6**
Total equivalent employed WTE	**515.0**	**510.6**	**480.4**
Variance (F/(A))	13.77	18.10	6.58
Temp Staff WTE % of Total Pay	3.4%	4.1%	3.5%
Memo : Total agency WTE in month	5.9	9.0	4.9
Sickness Rates (August/July)	3.22%	3.69%	3.85%
Mat Leave	2.46%	2.49%	3.38%





Recruitment – Ward Based Registered Nurses

Whilst there are currently 72.3 WTE vacancies for registered nurses on ward based areas we also have a pipeline of 107.5 WTE nurses who will become available over the coming months.

Since winter escalation plans assume another 50 beds are opened, at a ratio of 0.63 registered nurses per bed 32 further WTE registered nurses will also be needed, as well as replacing staff who leave at a rate of around 2 per month. Therefore it can be seen that the current pipeline of registered nurses can fill all vacancies and meet the needs of the extra winter capacity.

The following table gives a trajectory from September 2019 – June 2020 for filling these posts. This trajectory, including winter planning, is across

- Medical and Surgical Wards and Gynaecology,
- Rosemary Ward and Glastonbury Court,
- AAU and A&E,

but excludes Critical Care Service, Theatre staff, Discharge Waiting Area, Paediatrics, Neonates, Maternity and Community Teams.

Registered Nursing - Wards (WTEs)

	Actual	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan
	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
Funded vacancies b'f	**74.9**	**72.3**	**43.3**	**22.7**	**38.9**	**31.3**	**24.5**	**16.9**	**9.3**	**1.7**
leavers	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
maternity leave commenced	0.0	0.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
increased establishment : (extra 20 community beds don't require staffing)										
winter : G3 (already staffed)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
winter : G9 (31 beds)	0.0	0.0	0.0	16.0	0.0	0.0	0.0	0.0	0.0	0.0
winter : F10 (extra 24 beds)	0.0	0.0	0.0	12.0	0.0	0.0	0.0	0.0	0.0	0.0
quality	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
other developments	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
new staff										
new starters (from below)	(3.6)	(31.0)	(23.0)	(15.0)	(10.0)	(10.0)	(10.0)	(10.0)	(10.0)	(10.0)
return from maternity leave (assume average drop to 0.8)	(1.0)	0.0	(1.6)	(0.8)	(1.6)	(0.8)	(1.6)	(1.6)	(1.6)	(1.6)
Total vacancies c 'fwd	**72.3**	**43.3**	**22.7**	**38.9**	**31.3**	**24.5**	**16.9**	**9.3**	**1.7**	**(5.9)**
filled by temporary staff :										
bank	12.7	20.0	0.0	10.0	5.0	0.0	0.0	0.0	0.0	0.0
agency	21.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
overtime	11.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Providing staffing to fill vacant posts	**45.6**	**20.0**	**0.0**	**10.0**	**5.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
Net vacancies in month (average c. 40 before BBN)	**26.7**	**23.3**	**22.7**	**28.9**	**26.3**	**24.5**	**16.9**	**9.3**	**1.7**	**(5.9)**

Analysis of offered posts (pipeline)	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
Offered but not yet available b'fwd	**95.1**	**107.5**	**67.5**	**55.5**	**50.5**	**45.5**	**35.5**	**25.5**	**15.5**	**5.5**
new starter onto B5 Ward rota (incl transfer from B3)	(3.6)	(31.0)	(23.0)	(15.0)	(10.0)	(10.0)	(10.0)	(10.0)	(10.0)	(10.0)
On site but working as B3 (monthly movement, incl transfer to B5)	6.0	(19.0)	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Offers made in month but not yet available for B3 or B5	10.0	10.0	10.0	10.0	5.0	0.0	0.0	0.0	0.0	5.0
Offered but not yet available c'fwd ('pipeline' of qualified nurses)	**107.5**	**67.5**	**55.5**	**50.5**	**45.5**	**35.5**	**25.5**	**15.5**	**5.5**	**0.5**
Cumulative on site but not yet available (working as B3)	28.0	9.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0

Oct 19 - Sept 20	WTE
B'f vacancies	74.9
Turnover	20.0
Net Maternity leavers	3.8
Additional capacity requirement	28.0
Total Recruitment required	126.7
Nurses in pipeline not yet in post b'f	95.1
Nurses in pipeline not yet in post c'f	-0.5
Planned recruitment	50.0
	144.6
Over recruitment	17.9

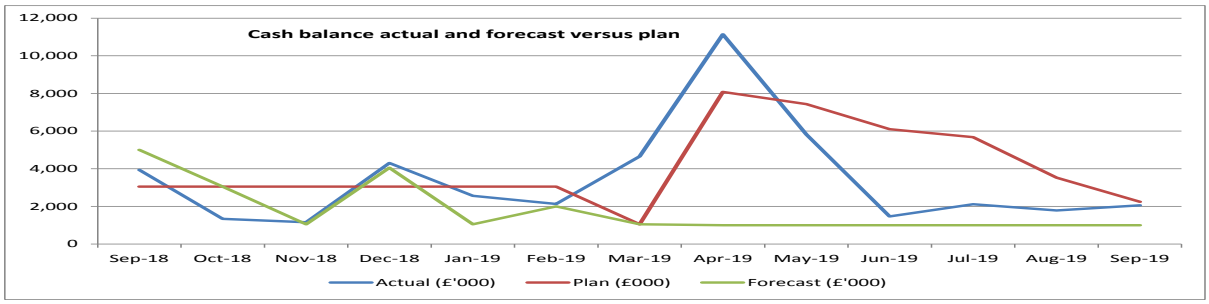
Balance Sheet

STATEMENT OF FINANCIAL POSITION

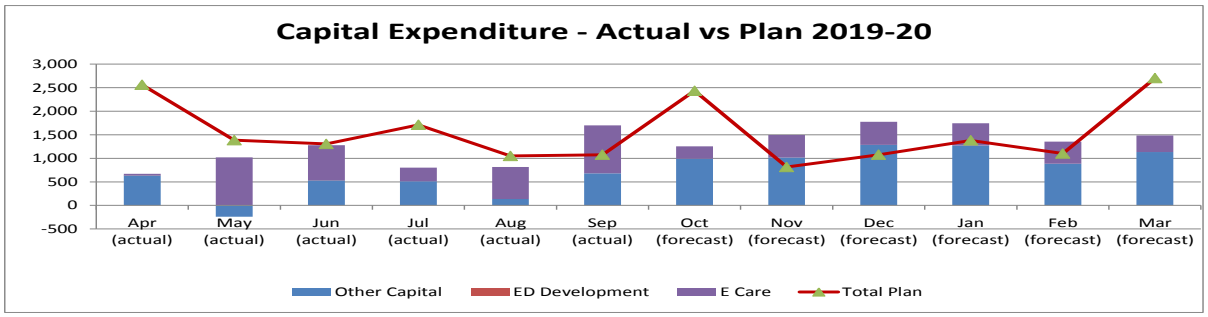
	As at 1 April 2019	Plan 31 March 2020	Plan YTD 30 September 2019	Actual at 30 September 2019	Variance YTD 30 September 2019
	£000	£000	£000	£000	£000
Intangible assets	33,970	35,940	34,936	34,911	(25)
Property, plant and equipment	103,223	115,395	112,563	113,261	698
Trade and other receivables	5,054	4,425	4,425	5,054	629
Other financial assets	0	0	0	0	0
Total non-current assets	**142,247**	**155,760**	**151,924**	**153,226**	**1,302**
Inventories	2,698	2,700	2,700	2,715	15
Trade and other receivables	22,119	20,000	20,000	19,503	(497)
Other financial assets	0	0	0	0	0
Non-current assets for sale	0	0	0	0	0
Cash and cash equivalents	4,507	1,050	2,246	2,061	(185)
Total current assets	**29,324**	**23,750**	**24,946**	**24,279**	**(667)**
Trade and other payables	(28,341)	(32,042)	(30,082)	(29,045)	1,037
Borrowing repayable within 1 year	(12,153)	(3,134)	(3,134)	(12,860)	(9,726)
Current Provisions	(47)	(20)	(20)	(47)	(27)
Other liabilities	(1,207)	(992)	(5,917)	(8,384)	(2,467)
Total current liabilities	**(41,748)**	**(36,188)**	**(39,153)**	**(50,336)**	**(11,183)**
Total assets less current liabilities	**129,823**	**143,322**	**137,717**	**127,169**	**(10,548)**
Borrowings	(84,956)	(99,186)	(96,529)	(81,729)	14,800
Provisions	(111)	(150)	(150)	(111)	39
Total non-current liabilities	**(85,067)**	**(99,336)**	**(96,679)**	**(81,840)**	**14,839**
Total assets employed	**44,756**	**43,986**	**41,038**	**45,329**	**4,291**
Financed by					
Public dividend capital	69,113	70,430	69,221	69,112	(109)
Revaluation reserve	6,931	9,832	8,021	9,855	1,834
Income and expenditure reserve	(31,288)	(36,276)	(36,204)	(33,638)	2,566
Total taxpayers' and others' equity	**44,756**	**43,986**	**41,038**	**45,329**	**4,291**

The cash at bank as at the end of September 2019 is £2.1m.

Cash flow forecast for the year compared to actual



Capital Progress Report



	Apr Actual £'000	May Actual £'000	Jun Actual £'000	Jul Actual £'000	Aug Actual £'000	Sep Actual £'000	Oct Forecast £'000	Nov Forecast £'000	Dec Forecast £'000	Jan Forecast £'000	Feb Forecast £'000	Mar Forecast £'000	Total 2019-20 £'000
E Care	34	1,019	743	290	679	1,018	261	481	493	472	470	353	6,310
ED Development	0	0	0	0	0	0	0	0	0	0	0	0	1
Other Schemes	636	-242	534	512	138	682	992	1,017	1,284	1,273	886	1,132	8,844
Total / Forecast	670	777	1,277	802	817	1,700	1,253	1,497	1,777	1,745	1,356	1,485	15,155
Total Plan	2,560	1,385	1,305	1,710	1,050	1,075	2,434	815	1,075	1,380	1,101	2,702	18,592

The capital programme for the year is shown in the graph above. The ED transformation scheme has now been approved subject to Full Business Case approval for £14.9m less £1.5m for an anticipated asset sale. This scheme is shown separately in the table above. It is now due to commence in 2020/21.

The Trust is awaiting final confirmation of a capital loan to support the capital programme. For this reason many of the estates projects are held awaiting this approval. The forecast assumes the position without the loan. Until this loan is approved the minimum level of estates capital to support ongoing projects is being undertaken.

As the larger estate schemes have not started there are no material variances on the schemes. E-care expenditure continues to be spent. This is still within forecast but this position is getting tighter.

As reported previously the NHS Capital Budget is insufficient to fund all capital programmes and across our STP we have been asked to reduce our Capital programme by 20%. This has resulted in a reduction to our programme of £3.7m (to £14.9m). Although this decision has been partly reversed it still applies to those organisations that are supporting their capital programme with loan funding. Therefore the reduction still applies to WSFT. The difference between £14.9m and the forecast relates to donated assets and the energy efficient lighting scheme as these are funded though different funding streams (ie MyWish Charity and Salix)

This means that the current capital programme is quite tight with no slack for any significant urgent capital requirements.

Recommendation:
To note the summary report.

10. Summary quality & performance report (enclosed)

To note the summary report

For Reference

Presented by Gary Norgate

REPORT TO:	Council of Governors
MEETING DATE:	13 November 2019
SUBJECT:	Summary quality & performance report
AGENDA ITEM:	10
PREPARED BY:	Helen Beck, Chief Operating Officer Rowan Procter, Chief Nurse Richard Jones, Trust Secretary & Head of Governance
PRESENTED BY:	Gary Norgate, Non-Executive Director
FOR:	Information - To update the Council of Governors on quality and operational performance

The performance for Q2 demonstrates overall **good performance achieving 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 includes 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.

Quality walkabout summary – Q2 2019/20
Report from Paul Morris, Deputy Chief Nurse

During Q2 there were a total of **nine executive-led quality walkabout visits** in the following areas:

- medical wards - G4, G8 and F8
- surgical ward - F5
- specialty areas - endoscopy, maternity birthing unit, critical care and clinical skills based in the Education Centre.

The areas are chosen by the patient safety and quality team to cover a variety of settings across the hospital and community. Community visits continue to be difficult to undertake due to the logistics and practicalities of visiting teams covering a wide geography. Plans are in place to visit the inpatient community areas and quality assurance visits are taking place for community services. The ADO for community and integrated services is collating a list of suitable venues for quality walkabouts which will be shared with the patient safety team and added to the future schedule.

Some **key points** from the quarter have included:

- the innovative use of a model called 'Clarence' on G8 to represent elements of care patients might receive. This has been replicated in other wards in the Trust
- the consideration of utilising a different entrance method for transient ischemic attack (TIA) patients to enter the clinic as opposed to walking through the ward
- on F6 there was visible leadership with good interactions between the matron, unit manager, service manager, heads of nursing and associate directors of Ops, staff felt informed and aware of recent issues and empowered to make changes
- there were some issues raised on the maternity unit regarding safe staffing and high sickness rates. This required a second visit and the leadership team were able to address some of these concerns.

The actions from walkabouts cover simple ward based changes, such as addressing storage issues and inconsistent checking of resus trolleys and fridge temperatures. But also include wider issues such as completing service reviews and making environmental changes. The purpose of walkabouts has evolved from its starting point of scrutinising an area for patient safety and quality purposes. It now allows us to gain a sense of the area and provide an opportunity for the staff to link with the executive team, NEDs and governors. The visits also provide an opportunity for those attending to gain an understanding of what is working well and what could be improved in the area and across the organisation. To reflect these changes we continue to develop the action plan process to ensure effective capture of local and corporate issues and robust follow-up to ensure learning.

There were a total of **28 new actions** identified during Q2. These are captured centrally using Datix. The use of Datix to monitor and share these actions with the ward and divisional leaders is seen as positive progress and provides the opportunity for divisional thematic review. It also enables actions to be reviewed and escalated if necessary on a monthly basis to the Trust's Quality Group. The actions from previous walkabouts have been uploaded to Datix and the patient safety team are reviewing these to obtain an updated status for each action. This will allow us to close those that have been addressed and put in place a structure for ongoing follow up.

There are **nine previous actions** due for closure which will be followed up and escalated if appropriate action is not taken, these cover:

- Improved access/use of facilities within area
- Equipment/IT (3)
- Staffing issues
- Training and service development (4)

Recommendation:

To note the summary report.

Summary quality & performance report

Are we safe?

Within the **safety dashboard** 13 of 37 indicators for which data was available were reported as 'green' throughout Q2 (an increase from 8 in Q1). These included:

- Infection prevention indicators – central venous catheter insertion, preventing surgical site infection pre- and peri- operatively; urinary catheter insertion, MRSA bacteraemia - community attributable; MRSA decolonisation
- % patient experiencing new harm free care - community
- Serious harm as a result of falls - community
- Timely submission of SIRI final reports (60 working days)
- Rapid access chest pain
- Pain management performance

Areas for improvement (rated red throughout quarter)

- Over the last year there is no discernible trend in numbers against the **falls per 1000 beds days** (an indicator which takes account of variable activity and increase in the Trust's bed capacity), although we are seeing what looks like a downward trend in our community beds. The Trust monitors trends in patient falls on a monthly basis, including the impact of higher levels of bed occupancy and/or patient acuity. We have commenced a trial of new falls prevention technology, called Sensor care, this uses a sensor under the mattress and/or chair that alerts staff to when a patient moves off it, releasing pressure which then activates an alarm or a bleep system. F3 have completed a trial and it is currently on G8 with a plan to trial at Glastonbury Court. Once these trials have been completed we will complete a full evaluation. There is an ongoing work plan and quality improvement initiatives in this area. These are informed by a range of activities including the contacts made through the regional falls collaborative. From August there will be dedicated matron hours focussing on falls training and quality improvement activities.

- There were a total of 132 **pressure ulcers** during Q2 (compared to 127, 104 and 90 in the previous three quarters respectively). After what appeared as an upward trajectory since April 2018 it was pleasing to see a reduction in pressure ulcers in June (31) compared with May (54). There appears to be an upward trend since June but this will be kept under review. Our focus continues to be on the challenging 5% year-on-year reduction supported by review and learning and support from the new integrated tissue viability team across acute and community settings.

- Analysis of compliance with **verbal duty of candour** shows a deterioration during the quarter to 30%. A multifaceted improvement plan is being implemented which covers professions, divisions, and record keeping. It is also being updated to take into account the requirements of the new patient safety incident response framework. A timeframe for improvement has been set for Q4 2019/20.

Are we effective?

Within the **effective dashboard** 6 of 11 indicators for which data was available were reported as 'green' for each month in Q2 (an increase from 5 in Q1). These included:

- Management of the central alerts system (CAS)
- NHS number coding
- Fractured neck of femur surgery within 36 hours
- Elective discharge summaries
- Cancer two week wait services available on choose and book
- Operations cancelled for the second time.

  It has been recognised that sustained improvement has been achieved for elective discharge summaries (from 79.8% in Sept 2018 to 90.4% in September 2019).

Areas for improvement (red throughout quarter)

- Emergency department (ED) and non-elective **discharge summary** performance remained challenging. We continue to work with departments to improve timeliness of discharge summaries; this intervention is targeted at areas which perform poorly. We will be repeating the training that we delivered to junior doctors in September – this was shown to demonstrate improve performance for the last intake.

- Q2 performance remained challenging for patients being offered a **rescheduled operation date** within 28 days of cancellation. During September six patients waited longer than 28 days to be rebooked, this was as a result of equipment and capacity issues.

Are we caring?

Within the **caring dashboard** 16 of 22 indicators for which data was available were reported as 'green' throughout Q2 (an increase from 15 in Q1).

The following **recommender indicators were rated as green** for each month in the quarter – inpatient; outpatients; short stay; maternity – postnatal community, F1 (parent and extremely likely to recommend); Kings suite, community paeds, community teams and stroke.

Areas for improvement (red throughout quarter)

- There was a deterioration in performance for **complaints responded to within timeframe**. A review of the team has been completed and additional resource allocated, this increase in resource will improve performance when in post (expected Q4).

Are we responsive?

Within the **responsive dashboard** 16 of 29 indicators for which data was available were reported as 'green' throughout Q2 (a reduction from 18 in Q1).

Areas for improvement (red throughout quarter)

- We are currently piloting new metrics to measure **emergency department** performance which we are not able to report publically during the pilot phase

- **Ambulance handovers** – data for ambulance handovers is undergoing a comprehensive validation process. The number of patients waiting for over 30 minutes reduced from 129 in July to 31 in August (the latest available data). Similarly there was a reduction in patients waiting over 60 minutes from 74 in July to three in August.

An action plan has been agreed with East of England Ambulance Service NHS Trust (EEAST) and presented to the system's A&E delivery board.

- **18-week maximum wait** from point of referral to treatment (RTT). Performance deteriorated in Q2 with challenges within general surgery, urology, trauma & orthopaedics, ENT, ophthalmology, gastroenterology, cardiology, thoracic medicine and gynaecology. The Trust continues to work through validation of the patient tracking list (PTL) and options for additional capacity, including outsourcing activity are being reviewed and pursued with clinically acceptable providers.

- **Neutropenic sepsis – door to needle time with 1 hour** performance deteriorated in Q2. During September of the eight patients admitted to G1, seven patients met the standard. Of the eight patients admitted through the emergency department, seven met the standard. Action to improve performance remains focused on training and education, including the focus of the sepsis nurse specialist on 'topic of the week' to share learning.

- **Children in care assessments** – a range of actions are being taken to increase future clinical capacity but performance during the quarter deteriorated. Actions include working with GP with specialist interest to support the service and reviewing job plans and clinical schedules to increase capacity.

Are we well-led?

Within the **well-led dashboard** 8 of 28 indicators for which data was available were reported as 'green' throughout Q2 (an increase from 5 in Q1).

Areas for improvement (red throughout quarter)

- All staff to have an **appraisal** – year-on-year reported performance has improved from 76.8% in September 2018 to 82.3% in September 2019. The workforce team has led investigation into data quality and a number of records have been updated as a result. The ADOs are reviewing the latest information for their divisions and reporting back any further inaccuracies. Any individual showing as never having had an appraisal has been emailed directly asking to respond to confirm their appraisal date. All of this information will be updated and the report re run to provide a more accurate figure for the next IQPR. Workforce hold regular appraisal training sessions and group appraisals were introduced for specific staff groups to improve and maintain the appraisal position. In the medium term we need to better understand the reporting available from ESR as it currently appears to be limited and not allowing accurate management and performance reports to be produced. We also need to revisit the position with the implementation of ESR self-serve which will allow individuals and managers to monitor and manage appraisal dates themselves, thus reducing data quality issues.

11. Winter planning (enclosed)

To receive a report

For Reference

Presented by Alan Rose

REPORT TO:	Council of Governors
MEETING DATE:	13 November 2019
SUBJECT:	Winter planning
AGENDA ITEM:	11
PREPARED BY:	Helen Beck, chief operating officer
PRESENTED BY:	Alan Rose, non-executive director
FOR:	Information

This report provides a brief summary update on winter plans inclusive of current bed utilisation, recruitment and staffing and initial post-Christmas plans. Details of paediatric winter plans have been included in this paper.

1. Bed capacity

It is expected that the Trust will **increase its adult acute bed base** as follows:

- Gynae and Early Pregnancy Assessment Unit EPAU to have moved from F10 back to F14. **(complete)**
- F10 to open as a medical escalation ward in preparation for significant increase in demand expected from 27 December (16 December 2019)
- 10 additional community beds available for admission avoidance and reablement support. This will be available until 31 March 2020 (1 January 2020)
- G9 is opened as medical surge capacity in preparation for significant increase in demand expected from 29 January (27 January 2020)

The **paediatric bed base** will remain unchanged with flexibility between CAU and inpatient beds in line with the BAU approach throughout the year. Reviews are also being implemented to defer elective activity during the winter pressure period.

2. Bed utilisation

The Trust has developed a comprehensive adult bed occupancy forecast for winter 2019/20. **Peaks in demand** are expected at the end of December and again at the end of January (assuming 4.1% demand increase). The model also tracks current bed occupancy which, reassuringly, is at or slightly below expected demand. This will be reviewed weekly as we head into the winter period.

3. Capacity increase

The medicine division continues to plan to open F10 on 16 December. It is anticipated that the majority of staff will be in place from 1 December to allow for a period of acclimatisation.

The division has been successful in recruiting a Band 7 ward manager who commences in post at the beginning of December. Equipment for both F10 and G9 is currently being procured and we have full support in place from IT and facilities.

There are a number of issues which are being worked through, including staffing for G9 which is not currently allocated. All clinical areas will be approached again to support staffing for G9 which is expected to be open at the end of January.

4. General nursing recruitment

The following summary of current staff vacancies for registered and unregistered nurses is provided for the purpose of assurance of the Trust's ability to staff its ward areas appropriately during the winter season.

Registered nurses (RNs)

The position has significantly improved and while we plan to take those in the current overseas pipeline we will suspend further overseas recruitment until at least January 2020. RN gap is currently 65 which is covered by 45 temporary staff giving a net position of 20. Over the coming months as the 50 overseas nurses gain their PIN and are able to work as RNs this will reduce to 15 vacancies.

Nursing assistants (NAs)

The Trust has 59 NA gaps but 50 of these are currently filled by overseas nurses acting in NA roles until they have the UK PIN (at which point they will move from NA to RN roles). The Trust is utilising 54 temporary staff from bank to cover gaps. We will have greater reliance on these staff as the overseas nurses move into RN roles.

5. Paediatrics

It was acknowledged by NHSI in 2018/19 that nationally winter planning for paediatrics was poor in comparison to winter planning undertaken for adult services. Therefore, the winter planning group is reviewing planning for paediatrics that is being undertaken by the Department. These considerations include staffing numbers (medical and nursing), enhancing nursing skills, and patient pathways.

Analysis of the activity profile demonstrates a clear increase in demand during the winter season (for paediatrics this often starts in October and remains high through to March). In response, the women & children's division presented a business case for two acute paediatricians to support the doctor rota and an additional paediatrician to cover remaining gaps (currently identified as outpatient clinics). Recruitment is currently being progressed. Other changes are being made to provide greater resource and service support, including greater paediatric doctor rota support and nurse staffing (by allocating one additional nurse for every shift during the winter period).

6. Initial post-Christmas plans

Planning for the immediate post-Christmas period is underway. The senior management team will be asked to provide additional cover for the weekend of 28/29 December and 4/5 January which mirrors the support in place last year. It is also expected that there will be additional support provided by on-site presence from tactical on call as required across the Christmas period.

The Trust has decided not to run a Perfect Week or MADE (multi agency discharge event) this year as the activity is largely embedded as business as usual and learning from previous events demonstrates greater benefit for system partners than patients. Instead the Trust will focus on enhanced review of super stranded patients (patients with a length of stay greater than 21 days).

It is proposed that the Trust enhances its MDT approach to super stranded patients via the creation of a team who visit ward areas and review all patients who have been in hospital for 21 days or more with the ward team. This approach reflects the ECIST “long stay Wednesday” approach. The team will meet the ward manager, doctor and senior matron at an allotted time and discuss every patient who has been in hospital for 21 days or more (5 minutes per patient). A series of questions will be asked:

- Does this person need to be in an acute hospital bed?
- What is this person waiting for/ what specific action needs to happen next? Why not home today?
- What needs to happen to make this day a green day for this person?
- What can the ward visiting team do to help?

Evidence from organisations that have adopted this approach (Kettering, Cambridge University Hospital) demonstrates benefit through reducing the longest length of stays and supporting the wards to raise issues which may delay other patients discharge. There is also tangible evidence that these reviews increase ward engagement and support the ward to board approach.

12. Alliance update (enclosed)

To note the report

For Reference

Presented by Sheila Childerhouse

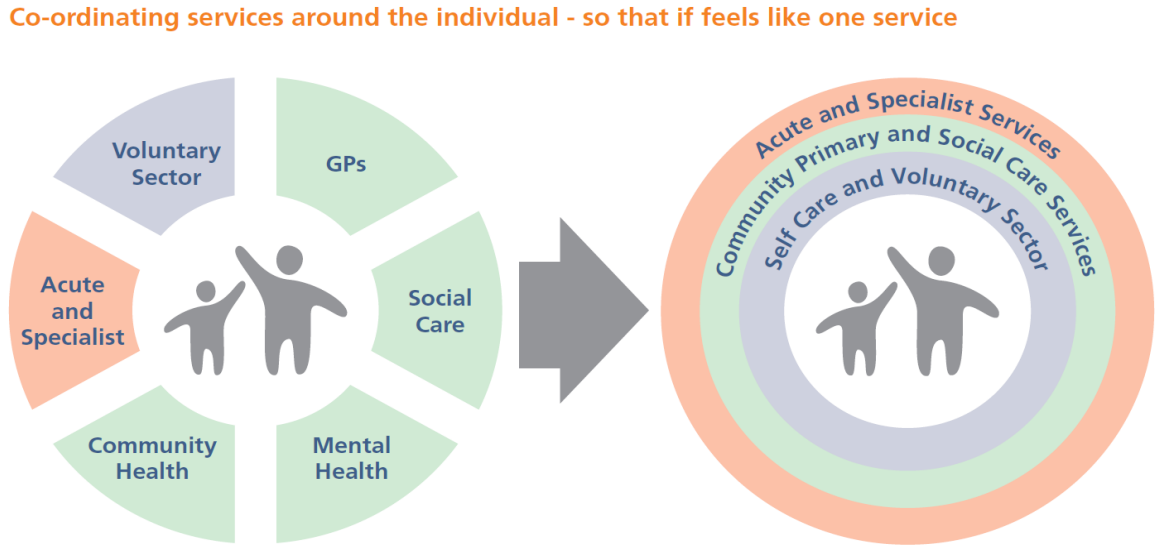
REPORT TO:	Council of Governors
MEETING DATE:	13 November 2019
SUBJECT:	West Suffolk Alliance and integration report
AGENDA ITEM:	12
PRESENTED BY:	Sheila Childerhouse, Chair
FOR:	Information

1. Background

The health and care partnership, which makes up the West Suffolk Alliance began to deliver community services within our geographical footprint in October 2017 and has been more broadly working together to improve the service offer to the population of West Suffolk since this point.

Along with the other Alliances within the Suffolk and North East Essex Sustainability and Transformation Partnership (SNEE STP), West Suffolk was asked to produce a strategy by June 2018. The delivery of the West Suffolk Alliance strategy is a critical element of the wider SNEE STP Plan as it provides the detail on the local delivery model and the development of a new way of working in partnership at a locality level.

Our focus within West Suffolk Alliance is on people and places and the strategy sets out the commitment of all partners to move from working as individual organisations towards being a fully integrated single system based around the individual. To achieve this shared vision, clear local priorities have been agreed to provide an improved service for people in West Suffolk and to tackle the sustainability issues faced by the system together.



The strategy was co-developed by all key partners and reflected the feedback previously given by patients, the public and people who use our services. As per the below diagram the document is part of a wider network of plans and strategies and builds on these to show how we will add value through Alliance working.

2. Area of focus and development

- **Locality development** – activity within the Alliance continues to focus on the development of the localities as a core building block for the delivery of the alliance strategy. Helen Beck has now taken the role of locality lead for the Bury Town locality. This means we now have a spread of knowledge and experience in the leads from all parts of the system. Each locality is working on its own delivery plan. Each of these locality delivery plans will be a live document and contains actions and priorities that the locality has identified, as well as reflecting some West Suffolk-wide and ICS priorities. This is an evolving document and will continue to get more populated as it is worked through each item. For example the items relating to the Place Based Needs Assessments (PBNA) will be more fully populated once we have discussed these with the locality group.

- **Primary Care Network Development** (PCNs) – PCNs are measuring their maturity against the NHSE maturity matrix which will help identify what support the PCN or Clinical Director needs to mature their PCN. There is funding available for support through national programmes. Some of the Clinical Directors have begun a 'One Clinical Community' learning set and course where they meet and train with other leaders from the West Suffolk Alliance providers.

  One of the features of the PCNs is an increase in social prescribing. In West Suffolk there has been agreement that this will be managed through Life Link – building on the success of that project. Adverts are currently out for additional staff, with the aim of covering the whole of the West Suffolk Alliance area.

- **Integrated Neighbourhood Teams (INTs)**

  The One Clinical Community programme has been well received by participants who are meeting new people, learning from each other and establishing relationships. One Social Care professional said 'I was very nervous about being with hospital consultants and GP's… but you know what? They are just people like me, trying to do their best'. The programme also offers the opportunity for participants to meet and get to know key people from across the system that they would not usually engage with, and to develop new shared approaches to system challenges. The programme will encourage teams to think collaboratively and work together differently, using the Alliance ambitions and principles. An Acute Consultant participant said 'It's made me think about the way in which we do consultant appointments, we concentrate on the academic skills and qualifications, but their values and behaviours in terms of system and team working are just as important'.

  As we develop our PCNs across West Suffolk, the relationships and skills learnt will form a great foundation to move projects at pace for the benefit of our patients.

  The first cohort of INT two-day training programme was Bury Rural – both social care and community health staff. The trainer commented that the group was really well engaged and committed. The remaining five cohorts have been identified and are programmed in between now and the end of January 2020. The training is a critical part of supporting the roll out of the trusted assessment approach.

- **Transformation projects update**

  Turbo Projects and Service Reviews – the elective pathway service reviews have now been handed over to the Operational Leads to progress. Transformation support will be provided to demand management areas.

Outpatients and Diagnostics – Transformation and operational leads will work together to deliver a system review that aligns the development of the place and person approach in the localities.

Integrated Urgent Care & GP Streaming – this remains a challenged service with an increase in call volume by 10%. Care UK presented to the October A&E Delivery Board and highlighted a number of key challenges.

Red to Green (R2G) / SAFER – following on from the successful rapid improvement events across F3 and G5 the team have now moved on to F8, F4, F5, F6, G1 and G3. The matrons and service managers have played an active role in making the changes required to ensure all wards are working towards the red to green and SAFER principles. The team will continue to work with the remaining wards with a plan to complete by end November 2019.

High Intensity Users (HIU) – two HIU multidisciplinary teams (MDTs) have taken place, with good engagement from system partners. The next step is discussion with GPs to determine how we all use the information gleaned to jointly manage patients. This work will complement the work already being undertaken in primary/community/social care MDT's. The HIU coordinator will attend a selection of primary care MDTs so that joint approach and care management plan can be agreed.

Frailty Collaborative – the Trust has participated in the national NHS Frailty Collaborative. A particular project we have been involved with is the 'Frailty Test and Learn'. The work will help us to:

- ensure the frailty score is accurately recorded within 30 minutes of presentation to the emergency department.
- ensure the patients are appropriately picked up by the frailty team.

IV antibiotics in the community – a bid to the CCG was successful in gaining a year's funding to test the use of Baxter pumps in the community for patients who need multiple doses of intravenous antibiotics. Currently these patients either have to stay in hospital or have to attend clinic multiple times a day as community teams are unable to provide the frequency of timed visits required. If successful this will create bed capacity, community team capacity and improve the patient experience. There is also a training programme underway to teach the nurses at Glastonbury Court, Newmarket hospital and a local care home to administer this treatment, which will free up acute unit beds for those patients who are too sick to receive their treatment at home.

Community teams productivity – the hospital transformation team are planning to start work with the Bury Town community health team in November exploring productivity and using red to green principles to manage caseloads, with the aim of releasing capacity to further support admission prevention and earlier hospital discharge via pathway 1.

- **Mental Health Transformation** - work continues to operationalise mental health and wellbeing strategy for Suffolk. The immediate priority is to improve the care that people receive. We must ensure the safety of services; regain the confidence of service users, families and carers; and support Norfolk and Suffolk Foundation Trust (NSFT), its new leadership team and its hard-working and dedicated staff to ensure this happens as quickly as possible.

  The Alliance continues to work with co-production partners to ensure we continue to hear the voice of staff and service users, their families and carers to continue to shape this work. To support this the Alliance have developed a proposal to bring together a small implementation team seconded from within alliance organisations led by a full time Programme Director, who came into post at the beginning of July. An agreed timetable seeks to transition to the new mental health model as set out within the strategy from September 2020.

To enable this to happen there are three distinct phases:

- ***June to end of September 2019***: further development of the mental health operational model and the base case information – presented to the Quality & Risk Committee in September
- ***October 2019 to end of January 2020:*** due diligence process with the Alliances based on a series of half day meetings around themes.
- ***February 2019 to end of September 2020:*** further development of the operational model and transition planning to new arrangement to go live end of September 2020.

- **Primary care vertical integration** – the Trust is working with West Suffolk CCG and a local primary care practice to consider a model for vertical integration between primary and acute care. The benefits of the model are being assessed to inform the business case for this.

- **Governance review** - the Alliance is reviewing some aspects of its governance. In part as a response to the development of the Integrated Care System (ICS), but also as a regular assurance process that the governance is fit for purpose for the Alliance as it moves forward. A workshop in November will help shape some of this thinking.

13. Meeting etiquette and behaviour

To consider a report

For Reference

Presented by Sheila Childerhouse

Report to:	Council of Governors			
Meeting date:	13 November 2019			
Subject:	Reflecting on West Suffolk NHS Foundation Trust high profile meetings (e.g. Board meetings, Governor meetings etc.0			
Agenda item:	13			
Prepared by:	Tara Rose, Head of Communications			
Presented by:	Sheila Childerhouse, Chair			
Date prepared:	14 October 2019			
Purpose:	X	For information		For approval

Executive summary:

The report provides an opportunity for the Trust Governors to collectively reflect on meeting culture, and positive challenge.

Trust priorities	**Deliver for today**	**Invest in quality, staff and clinical leadership**	**Build a joined-up future**
	X		

Trust ambitions	*Deliver personal care*	*Deliver safe care*	*Deliver joined-up care*	*Support a healthy start*	*Support a healthy life*	*Support ageing well*	*Support all our staff*

Previously considered by:	NA
Risk and assurance:	NA
Legislation, regulatory, equality, diversity and dignity implications	NA

Recommendation:

To receive the report for information

Reflecting on meetings

One of the West Suffolk NHS Foundation Trust's greatest strengths is its leadership culture, built on a sense of cohesion and teamwork.

This is clearly visible across the organisation, demonstrated at the highest level through the Trust Board in public and private meetings, and in Trust governor meetings. Members work together to shared ambitions, showing mutual respect and positive, constructive challenge where appropriate. The Governors also actively demonstrate a relaxed, good-humoured relationship in Trust meetings, which is to be celebrated and encouraged.

This paper, which has also gone to the closed Trust Board for reflections on Board meeting culture, is designed to look at healthy meeting culture.

Considerations for Governor meetings

- **You are always on show:** to colleagues in the room, and on some occasions like at the public board, to members of the public and journalists. Please be aware that, most of the time, someone can see and therefore will notice what is on your screen or device and what you are doing. It's important that unless something is critically urgent and you need to deal with it immediately, that what's on your screen is relevant to the meeting you are in.

- **Being in the room:** Using Convene has improved the usability of papers, but can affect the feeling in the room; being behind a screen can come across as colleagues being distracted or disconnected from engaging in conversation.

- **Language:** It's important to consider the language used in meetings. Challenge is to be welcomed and encouraged, but be aware that if a journalist is in the room, anything you say can be taken as a direct quote – often out of context. Because the journalist is taking a live quote the Trust does not get a guaranteed right to reply, meaning the communications team cannot easily challenge the story or provide a different quote on behalf of the Trust. In simple terms, this means that anything you say could be taken out of context and used as a headline.

One example from the Bury Free Press, though low-impact, is included below for reference.

Chief upbeat as hospital faces season of challenge

West Suffolk Hospital is braced for a busy summer after 'high levels of emergency attendances' were experienced in May.

Forty nurses, all from the Philippines, will start work in the next two months to alleviate pressure. But Gary Norgate, the hospital trust's non-executive director, has raised concerns. He told fellow board members at a meeting last week that the staffing situation had created a 'perfect storm for a tough summer', with 250 patients a day currently passing through A&E.

Chief nurse Rowan Procter said: "Our vacancies are going down, there will be a positive figure by September. We are planning to continue our recruitment strategy."

Chief executive Dr Steve Dunn said the new nurses would be given a 'warm welcome' and the trust was 'doing a lot to include the Filipino community' as well as improving LGBT networks.

Also at the meeting, the trust's 'month two financial position' reported a £1 million deficit, which was £498,000 worse than planned. Craig Black, director of resources, said: "We are borrowing money and we are in a position of not being able to repay it. That would be illegal in any other institution other than the NHS, which shows the situation we are in. We are doing better than the vast majority of institutions."

Dr Dunn's chief executive report stated: "We have agreed a control total to break even which means we need to deliver a cost improvement programme of £8.9 million."

The currently 'outstanding' rated trust is now gearing up for its next CQC inspection in the autumn. Dr Dunn added: "We need to focus on the basics and make sure our great care is not undermined by sloppiness."

14. Report from Nominations Committee (enclosed)

To note a report from the Nominations Committee meeting of 28 October 2019

For Reference

Presented by Sheila Childerhouse

REPORT TO:	Council of Governors
MEETING DATE:	13 November 2019
SUBJECT:	Report from Nominations Committee, 28 October 2019
AGENDA ITEM:	14
PREPARED BY:	Georgina Holmes, FT Office Manager
PRESENTED BY:	Sheila Childerhouse
FOR:	Information

This report provides a summary of discussions that took place at the nominations committee meeting on 28 October 2019

- The terms of office for the NEDs were received and reviewed. The first term of office for two NEDs ended in February and March 2020.

- The appraisal and performance of both NEDs were discussed and the committee agreed to recommend to the Council of Governors that they should be offered a further three year term. This recommendation would be made to a closed session of the Council of Governors meeting on 13 November 2019.

- The three documents published by NHS England and NHS Improvement to ensure arrangements for managing non-executive in trusts were effective were reviewed, ie:

  - 'Framework for conducting annual appraisals of NHS provider chairs'.

  - 'Framework for remuneration of chairs and non-executive directors'.

  - 'The role of the NHS provider chair: a framework for development'.

  Although the committee agreed with the content of these documents in principle there were some concerns which would be fed back to NHSE/I and through the Chair and Lead Governor networks.

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15. Report from Engagement Committee (enclosed)

To receive a report from the meeting of 15 October 2019

For Reference

Presented by Liz Steele

DRAFT

REPORT TO:	Council of Governors
MEETING DATE:	13 November 2019
SUBJECT:	Report from Engagement Committee meeting held on 15 October 2019
AGENDA ITEM:	15
PRESENTED BY:	Liz Steele, Lead Governor
FOR:	Information

The attached minutes summarise discussions that took place at the Engagement Committee meeting on 15 October 2019.

There were no items for escalation to the Council of Governors, however a number of actions were agreed in response to comments received from the Courtyard Café and the outcome of these are detailed below.

i. Clarify when work on the front car park would be completed

Response received and circulated to governors, ie end of October completion including full resurfacing and a new lighting scheme.

ii. Confirm if there is CCTV in the car parks and if there is a legal requirement to display signs informing people of this; if so if the Trust conforms to this.

Response received confirming that there is CCTV coverage in the car parks and that signs would be put up – a timeframe for this has been requested

iii. Arrange for an area observation in the discharge lounge

As this is a ward, not a public area, an area observation is inappropriate. However patient survey volunteers visit this area and speak with patients. A copy of the feedback is appended to this report (**Appendix I**)

iv. Follow up when environmental reviews would be reinstated and request that there should be a focus on toilets in the public areas

Response received to say that there will be a new lead for environmental reviews as from 4 November when a schedule for 2020 will be agreed. A review of the public areas has been arranged for 20 November 2019.

Recommendation

Governors receive the minutes for information and note the actions taken and outcomes in response to comments received from the Courtyard Cafe.

DRAFT

MINUTES OF THE COUNCIL OF GOVERNORS ENGAGEMENT COMMITTEE

HELD ON TUESDAY 15 OCTOBER 2019, 5.00pm

IN THE WESTGATE ROOM AT WEST SUFFOLK HOSPITAL

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

Action

19/30 APOLOGIES

Apologies for absence were received from Florence Bevan. Cassia Nice and Sue Smith also sent their apologies as co-opted members.

Liz Steele chaired the meeting in the absence of Florence Bevan.

19/31 MINUTES OF MEETING HELD ON 16 JULY 2019

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

Jayne Gilbert asked for an update/clarification on the following:

Item 19/22, (19/15 Charitable Funds Briefing) Courtyard Gardens. She noted that all of the courtyard gardens continued to be locked with no explanation or information on the doors as to how they could be accessed. Richard Jones would follow this up. **R Jones**

Item 19/27 Feedback Reports – an unnecessary amount of paper was being used when sending out patient letters. She had recently had one appointment changed four times and each time received duplicate paperwork for completion prior to her appointment. It was also noted that a number of appointment letters only had one line on the second page. It was proposed to ask the appropriate manager to attend an engagement committee meeting so that the issues could be understood. **R Jones / G Holmes**

19/32 MATTERS ARISING ACTION SHEET

The ongoing action was reviewed and the following response provided from Ian Stuchbury:

Item 31, ask estates what seating is available around the lower car park for patients waiting to be picked up. Response received; *"this is not a designated drop off and pick up spot and if we encourage the public to do so this it will stop the traffic flowing on the single lane bus route. There is seating along the front of the hospital opposite side to ED entrance, Main entrance and Therapy entrance and there is also seating down the disable access ramp opposite side to the ED entrance down towards car park A, which could be used by the public."*

The completed actions were reviewed and it was agreed that the following item should remain open as Sue Smith had sent her apologies for the meeting:

Item 29, Sue Smith to provide details of the Butterfly Appeal as soon as the location for the facility had been confirmed.

19/33 EXPERIENCE OF CARE

The experience of care update was received and noted. It was agreed that it was important not to lose sight of the outstanding actions from the area observations.

Peter Alder reported that the area observation for the falls clinic at Sudbury Health Centre had been cancelled as it was not possible to identify which patients were attending this clinic.

19/34 CHARITABLE FUNDS BRIEFING

It was noted that MyWish would be having an awareness stall at Sainsburys in Mildenhall on Thursday 19 December, 10.00am until 2.00pm. Peter Alder volunteered to attend this event. Sue Smith to be asked to send him further details. **G Holmes**

It was noted that all governors were welcome to attend the Soapbox challenge and other MyWish events without an invitation.

19/35 CONSIDERATION OF ENGAGEMENT PLAN FOR 2019-20

35.1 Engagement plan 2019-20

The engagement plan was reviewed and it was noted that the feedback from the AMM had been positive although there were less people than last year. It was agreed that it was very important that the topic should have a broad appeal and a confident and engaging speaker was also crucial.

A topic for consideration was mental health, which was being supported by a number of local celebrities, eg Ed Sheeran. It was agreed that at least one 'dry run' of the talk for the AMM was very important.

It was suggested that next year the hospital choir should sing whilst people took their seats.

It was agreed that a further talk on diabetes should be given at Thetford, Haverhill or Mildenhall, following consultation with the team about which area would be the most appropriate. **R Jones / G Holmes**

It was proposed to find out from Sue Smith whether she gave talks to Probus groups as they were very supportive of charities. **G Holmes**

35.2 Membership Numbers

The membership numbers were reviewed; the total was currently 6163 versus a target of 6000. Members under 50 years of age were 1203 versus a target of 1250. The total number of members recruited in 2019 to date was 385.

It was explained that the numbers would continue to be reported under the current catchment area, as if they were restructured under the new council boundaries it would not be possible to distinguish areas where membership was high or low. However, it was agreed that the catchment areas would be grouped under headings for the relevant Council area. **G Holmes**

19/36 FEEDBACK REPORTS

Courtyard & Newmarket Café feedback

Feedback from both locations continued to be positive, on the whole.

It was agreed that the following actions should be taken in response to comments received from the Courtyard Café:-

- Clarify when work on the front car park would be completed. **R Jones**
- Confirm if there is CCTV in the car parks and if there is a legal requirement to display signs informing people of this; if so if the Trust conforms to this. **G Holmes**
- Arrange for an area observation in the discharge lounge. **R Jones**
- Follow up when environmental reviews would be reinstated and request that there should be a focus on toilets in the public areas. **G Holmes**

19/37 ISSUES FOR ESCALATION TO THE COUNCIL OF GOVERNORS

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

19/38 DATE OF MEETINGS FOR 2020

The following dates were agreed and noted:

Tuesday 21 January 4.30-6.00pm
Tuesday 21 April 4.30-6.00pm
Tuesday 21 July 4.30-6.00pm
Tuesday 20 October 4.30-6.00pm

Appendix I

Patient experience in the discharge waiting area

In quarter two 2019/2020, 55 of the patients who attended the discharge waiting area (DWA) completed a satisfaction survey.

1. Did the staff make you feel welcome on your arrival to the discharge waiting area?
   100% responded 'yes'

2. Did the staff treat you with respect and maintain your dignity?
   100% responded 'yes'

3. Were you offered food and drink whilst you were in the discharge waiting area?
   100% responded 'yes'

4. Did you feel you got the help you needed when you needed it e.g. to mobilise or use the facilities?
   100% of those that needed help (43 people) responded 'yes'

5. Did staff keep you updated on your discharge arrangements?
   98% responded 'yes'

Please see appendix A for all comments left on the satisfaction surveys in quarter two, of which there were 83.

Based on feedback received previously, the survey being undertaken on DWA was updated at the end of quarter one to ensure feedback was reflective of experiences on this unit as opposed to throughout the hospital.

DWA operates a 'you said, we did' initiative whereby action taken as a result of feedback is displayed to demonstrate the importance of our patients views.

An example of a change, and one that directly relates to some of the negative comments made on the surveys, is the relocation of the patient transport liaison officer (PTLO) who is now based within DWA. This allows transport to be coordinated and optimised on discharge ensuring patients and relatives can be kept updated of any issues or delays.

A delay in patients being able to go home due to waiting for medication is a known issue across the Trust. Operational transformation, patient experience, pharmacy and senior nursing colleagues are embarking on an in-depth review of the discharge process with the patient VOICE group. Part of this will involve reviewing the steps between prescribing and ordering medicines (on the ward) and receipt of the prescription (in pharmacy) to dispensing.

Patients' perception is often that the main delay occurs in pharmacy; however, a preliminary review has shown that the main hold-up is occurring on the wards.

More specifically to DWA, the senior matron and area sister will be working with base wards to create and provide further guidance to proactively manage the discharge process including the ordering of medications so as not to hold patients for longer than is necessary.

The DWA also has regular support from volunteers who are valued members of the team; talking to patients and providing refreshments in an effort to make their time within the area as comfortable as possible.

Appendix A: satisfaction survey comments

Questionnaire ID	Score	Date	Question / Questionnaire Comment	Comment
209170	100.00	01 Aug 2019	6.Please include any other comments or suggestions you may have in the box below:	A very good idea to implement this standard of waiting area - very impressed.
207509	100.00	07 Aug 2019	6.Please include any other comments or suggestions you may have in the box below:	very polite, very helpful ,very respectful
207510	100.00	07 Aug 2019	4.Did you feel you got the help you needed, when you needed it e.g. to mobilise or to use the facilities?	mostly not always
207180	100.00	08 Aug 2019	6.Please include any other comments or suggestions you may have in the box below:	Brilliant experience
209177	100.00	10 Aug 2019	1.Did the staff make you feel welcome on your arrival to the discharge waiting area?	Made me a tea and comfy.
209177	100.00	10 Aug 2019	3.Were you offered food and drink whilst you were in the discharge waiting area?	Tea and hot lunch.
209177	100.00	10 Aug 2019	4.Did you feel you got the help you needed, when you needed it e.g. to mobilise or to use the facilities?	Helped to the toilet.
209177	100.00	10 Aug 2019	5.Did staff keep you updated on your discharge arrangements?	TTO updates.
207178	100.00	10 Aug 2019	6.Please include any other comments or suggestions you may have in the box below:	Everything was brilliant, even down to providing me with a comb Patients with dementua should be put together on wards
207502	100.00	12 Aug 2019	1.Did the staff make you feel welcome on your arrival to the discharge waiting area?	very nice people
207502	100.00	12 Aug 2019	2.Did the staff treat you with respect and maintain your dignity?	always
207502	100.00	12 Aug 2019	6.Please include any other comments or suggestions you may have in the box below:	a good atmosphere to wait,thank you
207503	100.00	12 Aug 2019	3.Were you offered food and drink whilst you were in the discharge waiting area?	I wasn't expecting a hot meal
207504	100.00	14 Aug 2019	1.Did the staff make you feel welcome on your arrival to the discharge waiting area?	excellent
207504	100.00	14 Aug 2019	3.Were you offered food and drink whilst you were in the discharge waiting area?	excellent
207504	100.00	14 Aug 2019	4.Did you feel you got the help you needed, when you needed it e.g. to mobilise or to use the facilities?	excellent
207504	100.00	14 Aug 2019	5.Did staff keep you updated on your discharge arrangements?	excellent

Questionnaire ID	Score	Date	Question / Questionnaire Comment	Comment
209176	100.00	14 Aug 2019	6.Please include any other comments or suggestions you may have in the box below:	Nice and clean and calm.
209176	100.00	14 Aug 2019	4.Did you feel you got the help you needed, when you needed it e.g. to mobilise or to use the facilities?	Staff are all very helpful and caring.
207495	100.00	15 Aug 2019	1.Did the staff make you feel welcome on your arrival to the discharge waiting area?	very friendly staff
207496	100.00	15 Aug 2019	3.Were you offered food and drink whilst you were in the discharge waiting area?	lots of tea
207496	100.00	15 Aug 2019	6.Please include any other comments or suggestions you may have in the box below:	quicker than expected
207497	100.00	15 Aug 2019	6.Please include any other comments or suggestions you may have in the box below:	very calm
207498	100.00	15 Aug 2019	4.Did you feel you got the help you needed, when you needed it e.g. to mobilise or to use the facilities?	I needed help getting to the toilet and the staff were most helpful
207498	100.00	15 Aug 2019	3.Were you offered food and drink whilst you were in the discharge waiting area?	lovely hot cup of chocolate
207500	100.00	15 Aug 2019	1.Did the staff make you feel welcome on your arrival to the discharge waiting area?	Cheerful,friendly staff,bright and happy atmosphere,best part of stay
207506	100.00	16 Aug 2019	1.Did the staff make you feel welcome on your arrival to the discharge waiting area?	very good and pleasant
207506	100.00	16 Aug 2019	2.Did the staff treat you with respect and maintain your dignity?	very special
207506	100.00	16 Aug 2019	3.Were you offered food and drink whilst you were in the discharge waiting area?	very good
207506	100.00	16 Aug 2019	6.Please include any other comments or suggestions you may have in the box below:	just takes a little while to know what is happening
207507	100.00	18 Aug 2019	6.Please include any other comments or suggestions you may have in the box below:	all very nice and comfortable
207508	100.00	18 Aug 2019	6.Please include any other comments or suggestions you may have in the box below:	staff were very helpful,always polite and encouraging enjoyed there company and explanations
207511	100.00	18 Aug 2019	6.Please include any other comments or suggestions you may have in the box below:	been very good. No complaints
207559	100.00	22 Aug 2019	2.Did the staff treat you with respect and maintain your dignity?	lovely kind staff

Questionnaire ID	Score	Date	Question / Questionnaire Comment	Comment
209175	100.00	27 Aug 2019	3.Were you offered food and drink whilst you were in the discharge waiting area?	Lunch and lots of tea.
209178	100.00	28 Aug 2019	3.Were you offered food and drink whilst you were in the discharge waiting area?	Plenty
209178	100.00	28 Aug 2019	6.Please include any other comments or suggestions you may have in the box below:	Great care.
209178	100.00	28 Aug 2019	2.Did the staff treat you with respect and maintain your dignity?	Yes thank you all.
209009	100.00	05 Sep 2019	1.Did the staff make you feel welcome on your arrival to the discharge waiting area?	lovely staff.
209009	100.00	05 Sep 2019	3.Were you offered food and drink whilst you were in the discharge waiting area?	constantly
209373	100.00	06 Sep 2019	3.Were you offered food and drink whilst you were in the discharge waiting area?	Tea was my first offer.
209373	100.00	06 Sep 2019	4.Did you feel you got the help you needed, when you needed it e.g. to mobilise or to use the facilities?	Fantastic. 10 out of 10
209373	100.00	06 Sep 2019	5.Did staff keep you updated on your discharge arrangements?	As I said before, outstanding with their job.
209373	100.00	06 Sep 2019	6.Please include any other comments or suggestions you may have in the box below:	Kai was so happy and cheerful and the ladies were very nice and worked well. Like Kai they didn't sound like moaners and they made me feel a sense of value.
209373	100.00	06 Sep 2019	1.Did the staff make you feel welcome on your arrival to the discharge waiting area?	When I needed help they came to my assistance straight away and informed me when my pick up was.
209373	100.00	06 Sep 2019	2.Did the staff treat you with respect and maintain your dignity?	When I need help to go to the toilet they turned their head when I had to pull my trousers down.
209374	100.00	06 Sep 2019	3.Were you offered food and drink whilst you were in the discharge waiting area?	I didn't have breakfast before hand so the lady brought me fruit and yoghurt.
209374	100.00	06 Sep 2019	6.Please include any other comments or suggestions you may have in the box below:	All very kind. What else could I ask for.
209374	100.00	06 Sep 2019	1.Did the staff make you feel welcome on your arrival to the discharge waiting area?	Lovely staff.
209374	100.00	06 Sep 2019	2.Did the staff treat you with respect and maintain your dignity?	Every bit.
209375	100.00	06 Sep 2019	3.Were you offered food and drink whilst you were in the discharge waiting area?	Marvellous amount. Ginger biscuits are delicious and the coffee was just as I like it.
209375	100.00	06 Sep 2019	5.Did staff keep you updated on your discharge arrangements?	They were 3/4 of an hour late picking me up for my appointment.

Questionnaire ID	Score	Date	Question / Questionnaire Comment	Comment
209375	100.00	06 Sep 2019	6.Please include any other comments or suggestions you may have in the box below:	Radiologywerent sure where. DWA was to direct me so I got lost.
209376	100.00	06 Sep 2019	6.Please include any other comments or suggestions you may have in the box below:	I was very pleased to be taken to the discharge waiting area as I had never heard of it. I knew I had a longish wait, so this really helped.
210083	100.00	09 Sep 2019	3.Were you offered food and drink whilst you were in the discharge waiting area?	Sandwich and a banana.
210083	100.00	09 Sep 2019	6.Please include any other comments or suggestions you may have in the box below:	All lovely.
210096	100.00	09 Sep 2019	5.Did staff keep you updated on your discharge arrangements?	I had a phone call from hospital chemist.
210096	100.00	09 Sep 2019	6.Please include any other comments or suggestions you may have in the box below:	Lovely clean area. Lovely staff. Well happy. Thank you.
210096	100.00	09 Sep 2019	1.Did the staff make you feel welcome on your arrival to the discharge waiting area?	All very friendly.
210096	100.00	09 Sep 2019	2.Did the staff treat you with respect and maintain your dignity?	Very much so. Offered me a drink and biscuits.
210096	100.00	09 Sep 2019	3.Were you offered food and drink whilst you were in the discharge waiting area?	My lunch was brought to me. Amazed.
210096	100.00	09 Sep 2019	4.Did you feel you got the help you needed, when you needed it e.g. to mobilise or to use the facilities?	Perfect.
210101	100.00	11 Sep 2019	3.Were you offered food and drink whilst you were in the discharge waiting area?	Tea and sandwich
210101	100.00	11 Sep 2019	5.Did staff keep you updated on your discharge arrangements?	TTO's slow.
210104	100.00	11 Sep 2019	3.Were you offered food and drink whilst you were in the discharge waiting area?	Lots.
210104	100.00	11 Sep 2019	4.Did you feel you got the help you needed, when you needed it e.g. to mobilise or to use the facilities?	Chair th toilet.
210104	100.00	11 Sep 2019	6.Please include any other comments or suggestions you may have in the box below:	All very nice. Smiley.
210104	100.00	11 Sep 2019	1.Did the staff make you feel welcome on your arrival to the discharge waiting area?	Given comfy chair.
210104	100.00	11 Sep 2019	2.Did the staff treat you with respect and maintain your dignity?	Left me in toilet and gave me a buzzer.
210107	100.00	13 Sep 2019	2.Did the staff treat you with respect and maintain your	All the time.

Questionnaire ID	Score	Date	Question / Questionnaire Comment	Comment
			dignity?	
210107	100.00	13 Sep 2019	6.Please include any other comments or suggestions you may have in the box below:	very happy.
210108	100.00	13 Sep 2019	3.Were you offered food and drink whilst you were in the discharge waiting area?	All the time.
210108	100.00	13 Sep 2019	1.Did the staff make you feel welcome on your arrival to the discharge waiting area?	Very.
210110	100.00	13 Sep 2019	1.Did the staff make you feel welcome on your arrival to the discharge waiting area?	Very nice staff.
210110	100.00	13 Sep 2019	6.Please include any other comments or suggestions you may have in the box below:	Staff are very nice and helpful.
210112	100.00	13 Sep 2019	1.Did the staff make you feel welcome on your arrival to the discharge waiting area?	Good to see staff I knew from my ward (F6)
210112	100.00	13 Sep 2019	3.Were you offered food and drink whilst you were in the discharge waiting area?	Lunches transferred and light refreshments on hand.
210112	100.00	13 Sep 2019	6.Please include any other comments or suggestions you may have in the box below:	Medicines not ready as a letter requesting them had not been given to Pharmacy.
210113	100.00	16 Sep 2019	6.Please include any other comments or suggestions you may have in the box below:	Staff really helpful and friendly. Put you at ease when you arrive.
211527	100.00	25 Sep 2019	6.Please include any other comments or suggestions you may have in the box below:	staff in whole hospital excellent
211528	100.00	25 Sep 2019	6.Please include any other comments or suggestions you may have in the box below:	Waiting for pharmacy 3hours
211529	100.00	25 Sep 2019	6.Please include any other comments or suggestions you may have in the box below:	Waiting for pharmacy
213567	100.00	27 Sep 2019	6.Please include any other comments or suggestions you may have in the box below:	Lovely staff

16. Lead Governor report (enclosed)

To receive a report from the Lead Governor

For Reference

Presented by Liz Steele

REPORT TO:	Council of Governors
MEETING DATE:	2 November 2019
SUBJECT:	Report from Lead Governor
AGENDA ITEM:	16
PRESENTED BY:	Liz Steele, Lead Governor
FOR:	Information

Lead Governor Report Autumn 2019

This year we have seen much happening both politically and within the hospital. The governors continue to carry out their duties and to seek assurance from the NEDs when appropriate.

As Lead governor I have met with the Chairman on a monthly basis, with Florence Bevan as my deputy. We have raised many issues that have then been followed up and fed back to governors, where appropriate.

I have joined and attended the Lead Governors regional group and I attended my first meeting at Fulbourn Cambridge on the 9th September. The next meeting is scheduled for the 16th December at the same venue.

It was an interesting insight into the workings and challenges being faced by other governing bodies and trusts. Governors were all experiencing pressure from NHSI, who were insisting on sitting in on the interviewing of NEDs and Chairman posts, John, the Chairman, is going to take this up with them.

There was much discussion about the STP and the need for governors to be involved in some way with the important decisions being taken. As there were three of us attending the STP conference in Ipswich, it was decided that we would each ask a relevant question.

We attended the meeting, but the format of the conference did not allow for this, so we sent the questions to Ed Garrett after the event.

There was also discussion about NED remuneration, Partner Governors and the attendance of governors at meetings/activities.

The Annual General meeting was well attended again this year and well represented by many governors. One of the messages from the other lead governors was about their lack of attendance at their AGMs sometimes in single figures. We have agreed that we might try to attend each other's AGMs next year or some of them. This will be an interesting experience.

We held our informal NEDs meeting once again. This was a very useful meeting with several new issues raised that will involve follow up time from the NEDs. All governors and NEDs find these meetings extremely useful and the informality of it means that we all have confidence to air our thoughts.

I have been working with George and Richard on the governor survey which you should have received and hopefully returned. This will feed into our training that will be held in the new year. We are having a different training team this year as a new approach, more about that to follow.

Our governors have carried out many activities to support and inform. A small group of us met with the CQC inspectors at the end of their visit this week. We hope that we were able to demonstrate through our answers the pride we have in our hospital and also the part we play in its life.

Liz Steele
Lead Governor

17. Staff Governors report (enclosed)

To receive a report from the Staff Governors

For Reference

Presented by Peta Cook

REPORT TO:	Council of Governors
MEETING DATE:	13 November 2019
SUBJECT:	Report from Staff Governors
AGENDA ITEM:	17
PRESENTED BY:	Peta Cook, Staff Governor
FOR:	Information

It was noted that a decision was still awaited from Dr Vinod Shenoy as to whether he wished to become a staff governor.

Issues raised by staff governors were reviewed at the recent quarterly staff governor meeting which was also attended by Kate Read, Richard Jones and Georgina Holmes.

- The board meeting on 29 November would be taking place at Newmarket hospital.
- Flu vaccines for staff in the community were progressing well.
- The issue around what nurses were now allowed to do in terms of their grade, regardless of their competency and experience, was being addressed and related to a protocol update.
- Peta Cook had fed back to Helen Beck and Mike Bone the issues around IT in the community and the slow progress that was being made. It was noted that a community IT update had been sent out in September and some progress had been made, eg smart phones had been issued to a number of localities.
- Mandatory training for community staff was going reasonably well. The induction had also improved but there was still a need for clarity as to which staff groups needed to attend which sessions. It was proposed that a grid should be produced which clearly set out who needed to attend which sessions, eg AHPs etc. An integrated education team had been set up. Two AHPs were on this team and there would also be an additional band six nurse.
- Integrated paediatric services were currently being reviewed, led by the CCG. This was a concern for staff as the previous review of this service had resulted in budgets being cut.
- It was confirmed that managers were supporting staff in the community to ensure their work station equipment was appropriate and set up correctly. A reminder had been sent out saying that they should ask for support if they had any concerns or issues.
- The dates for meetings for 2020 were agreed.

18. Urgent items of any other business

To consider any matters which, in the opinion of the Chair, should be considered as a matter of urgency

For Reference

Presented by Sheila Childerhouse

19. Dates for meetings for 2020:

Tuesday 11 February

Wednesday 6 May

Tuesday 11 August

Tuesday 22 September - Annual members meeting (Apex)

Wednesday 11 November

For Reference

Presented by Sheila Childerhouse

20. Reflections on meeting

To consider whether the right balance has been achieved in terms of information received and questions for assurance and the Trust's values and behaviours observed

For Discussion

Presented by Sheila Childerhouse