COUNCIL OF GOVERNORS MEETING

Monday, 13 May 2019, 17.30

Northgate Room, 2nd Floor, Quince House, West Suffolk Hospital

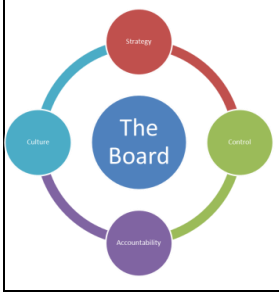
AGENDA

Council of Governors Meeting

There will be a meeting of the **COUNCIL OF GOVERNORS** of West Suffolk NHS Foundation Trust on Monday, **13 May 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.

18.00	**GENERAL BUSINESS**	
1.	**Apologies for absence** To receive any apologies for the meeting: Mark Gurnell, Richard Jones, Barry Moult	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 12 February 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	Steve Dunn
8.	**Governor issues** (enclosed) To note the issues raised and receive any agenda items from Governors for future meetings	Liz Steele
18.30	**DELIVER FOR TODAY**	
9.	**Summary finance & workforce report** (enclosed) To note the summary report	Alan Rose

18.40	**INVEST IN QUALITY, STAFF AND CLINICAL LEADERSHIP**	
10.	**Quality presentation – SPC Charts 'Plot the Dots'** To receive a presentation on understanding the new data in the quality & performance report	Jo Rayner
11.	**Summary quality & performance report** (enclosed) To note the summary report	Louisa Pepper
18.50	**BUILD A JOINED UP FUTURE**	
12.	**Alliance update, including mental health** (enclosed) To note the report	Sheila Childerhouse/ Stephen Dunn
19.00	**GOVERNANCE**	
13.	**Governor commentary in the Annual Quality Report 2018-19** (enclosed) To approve the governors' commentary for inclusion in the report.	Liz Steele
14.	**Report from Engagement Committee** (enclosed) (a) To receive the minutes from the meeting of 30 April 2019 (b) To approve the revised Engagement Strategy for 1 April 2019-31 March 2021 (c) To approve the terms of reference for the Engagement Committee	Liz Steele
15.	**Lead Governor report** (enclosed) To receive a report from the Lead Governor, including verbal feedback from NHS Providers event on 9 May	Liz Steele
16.	**Staff Governors report** (enclosed) To receive a report from the Staff Governors	Amanda Keighley
19.30	**ITEMS FOR INFORMATION**	
17.	**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
18.	**Dates for meetings for 2019** Tuesday 6 August Annual members meeting (Apex) - Tuesday 17 September Wednesday 13 November	Sheila Childerhouse
19.	**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:

Mark Gurnell, Richard Jones, Barry Moult

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

To approve the minutes of the meeting held on 12 February 2019

For Approval

Presented by Sheila Childerhouse

REPORT TO:	Council of Governors
MEETING DATE:	13 May 2019
SUBJECT:	Draft Minutes of the Council of Governors Meeting held on 12 February 2019
AGENDA ITEM:	4
PRESENTED BY:	Sheila Childerhouse, Chair
FOR:	Approval

DRAFT

MINUTES OF THE COUNCIL OF GOVERNORS' MEETING
HELD ON TUESDAY 12 FEBRUARY AT 18.15
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	•	
Gary Sharp	Staff Governor	•	
Jane Skinner	Public Governor	•	
Liz Steele	Public Governor		•
Martin Wood	Staff Governor	•	
In attendance			
Georgina Holmes	FT Office Manager *(minutes)*		
Nick Jenkins	Medical Director		
Richard Jones	Trust Secretary & Head of Governance		
Richard Davies	Non-Executive Director		
Gary Norgate	Non-Executive Director		
Louisa Pepper	Non-Executive Director		
Alan Rose	Non-Executive Director		
Kate Vaughton	Director of Integration and Partnerships		

Action

GENERAL BUSINESS

19/01 APOLOGIES

Apologies for absence were noted as above. Stephen Dunn and Angus Eaton had also given their apologies.

19/02 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting. She reported that Margaret Rutter had resigned as a governor in December 2018 and recorded her thanks for the work she had put in during her time as a public governor.

She welcomed Robin Howe in his absence; he had already attended the training day and would be a very valuable addition to the Council of Governors.

19/03 DECLARATIONS OF INTEREST

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

19/04 MINUTES OF THE COUNCIL OF GOVERNORS MEETING HELD ON 14 NOVEMBER 2018

The minutes of the meeting held on 14 November 2018 were approved as a true and accurate record.

19/05 MATTERS ARISING ACTION SHEET

There were no ongoing actions. The completed actions were reviewed and there were no comments.

19/06 CHAIR'S REPORT

The governors noted the content of this report.

19/07 CHIEF EXECUTIVE'S REPORT

The Chair said that this report gave the governors an idea of internal activities as well as what was happening in the wider system and nationally.

Peta Cook requested that there should be information in this report about the strategy and development of IT in community services. Kate Vaughton agreed and said that she would follow this up. Nick Jenkins suggested that the whole strategy would need to be reviewed in light of the new long term plan for the NHS.

Gary Norgate asked Peta Cook if she felt that IT was currently not improving in the community. Peta Cook confirmed that this was the case and explained that there were still significant issues with access to patient records resulting in severe delays which did not appear to be improving. Gary Norgate said he would follow this up with Peta Cook and then report back to a future meeting. **G Norgate**

19/08 GOVERNOR ISSUES

Florence Bevan referred to item 3 and explained that Barry Moult had concerns about GDPR issues but she was unable to confirm that this had been answered sufficiently. Richard Jones explained the issues that Barry Moult was concerned about, the background to this and how the Trust had addressed this. Nick Jenkins explained, as Caldicott Guardian, that there was risk with adhering to confidentiality at such a level that people could not do what they were required to do for the benefit of a patient.

Gary Norgate said that the NEDs gained assurance through asking the process owner, IT and information governance expert and also through the independent external audit that had been undertaken and reviewed by the audit committee. The Chair explained that the audit had been extended to cover all the issues that had been raised. It was confirmed that the external audit report had been reviewed by the audit committee.

Florence Bevan said that she would like to receive assurance from the NEDs to the questions that governors asked at board meetings.

Jane Skinner asked about nurse staffing and noted that in November the Trust was short of 100 trained staff, but only 19 short in January. She queried whether these figures were correct. The Chair noted that one of the reasons for this variation was that the figures were a snapshot in time; escalation wards had also been opened which were partly staffed with existing staff but bank and agency staff were also brought in to cover.

Gary Norgate explained that the number of whole time equivalent (wte) nurses required to staff shifts safely depended on the number and acuity of patients. The Trust had also moved towards bay based nursing which would change the balance between registered and unregistered nurses; however, there was still a requirement for more registered nurses. A number of Filipino nurses who would be joining the Trust over the next few months who were very high quality nurses.

Alan Rose explained that when the Trust was below establishment this did not mean that shifts were not filled; the gaps were filled by agency staff but this was not the ideal situation. Nick Jenkins said that compared to other local hospitals the nurse staffing situation at WSFT was very good. Although WSFT did not have nearly as many registered nurses as it would like it was managing to keep people safe. However it was not delivering the outstanding quality of care that was the Trust's standard and staff were disappointed about this.

Mary Allan asked if the over spend was on agency staff and also if there was a full complement of doctors. The Chair explained that a number agency staff regularly worked at WSFT but did not wish to commit to being employed substantively. Agency staff allowed for flexibility when the Trust was not busy.

Joe Pajak commented that interpretation of data was very important and said it would be helpful if governors could have more training on this. **R Jones**

Andrew Hassan asked for the definition of safe staffing and optimum staffing, as the Trust was moving more towards healthcare assistants than registered nurses. It was proposed that this should be discussed at a future meeting. **R Jones**

DELIVER FOR TODAY

19/09 SUMMARY FINANCE & WORKFORCE REPORT

Gary Norgate explained that he looked for assurance through the Trust doing what it said it would do. He looked at gaps and where risks might arise and also for mitigations that were being taken and whether these are working.

WSFT started the year with a budget of a deficit of -£13.8m and was still forecasting that this would be delivered. If this figure was achieved it would receive a Provider Sustainability Funding (PSF) bonus of 70% of £3.7m and the remaining 30% would be received if A&E performance was achieved. Year to date the Trust was approximately £800k behind forecast which was mainly due to not being fully funded for the national pay award and not receiving PSF funding in quarter one for A&E performance. It was also unlikely to receive funding for A&E performance in quarter four. However, if the forecast of -£13.8m was achieved the Trust should receive additional funding as one of the few trusts who achieved their control total.

The overall financial position in December was slightly better than plan. The forecast for January, February and March was that there would be a deficit but the Trust should still be on target to achieve the control total.

Another key factor to delivering the forecast was the achievement of CIPs where WSFT was aiming for 5% savings, ie £12.2m. Year to date it looked as if this figure should be achieved but not in the way that had been forecast, ie more non-recurring

than recurring savings (£1.3m).

Although it was very important that the control total was achieved, non-recurring CIPs would not be good for cash. The variances were due to there being no discount from the CNST scheme, a number of CIPs that had not come to fruition (£220k) and not achieving all the divisional cross cutting CIPs (£900k).

Currently the Trust was spending more money on pay than forecast.

The capital programme for the year was noted and it was explained that WSFT had applied for £8.1m public dividend capital (PDC) funding from the Department of Health (DH) which was turned down. However the DH had agreed to a repayable loan of £7.3m. (PDC funding would not have to be repaid).

The cash position at the end of the month was £3.1m but this still remained a real concern.

Next year the Trust was expected to accept a control total of zero, ie a breakeven position; however in order to assist in achieving this it would receive additional funding. Starting with a baseline of -£13.6m it would receive a PSF transfer of £4.51m and £976k relating to the previous change to CNST plus some other funding which brought the total down to -£11.2m. It was expected to deliver additional efficiencies of approximately £1m and would receive further additional funding that would bring the total back to breakeven.

The Board had discussed and agreed to accept this offer. It was explained that all organisations were receiving funding in order to achieve a breakeven position. Gary Norgate said that the NEDs would need to ensure that the Trust achieved its CIPs in order to meet the control total figure and receive additional funding.

The Chair explained that it would not possible to predict what would happen throughout the year. The situation would need to be carefully monitored whilst ensuring that the organisation continued to deliver high quality care for patients.

Nick Jenkins stressed that the situation would not feel any different to staff in the organisation when it moved from a deficit of -£13.6m to breakeven and additional funding would not be received until it had achieved the plan.

The Chair explained that now that WSFT was working with other organisations in the alliance this provided opportunities to work in different and more efficient ways. Gary Norgate explained that savings should also be achieved through the Trust being a digital exemplar and the various initiatives that were being progressed.

INVEST IN QUALITY, STAFF AND CLINICAL LEADERSHIP

19/10 SUMMARY QUALITY & PERFORMANCE REPORT

Alan Rose explained how the NEDs thought about quality and how they gained assurance across the Trust. This was partly through data but also through personal observations and feedback from staff, public, family and friends.

Currently performance on quality was generally good, but there were ongoing concerns, eg falls and pressure ulcers. Performance in the community also appeared to be going well and the board had put a good deal of focus on this. However, there was some concern about children in care receiving health assessments within 28 days. This was not necessarily the fault of WSFT and it was working with the local authority to address this; one of the reasons was that carers/foster parents were not aware of the need for these assessments to be undertaken within 28 days and were not accepting or turning up for appointments.

Learning from quality walkabouts was becoming more systematic with governors and NEDs taking part. This provided very useful information and insight into the organisation.

Falls and pressure ulcers were an ongoing concern; the NEDs continued to be assured that there were a number of initiatives to reduce falls but recognised that there was a need to allow patients to remain mobile. The number of falls remained consistent and it may have to be accepted that these would always happen, however it was important to carefully monitor how many falls resulted in harm to patients. There were also ongoing actions to try to prevent pressure ulcers as far as possible.

The number of complaints had been higher during the past few months and was a reflection on the pressure that the organisation was under. These were carefully monitored by the patient experience team and the board to ensure that there were no trends in particular areas.

Discharge summaries were improving for elective work and the NEDs continued to keep the pressure on this.

There was some concern about cancer waiting times where performance had decreased in four areas. The NEDs had been informed that this mainly due to an increase in referral numbers over the last few months.

Nick Jenkins referred to falls and explained that it had been suggested that the Trust should employ a falls nurse practitioner to focus on trying to reduce falls that occurred on wards but it had been decided that it could not afford to do so. WSFT's falls data was better than the national average by quite a long way; however there were still things that it could do to improve.

He agreed that cancer waits were a concern, however there had recently been an issue with reporting and changes in attributing to WSFT rather than Addenbrooke's when sharing patients. Kate Vaughton explained that GPs were becoming more aware of early diagnosis and were under pressure to refer to hospital earlier which was increasing pressure on the Trust.

Alan Rose reported that there had been a joint workshop with commissioners last week to talk about ways of presenting data. A caution was given about how data was used and how RAG ratings were viewed. He circulated examples of two sets of data which showed the same figures in a different way and demonstrated the need for people to be careful about over reacting to red indicators until they understood the situation more fully. The Board would be looking at different ways of reviewing data which meant that governors may see different types of reporting. In future WSFT and commissioners would be looking at the same data and using the same methodology so that they received the same information and had more understanding of the situation.

The Chair confirmed that if a different way of reporting was adopted governors, as well as the board, would receive training on the interpretation of the data.

R Jones

BUILD A JOINED UP FUTURE

19/11 ANNUAL QUALITY REPORT AND OPERATIONAL PLAN

Richard Jones explained that the two nationally prescribed indicators this year ie:

1. percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge
2. maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers.

Governors were able to have an input into what the third local indicator should be. Following discussions with the executive team, NEDs, auditors and audit committee the proposal was that the local indicator should look at the learning from deaths process/data rather than the Summary Hospital-level Mortality Indicator (SHMI) which was being recommended by NHSI. Richard Jones explained the reason for using the Trust's learning from deaths data rather than SHMI. The governors approved this proposal.

Richard Jones also explained that the operational plan and annual quality report were in the process of being produced. The draft operational plan would be available in the next couple of weeks and the annual quality report early April. He asked for volunteers to act as readers for these two documents. Florence Bevan (operational plan only), Jayne Gilbert, Jayne Neal, Jane Skinner and Martin Wood volunteered. Richard Jones would contact these governors with further information when the documents were available. **R Jones**

Governors were reminded that a joint CoG/Board workshop to review the operational plan had been arranged for Wednesday 13 March at 5.30pm. Details had been emailed to governors and board members by Georgina Holmes.

GOVERNANCE

19/12 REVIEW OF CONSTITUTION

Richard Jones explained that part of the role of the audit committee was to undertake a two-yearly review of key governance documents. This review had recently been undertaken and there was a proposed change to the Standing Orders which was shown as a tracked change. It was also proposed to update the Code of Conduct for Governors following the recent training session. Details of this were included in the report.

The Council of Governors approved the proposed changes for incorporation into the Constitution.

19/13 REGISTER OF INTERESTS

The Council of Governors reviewed the updated register of interests.

Sara Mildmay-White reported that she had omitted to register that she was a St Edmundsbury Borough Councillor and would email the details to Georgina Holmes for inclusion in the register. **G Holmes**

19/14 NOMINATIONS COMMITTEE

(i) <u>To elect a public governor to the Nominations committee</u>

There were two nominations for membership of this committee, June Carpenter and Jane Skinner. The votes were counted and Jane Skinner was elected to the committee.

The Chair thanked the two governors who had put themselves forward for this committee. She also thanked June Carpenter for the contribution she had made during her time as a member of the Nominations committee.

(ii) <u>To receive a report from the meeting of 29 January 2019</u>

The Chair explained that this had been discussed in the closed session of the meeting. She congratulated Gary Norgate on his reappointment as a NED of the WSFT for a further year and thanked him for agreeing to continue in this role.

Gary Norgate thanked the Nominations committee and governors for their confidence in him and said that he looked forward to continuing to work with the board and governors.

(iii) To review the appraisal process for Non-Executive Directors and seek a minimum of six volunteers to participate in this process

Richard Jones explained that it was proposed to use SurveyMonkey for the process this year as this had been used for the Chair's mid-year appraisal and feedback had been very positive. The questionnaire would be in a similar format to previous years but had been updated to make it shorter and the questions/prompts more relevant,. The number of ratings had also been reduced from five to three.

The governors approved the revised process.

It was agreed that as a number of governors had given their apologies for this meeting Georgina Holmes would send an email asking for governors to take part in the appraisal process. The following governors who were in attendance volunteered; Peta Cook, Florence Bevan and Jayne Neal. **G Holmes**

19/15 REPORT FROM ENGAGEMENT COMMITTEE

Florence Bevan reported that the recent Engagement committee meeting had been very good; however it was disappointing that governors were not able to link more with the activities of the MyWish team.

The area observations were a new initiative for governors to feedback in a different way and gain further insight into the organisation.

Courtyard Café continued to provide mainly positive feedback; however the issue of no there being no one on reception in pathology (blood tests) had been escalated.

The Chair thanked the Engagement committee for all the work they were doing; she also thanked all the governors who were taking part in the various engagement activities.

19/16 LEAD GOVERNOR REPORT

Florence Bevan wished Liz Steele well for her term as lead governor.

The Chair said that it was an exciting time for governors, with the new governors now having had a year's experience. There was also a new lead and deputy lead governor which would be very positive.

19/17 STAFF GOVERNORS REPORT

Peta Cook reported that the staff governors had found the training day very useful and valuable and it had also helped to develop the informal governors meeting.

She highlighted the community visits by board members last year and requested that these should continue. The Chair agreed and said that board members were also committed to doing quality walkabouts in the community but these would need to be arranged so that they were undertaken in the most effective way.

ITEMS FOR INFORMATION

19/18 URGENT ITEMS OF ANY OTHER BUSINESS

No items received.

19/19 DATES FOR COUNCIL OF GOVERNOR MEETINGS FOR 2019

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

Monday 13 May
Tuesday 6 August
Wednesday 13 November
Annual Members Meeting Tuesday 17 September 2019

19/20 REFLECTIONS ON MEETING

It would have been helpful to have more time in the closed session for the presentation on mental health.

Gary Norgate felt that the meeting had had been very constructive and free flowing with everyone having the opportunity to speak. Questions had been appropriate and challenging.

Gordon McKay referred to recent national media coverage about fraud in the NHS and asked for assurance that WSFT was focussed on fraud. Gary Norgate confirmed that this was very carefully monitored and that there was CCTV across the whole hospital site and security measures had been put in place to control fraud. Martin Wood confirmed that this was high profile amongst staff who received regular emails. Louisa Pepper explained that a lot of this was around processes and procedures; the NEDs were assured about this but would not be complacent. The Chair stressed the need to remain vigilant on these issues.

Amanda Keighley referred to pressure ulcers and suggested that she should give a presentation to governors on the key root causes to provide assurance that patients were appropriately assessed. Richard Jones would follow this up. **R Jones**

5. Matters arising action sheet

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 May 2019
SUBJECT:	Matters Arising Action Sheet from Council of Governors Meeting of 12 February 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	**Action By**	Completion date
174	12 February 2019	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.	G Norgate	

Completed action points

Ref.	Date of Meeting	Item	Action	Action taken	**Action By**	Completion date
175	12 February 2019	19/08	If a different way of reporting was adopted provide training on interpretation of data for governors	Following some testing a schedule to implement the 'plot the dots' initiative will be reported to the Board. This will include greater use of statistical process control (SPC) charts. Agenda item for briefing on the new reporting format.	R Jones	13 May 19
176	12 February 2019	19/08	Provide definition of safe staffing versus optimum staffing at a future meeting	Rowan Procter has provided the following explanation. Optimal staffing is essential to providing the best care possible and getting the maximum value from RNs. Safe staffing means having enough nursing staff with the right skills and knowledge, in the right place, at the right time. Without safe staffing levels in place, nursing staff are struggling to provide patients with the safe and effective care they would like to, and which patients deserve, however it may not be the best.	R Jones (R Procter)	13 May 19
177	12 February 2019	19/11	Send draft operational plan and annual quality report to governors who volunteered as readers	Draft Operational report sent on 5/3/19. Draft Quality report sent 20/4/19.	R Jones	20 Apr 19
178	12 February 2019	19/13	Update summary register of governors interests to include Sara Mildmay-White's role as St Edmundsbury Borough Councillor	Information received from Sara Mildmay-White and register updated.	G Holmes	14 Feb 19
179	12 February 2019	19/14	Email governors requesting volunteers to take part in Chair and NED appraisal process.	Email sent out 4 March 2019 and eight governors volunteered to take part in the process	G Holmes	4 Mar 19

Ref.	Date of Meeting	Item	Action	Action taken	**Action By**	Completion date
180	12 February 2019	19/20	Follow up with Amanda Keighley re her proposal to present further details of pressure ulcers to governors.	Presentation provided at Quality & Risk Committee on pressure ulcers from Trust's Tissue Viability Specialist Nurse	R Jones	29 Mar 19

6. Chair’s report

To receive an update from the Chair

For Reference

Presented by Sheila Childerhouse

REPORT TO:	Council of Governors
MEETING DATE:	13 May 2019
SUBJECT:	Chair's report to Council of Governors
AGENDA ITEM:	6
PREPARED BY:	Sheila Childerhouse, Chair
PRESENTED BY:	Sheila Childerhouse, Chair
FOR:	Information

I intend to use this as a regular report to the Council of Governors to provide a summary of the focus of the meetings and activities I have been involved in. I am continuing to maintain a balance between internally focused activities for the hospital and community services and the external partners that we work with.

National Ass of Voluntary Service Managers (12/2/19)
I was privilege to welcome a number of leads from across the East of England to this event. It was an opportunity to share some of the initiatives that we are rightly proud of at West Suffolk and also to learn from some of the best practice and creative schemes others have developed.

Suffolk and North East Essex Chairs group (various dates)
This group has matured a great deal over the last year and is currently leading the recruitment of the sustainability and transformation partnership (STP) / integrated care system (ICS) independent chair with the help of the recruitment company Odgers Berndston. There is a core of committed chairs that regularly attend and are contributing to the strategic development of the ICS. I currently continue to chair the group and am part of the 'Integrated Care Design Panel' which is working on the governance arrangements for the emerging system and its constituent parts.

Meeting with Christopher Browning (2/4/19)
I regularly meet with the chair of the CCG. We both welcome the opportunity to share ideas and discuss how we can best support the further development of robust system level working. It's been very helpful in supporting the development of the West Suffolk Alliance.

Newmarket (30/4/19)
I visited Newmarket and met with a number of the staff including the ward staff, community team and staff working in outpatients. It was a very positive visit and I was reminded how much potential the site has. There is a considerable unused space and if the change of ownership is achieved there will be a need for a clear vision for its future development.

Recommendation
Governors are asked to note the report for information.

Annex A: List of meetings attended

Date	Meetings and events (1/2/19 until 30/4/19)
01/02/2019	1:1 with Cassia Nice, patient experience lead
01/02/2019	1:1 with Stephen Dunn, CEO
01/02/2019	Meeting: Suffolk & NE Essex ICS Transformation Workshop with the King's Fund at Kesgrave
04/02/2019	Meeting: PRM with NHSI at WSFT
05/02/2019	Quality Walkabout
05/02/2019	Call with David White, Chair, ESNEFT: NEESPS & NED to NED Meeting
05/02/2019	Meeting: STP Chairs Group at WSFT
06/02/2019	Meeting: Trust Board & CCG Governing Body Members: NHSI Plot the Dots at WSFT
06/02/2019	1:1 Helen Beck, Chief Operating Officer
06/02/2019	1:1 Stephen Dunn, CEO
06/02/2019	1:1 Jan Bloomfield, Director of Workforce & Communications
12/02/2019	Quality Walkabout
12/02/2019	Meeting: Consultant Induction: Dr. Sarahn Smith, Radiologist
12/02/2019	Meeting: Chari of National Association of Voluntary Service Managers – WSFT
12/02/2019	Meeting: Consultant Induction: Dr. Emma Goddard, Urologist
12/02/2019	1:1 Nick Jenkins, Medical Director
12/02/2019	1:1 Craig Black, Director of Resources
12/02/2019	Meeting: Alastair Currie, Bevan Brittan & Alan Rose, NED re. HR issue
12/02/2019	Meeting: Council of Governors
13/02/2019	Meeting: Jan Bloomfield & Stephen Dunn – Briefing
13/02/2019	Meeting: Scrutiny Committee
13/02/2019	Conference Call: The Rural Health & Care Alliance and National Centre for Health & Care Con Call
13/02/2019	NED Dinner
19/02/2019	Quality Walkabout
19/02/2019	Meeting: Kate Vaughton, Director of Transformation
19/02/2019	Meeting: Consultant Induction: Mr. Robin Youngs, ENT
20/02/2019	1:1 Jan Bloomfield, Director of Workforce & Communications
20/02/2019	Conference Call: Susannah Howard, STP
26/02/2019	Quality Walkabout
26/02/2019	1:1 Stephen, Dunn, CEO
26/02/2019	1:1 Dr. Christopher Browning, Chair, West Suffolk CCG
26/02/2019	Talk: 5 O'clock Club – Liz O'Riordan
28/02/2019	1:1 Richard Jones, Trust Secretary
28/02/2019	Board Development Session
01/03/2019	Meeting: Trust Board
01/03/2019	Meeting: Charitable Funds Committee
05/03/2019	Quality Walkabout
05/03/2019	1:1 Liz Steele, Governor
05/03/2019	Meeting: Nick Jenkins, Medical Director, re. NEESPS
05/03/2019	1:1 Tara Rose, Head of Communications
12/03/2019	Quality Walkabout
12/03/2019	1:1 Tara Rose, Head of Communications
12/03/2019	SNEE STP Chairs Group Meeting (Colchester) for entire afternoon
13/03/2019	Scrutiny Committee WSH
13/03/2019	Suffolk Nurses and Doctors Programme Meeting (Ipswich)
13/03/2019	COG Workshop re operational Plan
15/03/2019	Suffolk & North East Essex STP Board
19/03/2019	NHS Providers Chairs and chief executives network London all day
20/03/2019	Suffolk Nurses and Doctors Programme meeting

Date	Meetings and events (1/2/19 until 30/4/19)
20/03/2019	Meeting with Lizzy Firmin
20/03/2019	1:1 with Steve Dunn
20/03/2019	Call with Ann Radmore
22/03/2019	Call with Angus Eaton
26/03/2019	Quality Walkabout
26/03/2019	1:1 with Steve Dunn
26/03/2019	Induction meeting Michelle Glass / Sheila Childerhouse
27/03/2019	STP Chairs Group Telecon: Recruitment Agency Selection
28/03/2019	NHS Retirmenent fellowship meeting with Jan Bloomfield
28/03/2019	Jan Bloomfield 'Afternoon Tea'
29/03/2019	Trust Board Meeting all morning
29/03/2019	Quality and Risk Committee
02/04/2019	Quality Walkabout
02/04/2019	1:1 with Steve Dunn
02/04/2019	Induction Meeting with Kate Read
02/04/2019	Meeting with Gary Sharp (Pharmacy)
02/04/2019	Meeting with Christopher Browning
03/04/2019	WSH PRM meeting
03/04/2019	1:1 with Tara Rose Head of Communications
04/04/2019	Integrated Care Design Panel with Susannah Howard
05/04/2019	Meeting with Jeremy Over
08/04/2019	ED Special Quality Walkabout
09/04/2019	Quality Walkabout
09/04/2019	Suffolk & North East Essex STP Chairs' Group
10/04/2019	Meeting with Alan Rose
10/04/2019	Scrutiny Committee Meeting
10/04/2019	Catch up with Louisa Pepper
11/04/2019	Monthly NED Catch Up Call
12/04/2019	Suffolk and North East Essex STP Board Meeting
23/04/2019	HRD post interviews
23/04/2019	Steve Dunn Appraisal
24/04/2019	EACH Volunteer Day
26/04/2019	Trust Board Meeting
26/04/2019	Audit Committee
26/04/2019	Remuneration Committee
30/04/2019	Quality Walkabout
30/04/2019	JC Exit Interview
30/04/2019	Sheila and Steve 1:1
30/04/2019	Catch up call Joe Joyce from Finegreen
30/04/2019	Newmarket visit with Helen Ballam

7. Chief executive’s report

To note a report on operational and strategic matters

For Reference

Presented by Stephen Dunn

Council of Governors – 13 May 2019

AGENDA ITEM:	7
PRESENTED BY:	Steve Dunn, Chief Executive Officer
PREPARED BY:	Steve Dunn, Chief Executive Officer
DATE PREPARED:	1 May 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.

You may have seen that we are one of 14 trusts chosen by NHS England to test **proposed new standards for urgent and emergency care** here at West Suffolk Hospital. Last summer the Prime Minister asked the NHS to undertake a clinical review of the current targets, including the four-hour emergency access standard. The aim is to update these targets in line with advances in clinical practice, and what patients say matters most to them. The proposed standards cover things like the time it takes for a patient to be initially assessed, critically ill and injured patients being treated within the first hour, and the average overall time spent in the emergency department.

Trusts have been chosen for size comparisons and to ensure a good geographic spread, and a range of performance levels against the current standard are represented. We're pleased to have the opportunity to help shape the future of the NHS, and we're now working with our staff, NHS England and NHS Improvement to design how the field tests might work here. We're aiming for the new measurements expected to be piloted from May, and to trial them for somewhere between six and eight weeks.

NHS staff provided timely, **high quality care to a record numbers of people in England** this winter, according to official figures published (11 April). The hard work of frontline staff combined with ongoing improvements to how the NHS provides care meant over 380,000 more patients were treated within four hours in accident and emergency (A&E) than over winter last year, overall A&E performance improved, and long waits for routine surgery fell for the eighth month in a row.
Over the period, performance against the four-hour standard was 85.4%, an improvement on last year, despite a 5.1% increase in the number of attendances. Twelve-hour waits for a bed on a ward also fell by 37.5%. Ambulance services also responded to the most urgent calls faster, with fewer delays handing over patients to hospital teams. At the same time, more people received the support they needed to avoid a long stay in hospital, bed occupancy rates were lower, and hospitals delivered over three million planned operations and treatments, without the need for national cancellation of routine care.

The Trust has experience sustained **high levels of emergency activity** over the last four weeks and admitted high numbers of very unwell patients, which put significant pressure on the hospital. During these periods additional actions were put in place and we opened all available escalation beds. We used additional bank and agency staff to support this but we also had to move colleagues across wards to ensure we have safe staffing cover. I appreciate the added pressure this caused and as always I am exceptionally grateful for the amazing patience and support that our staff showed. Despite us seeing and caring for more people, we are generally performing much better than last winter thanks to better preparation and planning, and to the incredible efforts of our staff. The 4 hour wait performance for the emergency department for March was 89.4% with more than 300 additional emergency department attendances this March compared to 2018.

The challenges we are facing make the **forty-one Filipino nurses** that have joined the Trust since July last year (with 10 more by the end of May) so important for the Trust and our patients. They have all been warmly welcomed, especially by the Filipino community, both at West Suffolk Hospital and in the Bury St Edmunds area. The nurses have been given food parcels, invited for dinner, taken out and made to feel very much part of the community, whose generosity has been overwhelming. I'm delighted that the nurses who have arrived so far are happy and settled and I want to thank everyone for their generosity and support, on behalf of everyone here at the Trust.

We recently celebrated the first anniversary of our wonderful **discharge waiting area (DWA) volunteers**, who have already given more than 400 hours of their time to the DWA and interacted with more than 1,000 patients. As part of our response to operational pressures having volunteers to assist us on the unit has a massive impact on patient experience. On busy days the volunteers have time to sit with anxious patients and be a source of support. They keep all the patients topped up with tea and biscuits and they have become valuable members of our team, providing us all with support and friendship. Volunteers really enjoy their role and love sitting and chatting to patients, commenting: "It's nice to give something back." They are highly valued and patients often comment on how friendly and helpful they are, and how they help to make their experience in the DWA a good one.

At the start of February we once again opened our doors to the **national Sky News health team**, giving them exclusive behind the scenes filming access to West Suffolk Hospital and our community sites. The film crew found out about how, during the busy winter months, our staff have supported and cared for patients in hospital, and crucially, helped to get them home. You can watch the Sky health feature on YouTube (https://youtu.be/kdppOQXaCs0), and you can read Sky News health correspondent Paul Kelso's analysis feature on us on the Sky News website.

Locally we've also shone a light on our **partnership working with the RAF Lakenheath's 48th Medical Group**, and some of you may have caught the local TV coverage on that. The scheme, which has been running here at West Suffolk Hospital since 2010, sees military medics support our NHS staff in operating rooms, the emergency department, and critical care units. This helps them sustain and improve their high-level clinical skills, and allows the Trust to benefit from the help of additional medical personnel. Over time, the relationship between the 48th Medical Group and the West Suffolk Hospital has grown and expanded from the original specialty of general surgery to now include ear, nose and throat, urology, emergency and critical care nursing, and medical technician theatre care and skills. Since January 2016, nearly 700 surgical procedures have been performed by USAF surgeons at West Suffolk Hospital. Long may this fruitful and supportive relationship continue.

Overall in terms of **March's quality and performance** there were 56 falls and 40 Trust acquired pressure ulcers with four cases of C. difficile. We failed to deliver on the cancer targets for three areas: 2 week wait breast symptoms with performance at 63.5%, 2 week wait for urgent GP Referrals with performance at 90.4% and Incomplete 104 days wait with 1 breach reported in March 2019. Referral to treatment for March was 84.8% with two patients waiting longer than 52 weeks for treatment. It is hugely disappointing that we have reported a **never event** in February due to a wrong site punch biopsy. The investigation is ongoing at the time of writing this report.

The **month twelve financial position** reports a deficit of £9.9m which is £0.3m better than plan (after PSF). We agreed a control total to make a deficit of £13.9m, and over performing this has ensured we will receive PSF of £3.7m. Furthermore, we have been notified that a further £3.7m Indicative PSF will be distributed to the Trust (which is not yet included in the financial position). Therefore, the Trust is likely to report a net deficit of £6.2m (subject to audit). We met our 2018-19 Cost Improvement Programme of £12.2m.

We submitted our **operational plan for 2019-20** to NHS Improvement in April. This set out key objectives for the year in terms of quality, operational and financial performance. I would like to take this opportunity to thank our public and staff Governors and recognise the support that we, as a senior leadership team, receive from our governors who bring their many skills and extensive experience to the table to help us better the organisation.

We continue to work with East Suffolk and North Essex Foundation Trust (ESNEFT) and North East Essex and Suffolk Pathology Services (NEESPS) to address regulatory and accreditation concerns. The MHRA undertook a wide-ranging inspection of the blood transfusion service in February 2019. While the visit recognised that improvements have been made it identified that further work is required. We are working with ESNEFT at a more strategic level to review the options for the networked provision of pathology services. An update will be provided at the meeting following discussion of the **draft pathology strategy**.

After several years as a local area manager for community services in Suffolk, I am delighted that Michelle Glass has been appointed to a 12-month secondment as associate **director of operations for community and integrated services**. Michelle describes herself as a “two-way street” between acute and community services. We continue to experience difficulties and have escalated concerns regarding community IT. We have raised these with the CCG who contract for this service with a third party and an escalation meeting was held with the CCG on 1 May. It has been agreed to jointly review the contract with the intention of moving responsibility from the external provider to a locally provided service.

A great example of our community services is the **community pulmonary rehabilitation service.** Every week, people living with lung conditions come together for a patient-led initiative to maintain their fitness and support each other to improve their physical and mental health. All have a long-term respiratory illness, and have been referred to the service. The team of specialist physiotherapists and instructors supports them through an initial six-week exercise and education programme that aims to help them better understand and manage their conditions. The courses bring such benefits that some patients involved want to carry on. So community physiotherapist Becky Chapman, who patients describe as “a wonder” co-ordinates and delivers a follow-on group once a week in Bury St Edmunds, in her own time, motivated by the courage and determination of her patients, many of whom have life-limiting illnesses. Yet another example of our staff going the extra mile for our patients.

In the **latest NHS staff survey** we were ranked as the best Trust in the Midlands and East and the fourth best Trust nationally by the Health Service Journal in terms of engagement, i.e. in terms of whether our staff liked working here, would recommend their friends and family and that they feel empowered. Our staff have rated the Trust the best general acute in the country for giving staff control and choice over how they do their work. The Trust scored the highest rating in the country (61.1%) against other acute hospital trusts in England on this question, coming in well above the national average of 54%. The report also highlights that staff feel more supported and better valued by their managers than in the previous year: ratings have improved for staff getting support from their immediate manager (up 2.5%); getting clear feedback on their work (up 2.1%); being asked for their opinion before changes are made (up 2.9%); and for feeling like their manager values their work (up 1.4%).

We are delighted to have maintained our excellent staff survey results. We work hard to make sure that WSFT is a happy, healthy environment for our staff to work. We know that staff that feel engaged, happy and supported at work provide the best care, so we look very carefully at our staff

survey as an indicator of the quality of care we give to our patients. That said we cannot be complacent, and there are areas where we need to improve. Our focus this year will be around reporting issues, whether actual or near-misses, creating a compassionate and inclusive culture, and ensuring leadership is visible and supportive across the organisation. Jan helped launch the *Freedom to Speak, Freedom to Improve* campaign. And we will further supercharge this in Jan's honour.

As you know, **Jan Bloomfield**, executive director of workforce and communications retired at the end of March. We couldn't let 'our Jan' go without a fanfare – she likes to trumpet - and so in her honour we gathered together throughout the month to celebrate what a West Suffolk treasure she is! But one of Jan's major contributions to our Trust has been helping to create the quality focused culture at West Suffolk - once again the recently published 2018 NHS staff survey highlights this. I am delighted that we have been successful in appointing Jeremy Over to the role of Executive Director of Workforce and Communications. Jeremy, who has worked in the NHS for 19 years, is an experienced HR and workforce director and a Fellow of the Chartered Institute of Personnel and Development. Having worked in NHS trusts in both London and East Anglia, most recently at the Norfolk and Norwich University Hospitals NHS Foundation Trust which he joined in 2014, Jeremy brings a wealth of expertise and local knowledge to the position. Jeremy will join the Trust in November 2019, and Jan has agreed to stay with the organisation for two days a week until Jeremy takes up the position.

We have been saying what feels like many a farewell to a number of **our experienced leaders** recently as they venture off to enjoy their well-earned retirement. But as we welcome the change in seasons and the budding beauty of spring gently lifts our spirits and gives us a sense of renewed energy, the legacies and teams our colleagues leave behind ensure we are equipped to carry on their great work. I truly believe that everyone here at the Trust plays an essential role in driving forward our purpose to deliver the best quality and safest care for our community. To achieve this it is so important that we invest in, develop, nurture and motivate new leaders at every level and across the organisation to contribute and share knowledge and ideas about how we can be the best, make changes and improve.

So we continue to develop our leaders of today, and our leaders of the future. The Five o'clock Club is the Trust's regular leadership forum, which all staff are invited to attend; we welcome many leaders from both inside and outside of the healthcare sector to inspire, share their career progression journey and key things they have learned in the process. Our West Suffolk 2030 leaders programme is open to staff aspiring to leadership roles in the future. It provides dedicated workshops over a 12-month period and brings together a diverse range of colleagues to explore leadership and quality improvement. We also work closely with our partners Health Education England and the NHS Leadership Academy to open up learning opportunities that continue to improve our healthcare system and make things better for our patients. Long may we continue to invest in our colleagues.

I am delighted that the **new staff accommodation** has now opened - it looks fantastic and we will be naming the blocks after Jan Bloomfield and other long serving West Suffolk heroes who have been big supporters of our staff, Nigel Beeton and Dr John Clark. Nigel has been instrumental in our achieving Imaging Services Accreditation Scheme (ISAS) accreditation, which still only a small number of trusts have achieved. John, who is a mean tennis player, has been central to the stewardship and expansion of the Cambridge Graduate Medical Programme, which doubles in size this year. What is more in naming the blocks after Jan, John and Nigel we will have our own BBC in Bloomfield, Beeton and Clark blocks! Can I also say a big thanks to the Estates and Facilities team and Jacqui Grimwood and Tony Floyd who have done an amazing job in ensuring that a great job has been done which will massively help with recruitment and retention and teaching and training.

I am also delighted that the **Student Nursing Times Awards 2019** has shortlisted us in the Student Placement of the Year: Hospital category. Students about to progress into their third year are given the opportunity to be linked with a senior member of staff, for example a senior matron, for support and advice as they start to plan their future career pathway. The education team has also created a peer mentor scheme, where students get to meet each other confidentially to discuss their experiences and take ownership of their acute setting learning experience, feeding back with any

concerns or particular comments about their placements to the education team. This is fantastic recognition for our clinical education team and is very well deserved!

We know that in all we do it's important we listen to feedback from our patients and our stakeholders. Healthwatch Suffolk and the West Suffolk Maternity Voices Partnership raised the issue of **tongue-tie (restricted frenulum) service provision** with NHS bodies after people shared their stories about the challenges they had faced in getting a diagnosis, and how this had impacted upon their lives and the enjoyment of becoming new parents. I'm delighted to say that, in collaboration with NHS West Suffolk Clinical Commissioning Group, we've now established a weekly consultant led Restricted Frenulum Clinic. This means that babies born at the West Suffolk Hospital, or those receiving postnatal care from midwives, can be referred for the release of both anterior and posterior tongue restrictions, no longer meaning they have to travel to other hospitals for the service. I'd particularly like to thank Healthwatch Suffolk and the West Suffolk Maternity Voices Partnership for bringing the necessity for this service to our attention, and working with us to build this new service to accommodate our patients' needs. We always strive for ways to improve the care we provide. This goes to show how, by working positively together across organisations, we can make a real difference. All of the above come together to show that we are a Trust that will not settle for 'ok' and will always strive to do more. Indeed, the prestigious Health Service Journal (HSJ) publically named us last month as 'the best small hospital in the country' - we have further to go, but everyone should be exceptionally proud of what we continue to achieve.

I want to acknowledge some **brilliant news about our Macmillan Unit** this month, which has once again scored highly in its MQEM (Macmillan Quality Environment Mark) accreditation reassessment – achieving a level 4 (classed as 'very good') rating. Macmillan's quality standards of excellence consider the cancer care physical environment and reflect the views and expressed wishes of people with cancer. New improvements since the last inspection were acknowledged, and were deemed to 'have had a profound effect on the environment'. It takes a lot of hard work to retain the accreditation and colleagues do their utmost to ensure service quality and design of physical space meets needs and expectations. It's fantastic that patients clearly agree. And patient experience of our cancer services is good. In the latest National Cancer Experience Survey, 92% of patients said that they were always treated with dignity and respect while they were in hospital, and the average rating given by patients when asked to rate their care on a scale of zero (very poor) to 10 (very good) was 8.8. All of this is underpinned by our good cancer outcomes – were sustaining a very good record of one year survival for all cancers; the latest reported figure is 74.1% against an England average of 72.8 %. We know how much the quality of cancer care and the speed of treatment matters greatly to our local community, so it's important we keep this focus up.

As another example of how our staff go the extra mile I am humbled to say that once again the **National Hip Fracture Database** (NHFD) has rated our Trust as the top hospital in England, Wales and Northern Ireland for meeting best practice criteria for patients treated for a hip fracture. The Trust achieved 93.6% against the best practice criteria in 2018, against an average of 58.7%. A multidisciplinary staff team, including doctors, specialist nurses, trauma practitioners, and orthopaedic, elderly medicine, and rehabilitation teams, ensures the patient is identified as soon as they attend the emergency department. This progressive, integrated team works closely together to identify the care and ongoing rehabilitation needs of each patient, ensuring they receive the best standard of care as soon as possible. While I am talking about surgery I also want to call out and say thank you to the surgical and anaesthetic teams who with our magnificent IT team have gone live with a new eCare theatres module. It has been another example of a Digital Exemplar walking the talk. Thank you especially to Stephen Colman and Dr Maryam Jadidi who have provided such leadership.

As we do every year, we have **reviewed our car parking charges**. From 1 April, we introduced a small increase to some of our rates, largely in line with inflation, and for day-parking this increase ranges from an additional 10p to 30p a day depending on the length of stay. No changes have been made to concessionary rates for carers, neo-natal patients, phototherapy patients, or cardiac patients, and an additional concession has been introduced, so that families collecting death certificates will not having to pay for their parking. Last year we froze a charge increase for staff, but as shared with staff at that time that we expected charges to rise annually, again largely in line with

inflation, from this year and these changes will also came in on 1 April; this will only affect those staff who choose to park on site rather than use the free parking and shuttle bus we provide. All income from car parking helps us to make improvements, both to the car parks themselves in terms of improving road surfaces and lighting, and in reinvestments in our services – the money we make from car parking in a year is roughly equivalent to a ward's worth of nurses. We know that many people, rightly, feel very strongly about hospital car parking, and we do not take these decisions lightly.

We're getting ever closer to **removing physical bleeps** from our West Suffolk Hospital site as we continue to roll out Medic Bleep across the Trust. You may have seen the recent national announcement from the Secretary of State for Health and Social Care, Matt Hancock, where he shared that he wants all physical bleeps to be removed from the NHS by 2021; WSFT was held up a national example in the announcement for being ahead of the game for our work with Medic Bleep, and shared as a 'best practice' example to follow. As a global digital exemplar trust, we've always been keen to explore new digital opportunities that could improve experience for staff and patients. Medic Bleep can be used across mobile phones, desktops, tablets and WSFT ward equipment, so staff can contact one another on the move rather than waiting for a bleep return call. In the pilot, it saved nurses an average of 21 minutes per shift, and junior doctors a staggering 48 minutes per shift. All that time we save can be spent caring for patients, so we benefit, but more importantly, our patients benefit too.

The **national NHS app** is due to arrive in Suffolk on 6 May. The NHS App provides a simple and secure way for people to access a range of NHS services on their smartphone or tablet. The app allows people to check their symptoms and get advice, and, providing their GP practice is connected, they can book and manage GP appointments, order repeat prescriptions, register as an organ donor, and view their medical record. GP practices are being connected to the app gradually and will all be connected by 1 July. This is another step forward on the digital agenda for the NHS, and it will be great to see a 'one stop shop' of easy access for patients to get online help and advice when they're unwell.

Building on the collaborative approach to developing the Long Term Plan, the **NHS Assembly** has been created to advise the Boards of NHS England and NHS Improvement on delivery of the improvements in health and care it outlined. I'm delighted to be one of the 50 members. The group will meet for the first time in Spring, and then quarterly afterwards, the idea being that we bring our collective experience, knowledge and links to wider networks to inform discussion and debate on the NHS's work and priorities. The Assembly members are drawn from national and frontline clinical leaders, patients and carers, staff representatives, health and care system leaders and the voluntary, community and social enterprise sector. The membership includes practising or training doctors, nurses and other health professionals, ensuring that the needs and priorities of the NHS's 1.3m-strong workforce are well represented.

I was proud and humbled to be placed third in the **top CEO rankings** by the Health Service Journal. As always, this recognition is accepted on behalf of the entire Trust staff. We continue to see and care for more and more people and our staff work so hard to ensure we deliver high-quality, compassionate care for our patients.

With ongoing negotiates regarding **EU Exit** we continue to plan and prepare. Alex Baldwin and Barry Moss are doing a great job on this. As I mentioned in my Lent Lecture "Local Health Services in a Global World" at St Edmundsbury Cathedral we recognise the importance of our EU staff in the delivery of services both in the hospital and community and are very pleased to offer two important information briefing sessions for all of our EU employees. The purpose of these sessions is to provide vital information and support to all of our EU employees to apply for Settled Status, which will protect the right to live here, work here and access public services such as healthcare and benefits.

Chief Executive blog
So long, farewell: http://www.wsh.nhs.uk/News-room/news-posts/So-long-farewell.aspx

Deliver for today

Diabetes prevention week
Type 2 diabetes is prevalent and numbers are growing. More than 4.7 million people in the UK have diabetes and 90% of these are type 2; there are around 200,000 new diagnoses every year. As part of a programme of events during the week specialist support and advice was available for OneLife Suffolk and our diabetes and dietetics teams.

Nutrition and Hydration Week
This has been running since 2012 to highlight and educate staff and patients about the value of food and drink in maintaining health and wellbeing in health and social care. Organisations from all areas of health and social care around the world take part. This year the Trust's dietitians, along with the nursing and catering teams, got involved with stands in Time Out on the following themes:

- MUST Monday – promoting the Malnutrition Universal Screening Tool (MUST) and nutritional care plans
- Thirsty Thursday – promoting the importance of hydration and recording fluid balance
- Fruity Friday – promoting the importance of fruit as part of a healthy balanced diet.

Our community dietetic team has been encouraging local nursing homes to participate in the week, reminding health and social care colleagues to use the Nutrition and Hydration Week packs that were produced for them last year, as well as highlighting the importance of MUST screening and encouraging sign up to our Trust's free MUST training day.

G3 – our new permanent general medical ward
After a period of use as a winter escalation area, G3 has now opened as the Trust's new permanent medical ward with a focus on endocrinology, the branch of medicine concerned with endocrine glands and hormones. There is a diverse range of interdisciplinary working on the ward, with close communication and integrated working with the Trust's medical, occupational and physiotherapy teams, as well as discharge planning.

World Hearing Day
Members of the audiology team organised an information event in the main reception area at West Suffolk Hospital. The team spoke to members of the public and staff about the importance of hearing health and regular hearing checks, as well as handing out information about local services that support people with hearing problems. World Hearing Day is an annual event that aims to raise awareness of hearing health and this year there was a particular emphasis on the importance of regularly checking your hearing. Early detection of hearing loss is crucial for its effective rehabilitation.

East of England Diabetes Specialist Practice Forum
On 25 and 26 January the Trust diabetes team organised and hosted the sixth East of England Diabetes Specialist Practice Forum, attended by 46 multidisciplinary delegates from across the East of England. Held at Bedford Lodge Hotel, Newmarket, the event gave the team a chance to show their skills on a regional platform and offer a wide variety of presentations about the multi-faceted diabetes care the team offers.

Invest in quality, staff and clinical leadership

Lunch is served!
Patients on the Rosemary ward at Newmarket Community Hospital now have the opportunity to have their lunch in a dining room that opened in March in the inpatient area.

Dedicated volunteer meets The Queen at Windsor Castle
Our very own dedicated volunteer, Ron Knight, 88, was invited to Windsor Castle where he met Her

Majesty The Queen, The Princess Royal and the Duke and Duchess of Gloucester. The Queen paid tribute to the nation's volunteers, hosting more than 200 guests from voluntary organisations at the reception to celebrate the 100th anniversary of the National Council for Voluntary Organisations (NCVO).

Local students donate beautiful artwork
The Trust has been gifted a colourful new mural from some creative students at King Edward VI School, Bury St Edmunds. The group decided to create the mural for our staff and students to enjoy at the Drummond Education Centre as part of a sixth form art project.

Support and guidance for community nurses
Nurses working across the Trust's adult community services now have the support of two senior colleagues, representing a significant investment in patient care, staff development and professional leadership. Amanda Keighley was recently appointed to the post of senior matron for community and integrated services, working with Sharon Basson, head of nursing for the division, as part of the Trust's nursing directorate. With a focus on improving and maintaining nursing quality and ensuring governance at a strategic level, Sharon and Amanda also aim to bridge the gap between our acute and community services. With the Trust committed to integration and joined-up working, they are also central to the West Suffolk Alliance, which brings together services throughout the system for the benefit of patients, families and colleagues.

Giving local people a VOICE
The Trust is continuing to recruit members to its patient, public and family carer representative group, VOICE. The group supports the development of health services by engaging with the community and obtaining feedback about people's experiences of care in order to help the Trust improve care quality and patient experience. We've had interest from 16 new people in the last few weeks alone thanks to a media and social media push from our communications team, which is fantastic news. We are so lucky to have a really engaged community in Suffolk who care about their local NHS.

Build a joined-up future

Children's therapy service marks 10 successful years
Therapy Focus Suffolk (TFC), which offers specialised, targeted therapy to children with cerebral palsy (CP), is marking its 10th anniversary this year with a training day, poster presentation and focus events. The team is part of the integrated community paediatric service and operates across the whole county, offering children specialist advice and treatment in addition to that offered by their local therapy team.

On 13 March we supported national No Smoking Day to help people think about quitting smoking. Our Trust is here for patients when they get ill, but we also want to play a part in preventing illness and helping our community to live long and healthy lives. We provided support stands, social media information and help guidance for staff and patients alike, and I hope it may have inspired some people to kick the habit! It's tough, as cigarettes are so addictive, but smokers are four times more likely to quit if they get medication and support than if they go it alone – which makes sense, lots of things in life are easier when we help each other and have advice and moral support.

Trust Recycling
We are keen to adopt further sustainable processes within the organisation, and waste management is just one of the areas with a sustainability focus. The objective of the Trust's waste policy is to reduce the impact of waste on the environment in relation to waste disposal, and between April and December 2018 we recycled 22% of our total waste. Our aim for the future is to achieve at least 30%.

Works at West Suffolk Hospital
The estates and facilities development team is currently undertaking the following works at West Suffolk Hospital.

- **Labour suite** - works to refurbish the existing labour suite are ongoing with phase one nearing completion. Phase two will follow immediately afterwards. The work will mean that the birthing rooms will have en-suites and the facilities in the area will be modernised to current standards. Phase one will be open for us late March

- **Acute assessment unit** - phase one has been completed and is in use, with phase two currently in progress. This will provide a brand new ward environment for acute assessment patients and will be open for use in August

- **Residences** - three brand new accommodation blocks located on the edge of car park C. This will provide purpose-built, up-to-date accommodation providing 160 rooms. The facility opened in March.

8. Governor issues

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

For Reference

Presented by Liz Steele

REPORT TO:	Council of Governors
MEETING DATE:	13 May 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:	Information

Response to feedback from Liz Steele, following informal Governors meeting on 29 May 2019.

1. **Are we assured that our systems are robust enough in particular concerning communications, such as when communicating with patients concerning cancelled clinics and cancelled operations? Does e-care record this in the patient records and is this audited focussing on the type of clinic, the reason for cancellation?**

   In order to prepare a suitable response a separate briefing document will be circulated to Governors.

2. **Does the Action Plan within the Board papers demonstrate a credible strategy to deliver high quality are? An example of this is Action Point 1667 the first action on the April Board Action Plan, is marked as green target date 29th March 2019, and yet it is not complete. Other examples of concern were things that have been raised before and no longer appear in the Action Plan yet are still matters of concern such as sepsis, complaints, discharge summaries etc.**

   The status of action 1667 as green was recognised as an oversight at the meeting but the action was discussed in some detail at the meeting and it was recognised that while a briefing had been circulated it was disappointing that this was still not a joint-briefing to ESNEFT and WSFT governors. Agreement to this joint approach has previously been given by ESNEFT.

   Individual actions are closed when the Board considers that it is reasonable to do so. When the Board maintains visibility of performance for an indicator through the integrated quality and performance report (IQPR) this may be used to track future performance and progress. However, this is not always the case as at the meeting on 26 April it was agreed to keep open the action regarding children in care services (1682) when the recover trajectory and plan was received until there was evidence of improved performance.

   The Board will maintain careful consideration of how and when actions are closed.

3. **Is the nursing establishment sufficient to sustain high quality care? Are we on trajectory for a surplus in September as indicated in the operational workshop?**

   The sustained high levels of demand we have experienced in March and April have required us to fully utilise our winter escalation and surge capacity. Staffing this additional bed capacity is challenging and while at times we have been unable to provide the quality of care that we would wish, our operational and nursing teams have worked together so that we do not compromise patient safety.

   Learning from staffing for winter 2018/19 and planning for 2019/20 is already underway. In order

to provide greater assurance on progress with winter preparation and workforce planning it is proposed that a briefing is schedule for the next Council of Governors meeting on 6 August.

4. Is there a rationale for some items/data not to be recorded in the [IQPR] report? There are often gaps and significant numbers of ND in the charts. Are they recorded in another way?

There can be a number of reasons for reporting no data (ND) with the IQPR, including data not being available at the time of reporting or a change in process resulting in the data not being available.

Recognising the challenging of managing the very large and complex information contained within the IQPR the board is developing the use of statistical process control (SPC) charts. This will allow quality and performance indicators to be more systematically reviewed and to target action to the areas that require attention. SPC allows areas affected by change to be more easily identified and investigated, whether this change is positive or negative. The use of SPC intelligence will be developed to be used more widely across the Trust.

A briefing on the use of SPC charts is included on the agenda of the meeting on 13 May 2019 and this will also provide an opportunity to discuss IQPR reporting.

Recommendation:

To note the response to the issues raised and approve the identified actions:

(a) Scheduling a briefing for the Council of Governors meeting in August in winter and workforce planning for 2019/20
(b) Prepare and circulate a briefing document recommunicating with patients concerning cancelled clinics and cancelled operations and recorded and audited

9. Summary finance & workforce report

To note the summary report

For Reference

Presented by Alan Rose

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

EXECUTIVE SUMMARY:

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

- The planned deficit for the year was £10.2m but the actual deficit was £9.9m (incl. £3.3m of PSF)
- We have therefore out performed our control total by £0.3m, (unaudited). In addition there was a favourable variance of £0.3m relating to donated assets.
- As a result of achieving our control total we have been notified that additional Indicative PSF of £3.7m will be distributed. (This is not included in the above figures).
- The net position is therefore likely to be £6.2m deficit (unaudited)
- The Use of Resources Rating (UoR) is 3 YTD (1 being highest, 4 being lowest)

Income and Expenditure Summary as at March 2019

The Trust agreed a control total to make a deficit of £13.9m in 2018-19 which enabled Provider Sustainability Funding (PSF) of £3.7m should A&E and Financial targets be met. As a result of over performing our control total we have been notified that additional Indicative PSF of £3.7m will also be distributed. (This is not included in the figures within this report).

The Trust planned to make a net deficit (after PSF) of £10.2m for 2018-19. Our position at year end over-performed this plan by £0.3m, being £9.9m deficit (before the Indicative PSF).

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 March 2019.

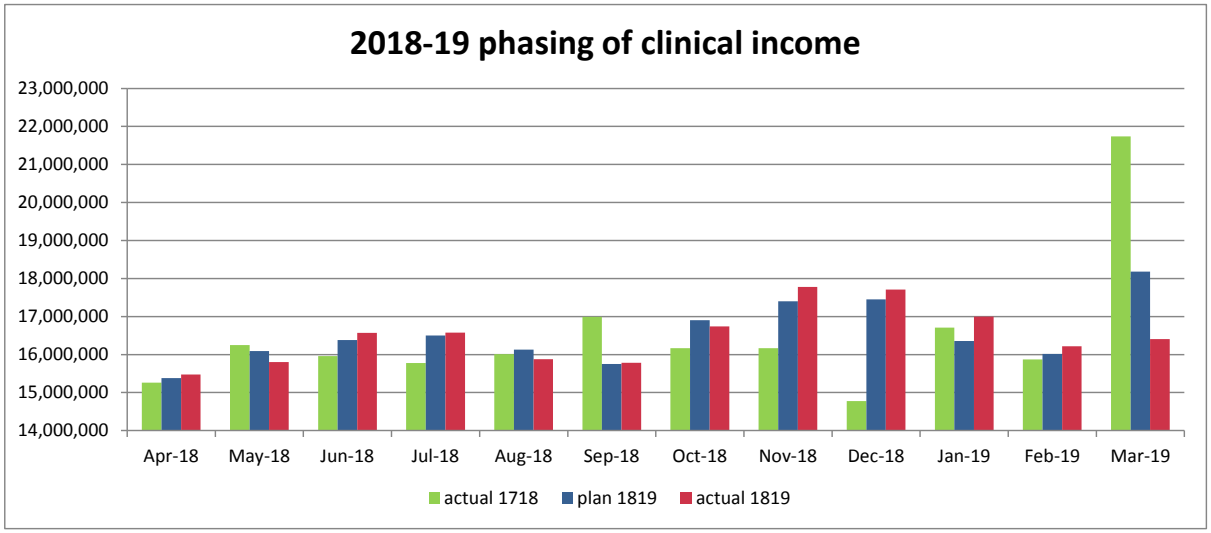
Metric	Value	Score
Capital Service Capacity rating	-0.271	4
Liquidity rating	-26.800	4
I&E Margin rating	-4.00%	4
I&E Margin Variance rating	0.40%	1
Agency	-11.04%	1
Use of Resources Rating after Overrides		**3**

Performance against I & E plan

SUMMARY INCOME AND EXPENDITURE ACCOUNT - March 2019	Mar-19 Budget £m	Mar-19 Actual £m	Mar-19 Variance F/(A) £m	Year to date Budget £m	Year to date Actual £m	Year to date Variance F/(A) £m
NHS Contract Income	17.8	16.4	(1.3)	194.9	194.8	(0.1)
Other Income	3.2	6.2	3.0	39.4	43.6	4.2
Total Income	**20.9**	**22.6**	**1.6**	**234.3**	**238.4**	**4.2**
Pay Costs	14.5	14.3	0.2	160.6	162.7	(2.1)
Non-pay Costs	7.6	9.0	(1.4)	77.9	80.0	(2.1)
Operating Expenditure	**22.1**	**23.3**	**(1.2)**	**238.5**	**242.7**	**(4.2)**
Contingency and Reserves	0.0	0.0	0.0	0.0	0.0	0.0
EBITDA excl STF	**(1.2)**	**(0.8)**	**0.5**	**(4.3)**	**(4.3)**	**(0.1)**
Depreciation	0.6	0.2	0.4	7.0	6.2	0.8
Finance costs	0.2	0.3	(0.1)	2.6	2.7	(0.1)
SURPLUS/(DEFICIT) pre PSF	**(2.0)**	**(1.4)**	**0.6**	**(13.8)**	**(13.2)**	**0.6**
Provider Sustainability Funding (PSF)						
PSF - Financial Performance	0.3	0.3	0.0	2.6	2.6	0.0
PSF - A&E Performance	0.1	(0.0)	(0.1)	1.1	0.7	(0.4)
SURPLUS/(DEFICIT) incl PSF	**(1.5)**	**(1.1)**	**0.5**	**(10.2)**	**(9.9)**	**0.3**

Performance against Income plan

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



	Current Month			Year to Date		
Income (£000s)	Plan	Actual	Variance	Plan	Actual	Variance
Accident and Emergency	757	822	65	8,465	9,092	627
Other Services	3,220	1,997	(1,224)	26,962	24,142	(2,820)
CQUIN	329	325	(4)	3,791	3,865	75
Elective	2,809	2,655	(154)	33,577	32,915	(662)
Non Elective	5,944	5,662	(283)	66,166	67,140	974
EmergencyThreshold Adjustment	(391)	(386)	5	(4,355)	(4,717)	(362)
Outpatients	2,897	3,164	267	34,050	36,207	2,157
Community	2,188	2,188	0	26,227	26,177	(50)
Total	**17,753**	**16,426**	**(1,327)**	**194,884**	**194,821**	**(63)**

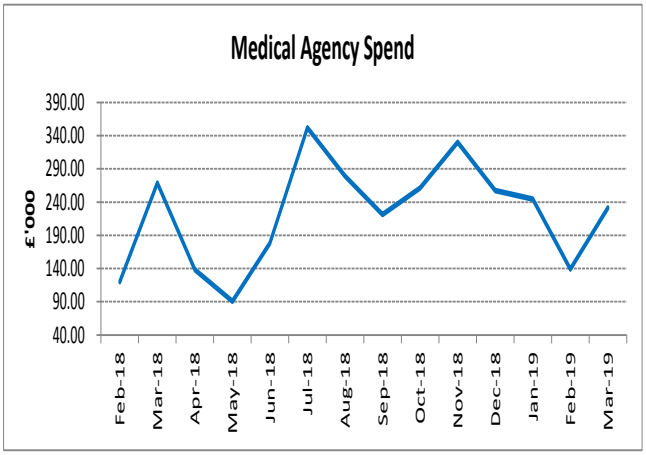
Performance against Expenditure plan - Workforce

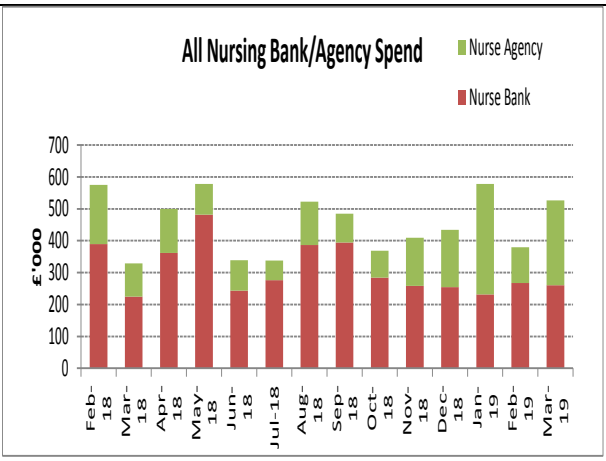
Monthly Expenditure (£) Acute services only				
As at March 2019	Mar-19	Feb-19	Mar-18	YTD 2018-19
	£'000	£'000	£'000	£'000
Budgeted costs in month	**11,885**	**11,905**	**10,856**	**140,973**
Substantive Staff	11,247	10,670	9,677	125,750
Medical Agency Staff (includes 'contracted in' staff)	220	131	258	2,588
Medical Locum Staff	213	246	176	2,951
Additional Medical sessions	240	272	211	3,142
Nursing Agency Staff	243	95	89	1,627
Nursing Bank Staff	238	244	212	3,470
Other Agency Staff	31	18	52	426
Other Bank Staff	131	122	110	1,616
Overtime	167	180	117	1,682
On Call	104	73	49	782
Total temporary expenditure	1,587	1,380	1,276	18,284
Total expenditure on pay	**12,834**	**12,050**	**10,953**	**144,034**
Variance (F/(A))	(949)	(145)	(97)	(3,061)
Temp Staff costs % of Total Pay	12.4%	11.5%	11.6%	12.7%
Memo : Total agency spend in month	494	244	399	4,641

Monthly Whole Time Equivalents (WTE) Acute Services only			
As at March 2019	Mar-19	Feb-19	Mar-18
	WTE	WTE	WTE
Budgeted WTE in month	**3,237.9**	**3,238.3**	**3,086.1**
Employed substantive WTE in month	2971.5	2959.31	2757.47
Medical Agency Staff (includes 'contracted in' staff)	26.38	14.56	21.73
Medical Locum	14.49	5.28	16.13
Additional Sessions	20.73	16.04	16.6
Nursing Agency	34.91	24.09	23.52
Nursing Bank	72.2	73.99	72.42
Other Agency	7.68	5.35	11.77
Other Bank	57.21	53.59	50.88
Overtime	52.18	51.79	38.28
On call Worked	6.01	6.86	5.86
Total equivalent temporary WTE	**291.8**	**251.6**	**257.2**
Total equivalent employed WTE	**3,263.3**	**3,210.9**	**3,014.7**
Variance (F/(A))	(25.4)	27.4	71.4
Temp Staff WTE % of Total Pay	8.9%	7.8%	8.5%
Memo : Total agency WTE in month	69.0	44.0	57.0
Sickness Rates (Feb / Jan)	4.16%	4.24%	3.75%
Mat Leave	2.94%	2.79%	2.21%

Monthly Expenditure (£) Community Service Only				
As at March 2019	Mar-19	Feb-19	Mar-18	YTD 2018-19
	£'000	£'000	£'000	£'000
Budgeted costs in month	**1,561**	**1,561**	**1,532**	**18,717**
Substantive Staff	1,449	1,506	1,428	17,843
Medical Agency Staff (includes 'contracted in' staff)	12	8	11	136
Medical Locum Staff	3	3	3	36
Additional Medical sessions	1	1	0	6
Nursing Agency Staff	23	17	15	131
Nursing Bank Staff	23	24	12	229
Other Agency Staff	(24)	4	27	27
Other Bank Staff	8	7	(12)	104
Overtime	7	4	6	86
On Call	3	2	3	37
Total temporary expenditure	54	71	66	792
Total expenditure on pay	**1,503**	**1,577**	**1,494**	**18,635**
Variance (F/(A))	58	(16)	38	82
Temp Staff costs % of Total Pay	3.6%	4.5%	4.4%	4.3%
Memo : Total agency spend in month	10	29	53	293

Monthly Whole Time Equivalents (WTE) Community Services Only			
As at March 2019	Mar-19	Feb-19	Mar-18
	WTE	WTE	WTE
Budgeted WTE in month	**486.25**	**486.25**	**496.6**
Employed substantive WTE in month	476.31	472.61	441.63
Medical Agency Staff (includes 'contracted in' staff)	0.74	0.51	0.69
Medical Locum	0.35	0.35	0.35
Additional Sessions	0.00	0.00	0.00
Nursing Agency	3.16	2.36	2.74
Nursing Bank	6.55	6.95	3.96
Other Agency	0.80	1.92	6.69
Other Bank	2.29	2.15	1.25
Overtime	2.13	1.37	1.85
On call Worked	0.00	0.00	0.00
Total equivalent temporary WTE	**16.0**	**15.6**	**17.5**
Total equivalent employed WTE	**492.3**	**488.2**	**459.2**
Variance (F/(A))	(6.08)	(1.97)	37.44
Temp Staff WTE % of Total Pay	3.3%	3.2%	3.8%
Memo : Total agency WTE in month	4.7	4.8	10.1
Sickness Rates (Feb/Jan)	4.62%	4.36%	3.56%
Mat Leave	3.08%	3.35%	2.4%





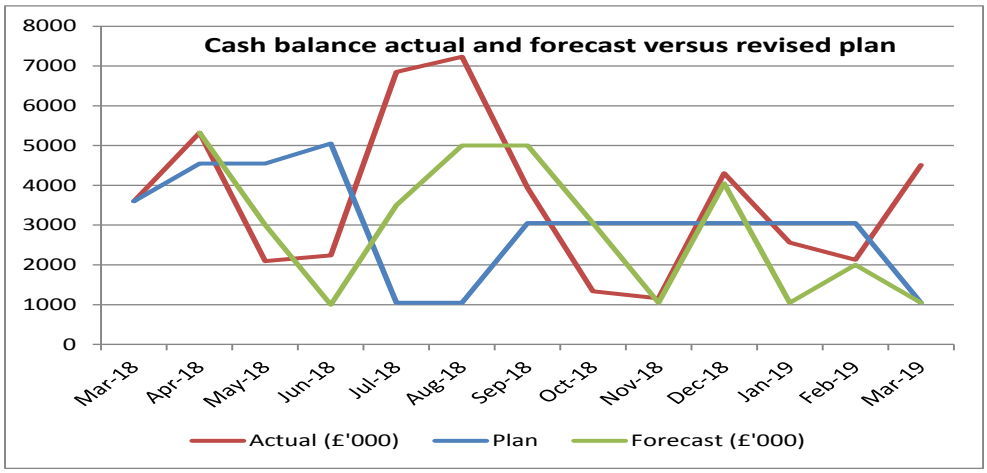
Balance Sheet

STATEMENT OF FINANCIAL POSITION

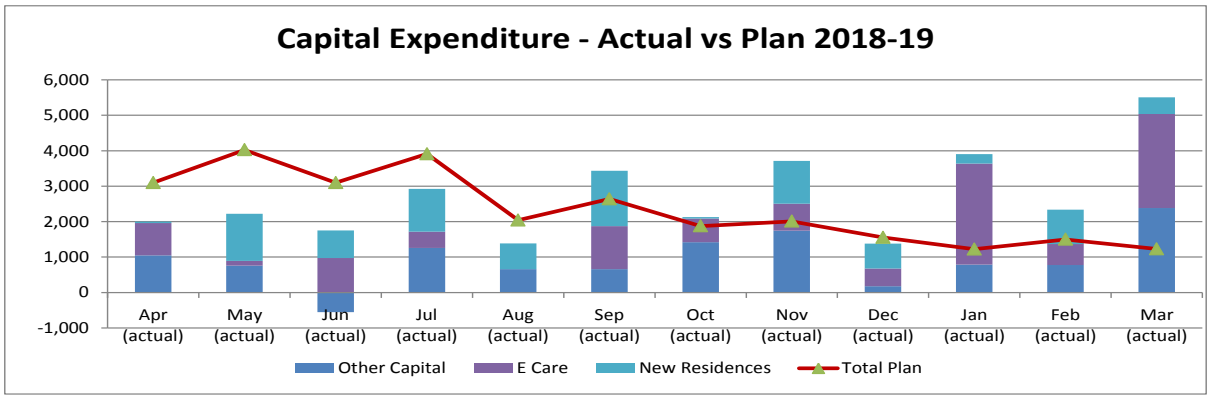
	As at 1 April 2018 * £000	Plan 31 March 2019 £000	Plan YTD 31 March 2019 £000	Actual at 31 March 2019 £000	Variance YTD 31 March 2019 £000
Intangible assets	23,852	27,909	27,909	29,635	1,726
Property, plant and equipment	94,170	111,399	111,399	110,306	(1,093)
Trade and other receivables	3,925	3,925	3,925	3,925	0
Other financial assets	0	0	0	0	0
Total non-current assets	**121,947**	**143,233**	**143,233**	**143,865**	**632**
Inventories	2,712	2,700	2,700	2,698	(2)
Trade and other receivables	21,413	19,500	19,500	18,936	(564)
Non-current assets for sale	0	0	0	0	0
Cash and cash equivalents	3,601	1,050	1,050	4,507	3,457
Total current assets	**27,726**	**23,250**	**23,250**	**26,140**	**2,890**
Trade and other payables	(26,135)	(27,499)	(27,498)	(28,363)	(865)
Borrowing repayable within 1 year	(3,114)	(3,357)	(3,357)	(1,610)	1,747
Current Provisions	(94)	(26)	(26)	(32)	(6)
Other liabilities	(963)	(1,000)	(1,000)	(1,207)	(207)
Total current liabilities	**(30,306)**	**(31,882)**	**(31,881)**	**(31,212)**	**669**
Total assets less current liabilities	**119,367**	**134,601**	**134,602**	**138,794**	**4,192**
Borrowings	(65,391)	(90,471)	(90,471)	(91,385)	(914)
Provisions	(124)	(158)	(158)	(126)	32
Total non-current liabilities	**(65,515)**	**(90,629)**	**(90,629)**	**(91,511)**	**(882)**
Total assets employed	**53,852**	**43,972**	**43,973**	**47,282**	**3,309**
Financed by					
Public dividend capital	65,803	66,103	66,103	69,112	3,009
Revaluation reserve	8,021	8,021	8,021	8,021	0
Income and expenditure reserve	(19,974)	(30,152)	(30,152)	(29,851)	301
Total taxpayers' and others' equity	**53,850**	**43,972**	**43,972**	**47,282**	**3,310**

The cash at bank as at the end of March 2019 is £4.5m.

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 Actual £'000	Nov Actual £'000	Dec Actual £'000	Jan Actual £'000	Feb Actual £'000	Mar Forecast £'000	Total 2018-19 £'000
E Care	916	131	975	457	-11	1,217	670	766	501	2,849	596	2,730	11,798
New Residences	37	1,329	773	1,210	724	1,557	38	1,203	701	271	967	469	9,279
Other Schemes	1,047	760	-555	1,259	659	658	1,419	1,743	178	788	773	2,414	11,143
Total / Forecast	1,999	2,220	1,193	2,926	1,372	3,432	2,128	3,712	1,381	3,907	2,336	5,613	32,220
Total Plan	3,098	4,022	3,098	3,911	2,041	2,638	1,876	2,007	1,551	1,221	1,497	1,226	28,186

The capital programme for the year is shown in the graph above. The ED transformation scheme has now been approved subject to Full Business Case approval for £14.9m less £1.5m anticipated asset sale. The scheme will commence substantively in 2019/20.

The Trust capital expenditure exceeds the plan submitted to NHSI by £4m. This is because of implicit finance leases in IT not included in the plan.

Expenditure on e-Care and associated IT schemes for the year to date is £11.8m.

Recommendation:
To note the summary report.

10. Quality presentation – SPC Charts ‘Plot the Dots’

To receive a presentation on understanding the new data in the quality & performance report

For Reference

Presented by Joanna Rayner

REPORT TO:	Council of Governors
MEETING DATE:	13 May 2019
SUBJECT:	Help guide on understanding SPC ('plot the dots') charts
AGENDA ITEM:	10
PRESENTED BY:	Jo Rayner, Head of Performance and Efficiency
FOR:	Information

The Trust is changing the way it presents some of its performance data publically to bring it in line with best NHS practice

Jo Rayner will be giving a presentation to the Council of Governors on this data and a short guide has been produced to aid understanding and interpretation of the statistical process control charts (SPC).

Understanding how performance data is presented in our Board papers

The charts in our Board report can tell you a lot about how our Trust is performing over time, but if you're not used to seeing data in this way it can take a little time to get used to. This short guide will help you to understand the charts and interpret the data we're showing you.

What is it?

The main type of chart is known as a statistical process control (SPC) chart. This plots data like a run chart, and allows you to see:

- if something is improving, deteriorating or staying the same over time
- if changes are expected, or very unusual
- whether it's likely the Trust will be able to meet the standard that's been set.

The SPC chart is an analytical technique – underpinned by science and statistics – that plots data over time. It helps us understand variation; this then guides us on what the most statistically significant changes are, and therefore what we need to focus our attention on. It's widely used across the NHS and is considered best practice for presenting data.

What will it show me?

The beauty of SPC charts is that they allow you to identify the most significant performance changes. That means each month you might see a slightly different suite of indicators shown in this report - depending on which have flagged as having seen significant changes or trends that need discussion by the Board.

That can look like there are more negative than positive trends, but rest assured that doesn't mean everything is bad! If indicators are ticking along or doing well they may not be presented in the report every month, as the Board needs to focus on those areas where we can do better. This helps to make sure we're focusing on, and fixing, the most important things first.

What does it look like?

When we use SPC charts, we largely use the same terminology and colours as the rest of the NHS.

Generally speaking:

- Things written in grey show no significant change or trend
- Things written in blue show a positive change or trend
- Things written in orange show a negative change or trend

You might see these terms and colours used, particularly in the summary table that gives an overview of what indicators are included in that month's report.

Assurance (how we're doing)

No target:

This means that for this particular indicator, there's no national or local standard/target to benchmark ourselves against. It's usually written in grey.

Hit and miss against target:

This means that the standard likely won't be either achieved or missed consistently – that it will vary, but not significantly so. It's usually written in grey.

Consistently below target:

This means that we're not meeting the standard, and are unlikely to under the current conditions. It's usually written in orange.

Consistently above target:

This means that we're meeting the standard, and are likely to continue doing so under the current conditions. It's usually written in blue.

Variations (the trends)

Common cause variation:

Common cause variation means there has been no statistically significant change to the trend. It's usually written in grey.

Special cause variation (blue or orange):

This will either be written in blue, to show a statistically significant positive change or trend, or in orange to show a statistically significant negative change or trend. It usually happens because we've started to do something differently.

These are points to look out for, because if there's special cause variation it means something has changed over a period of time (six data points). It's useful because it makes sure we don't react to 'one-off' changes or blips, but focus on trends that show a long term, consistent shift (either positively or negatively).

We might already know what caused the change, but if we don't it allows us to investigate and find out. Eventually if the change is sustained (positive or negative), it will become common cause variation as it'll be classed as our new norm.

Charts

For each of the indicators we show in the report, you'll be able to find a corresponding statistical process control (SPC) chart.

The chart is a graph used to study how something changes over time, and data is plotted in time order.

A control chart always has:

- a central line for the average or mean (shown in black on our graphs)
- an upper line for the upper process limit (shown in red on our graphs)
- a lower line for the lower process limit (shown in purple on our graphs).

These lines are determined from historical data.

On the next page you can see an example graph to help you.

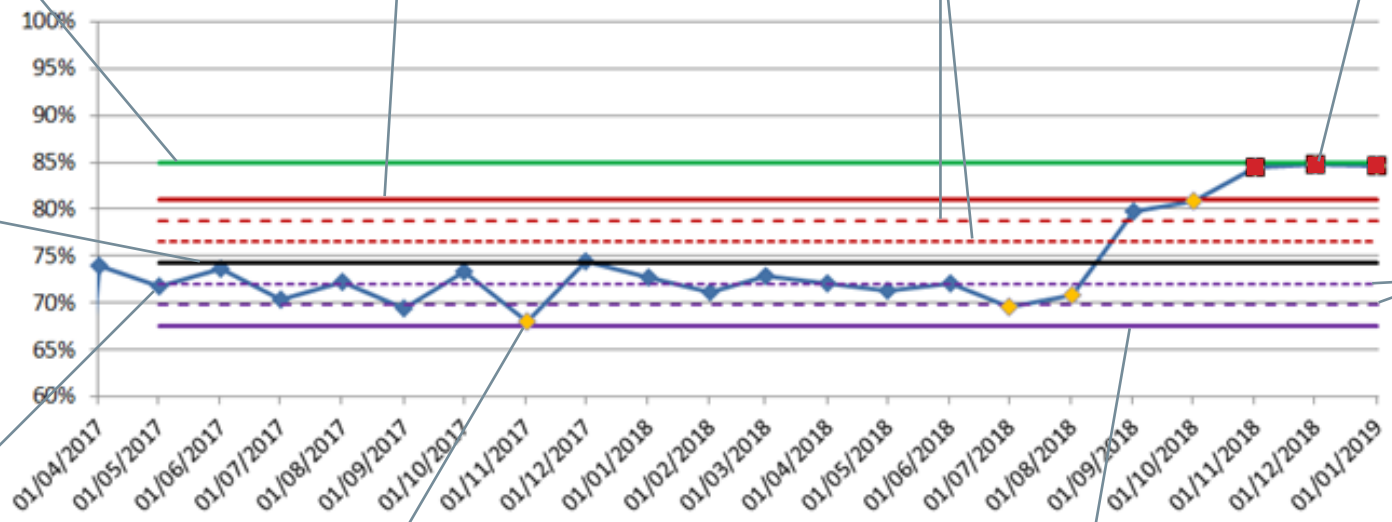
SPC chart: example graph

Green line: shows the Trust or national standard (if there is one)

Solid red line: shows the upper process limit, i.e. the upper limit of what the Trust should statistically be capable to produce. It's plotted at a distance of +3 standard deviations from the average

Dotted red lines: Show +1 and +2 standard deviations from the average, to show movement towards the upper process limit

Red data points: these plot the performance against the date on the bottom axis, and show special cause variation (statistically significant either positively or negatively) outside the expected limits



Black line: shows the average, or mean, performance

Dotted purple lines: Show -1 and -2 standard deviations from the average, to show movement towards the lower process limit

Blue data points: these plot the performance against the date on the bottom axis, and show common cause variation (no statistical significance)

Yellow data points: these plot the performance against the date on the bottom axis, and show special cause variation (statistically significant either positively or negatively) within the expected trend

Solid purple line: shows the lower process limit, i.e. the lower limit of what Trust should statistically be capable to produce. It's plotted at a distance of -3 standard deviations from the average

11. Summary quality & performance report

To note the summary report

For Reference

Presented by Louisa Pepper

REPORT TO:	Council of Governors
MEETING DATE:	13 May 2019
SUBJECT:	Summary quality & performance report
AGENDA ITEM:	11
PREPARED BY:	Helen Beck, Chief Operating Officer Rowan Procter, Chief Nurse Richard Jones, Trust Secretary & Head of Governance
PRESENTED BY:	Louisa Pepper, Non-Executive Director
FOR:	Information - To update the Council of Governors on quality and operational performance

The performance for Q4 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 for Q4
Report from Paul Morris, Deputy Chief Nurse

Q4 has been a challenging time for the Trust with rising numbers of attendances and areas open to escalation for prolonged periods. During this time Executive led quality walkabouts have continued apart from January when, as previously agreed, the focus was ensuring safety and quality of the services we provide for patients, visitors and staff. The walkabouts are reported based on the CQC's key lines of enquiry (KLOE) enabling areas of excellence as well as areas for improvement to be raised using this reporting structure.

During this quarter the visits included ward areas; G9, F8 respiratory, F3, AAU, CCU and F1, Kings Suite and the mortuary. The proposed schedule for 2019 includes visiting the community on a monthly basis as an additional walkabout. Quality assurance visits (QAV) continue in the community on a monthly basis with a panel of assessors including the Head of Nursing and Patient Safety & Quality Manager.

During our visits there is scrutiny of patient safety and quality issues including introduction boards, daily checking of oxygen and suction, and estate issues such as expanding the provision of the viewing room in the mortuary and developing a bereavement garden. These actions are fed back to the management teams with an appropriate timeframe for completion. Examples of good practice for service development and practice have been captured, for example the combined end of life and mortuary training for nursing assistants in the mortuary to demystify the end of life processes which take place after a patient has died.

We are now using Datix to capture actions from quality walkabouts and quality assurance table top reviews. The patient safety and quality team are working to ensuring the reports are uploaded in a timely manner. This will enable actions to be reviewed and escalated if necessary on a monthly basis to the Trust's quality group. The patient safety and quality team work alongside the operational teams to ensure these are completed or progressed as necessary.

Recommendation:

To note the summary report.

Summary quality & performance report

Are we safe?

Within the **safety dashboard** 7/35 indicators for which data was available were reported as 'green' throughout Q4 (a reduction from 16 in Q3). These included:

- Infection prevention indicators – preventing surgical site infection pre- and peri-operatively; MSRA bacteraemia - community attributable; hand hygiene compliance
- Serious harm as a result of falls in the community
- Timely serious incident reporting
- Rapid access chest pain clinic within 2 weeks

A **never event** was reported in February due to a wrong site punch biopsy. The investigation is ongoing at the time of writing this report however immediate mitigating actions included:

- Email to all consultants to remind their respective teams that prior to any procedure a minimum of two points of clinical reference i.e. diagnostic report, referral letter, patients notes should be reviewed in order to ensure the correct site is identified
- Review roadmap in relation to the publishing of the latest Safer Surgery Pathway
- Review National Safety Standards for Invasive Procedures (NasSSIPs) in relation to this incident and Local Safety Standards for Invasive Procedures (LocSSIPS)
- Explore if a 2nd nurse checker is required.

<u>Areas for improvement</u>

- There were a total of 104 **pressure ulcers** during Q4 (compared to 90, 73 and 68 in the previous three quarters respectively). No obvious trend has been identified in the pressure ulcers reported. It is commendable that during March no pressure ulcers were reported in community inpatient beds and the surgical division. A detailed presentation was received at the recent quality & risk committee and action to support improvement includes:
  - Participation in the NHS Improvement Pressure ulcer collaborative. This national collaborative supported quality improvement measures to ultimately prevent and reduce incidence of pressure ulcers
  - Purchased a repositioning Monitor, Alert, Protect (M.A.P™) system as a teaching tool, trialed on our respiratory ward. The goal is to roll this training out to all wards and departments
  - Repositioning Roadshows - our experience with using the M.A.P. so far as a teaching aid has given staff across all disciplines the opportunity to engage and put them in the patient's position as they see a visual representation of their pressure areas
  - Residential homes are being targeted to promote pressure area care in these settings. Plans are ahead to take the MAP system into a local residential home and work alongside a District Nursing team to provide education and promote excellence in pressure area care in care home settings.

- The number of out of date **risk assessments** and action detailed in the quarter. This was as a result of the recording of all fire risk assessments centrally. A prioritised programme to update these assessments has been agreed with external support to complete the work by August.

- The availability of patient side rooms to allow **timely isolation** has been challenging throughout the quarter. This has been impacted by operational pressures and increased demand for isolation e.g. seasonal flu. This is managed through daily risk

assessment of demand and availability on a patient basis by the infection prevention team.

- The performance indicators for **patients with nutrition assessment within 24 hrs** was clarified in September 2018. Since this time performance has remained at about 80% against a target of 95%.

  To improve compliance, there is work ongoing with the nutrition group and information team to create a dashboard for ward managers and senior matrons to be able to review the data specific to their area and raise awareness of poor compliance. The aim of the dashboard is to present data that promotes meaningful actions from the individual departments / wards and, where areas are struggling to achieve compliance, enable targeted intervention by the senior matron team. Once finalised this dashboard will also provide data to allow monitoring of improvement pathways.

Are we effective?

Within the **effective dashboard** 6/12 indicators for which data was available were reported as 'green' for each month in Q4, including:

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

Areas for improvement

- Baseline and risk assessments for **national clinical audit reports** was red for the Q4. This relates to historical reports for which baseline assessments are required to identify relevant implications for the Trust. Targeted follow-up with clinical leads is being undertaken by the patient safety managers with escalation to the clinical directors and Quality Group as required
- ED and non-elective **discharge summary** performance remained challenging. Timely electronic capture and reporting has been introduced to support improvement. The chief operation officer is now leading on this and receiving weekly reports from which wards and clinicians that are consistently failing to achieve the target are identified and followed-up. Areas for targeted support include: paeds, maternity, ward G9 and ED and these will be required to produce a remedial action plan..

Are we caring?

Within the **caring dashboard** 17/23 indicators for which data was available were reported as 'green' throughout Q4.

The following **recommender indicators were rated as green** for each month in the quarter – inpatient; outpatients; short stay; A&E; maternity – overall, community, birthing unit; F1 (parent, extremely likely to recommend and young person); community teams and inpatient.

Complaints accepted or upheld by the ombudsman was green along with the number of PALS enquires becoming complaints. Performance for complaints responded to within the agreed deadline was green in February and March.

Are we responsive?

Within the **responsive dashboard** 17/28 indicators for which data was available were reported as 'green' throughout Q4.

The table sets out performance against the national service standards for 2018/19.

	2018-19 Target	2018-19 Actual
C. *difficile* - hospital attributable trajectory cases [1]	15	**12 (2)**
18 week maximum wait from point of referral to treatment (patients on an incomplete pathway) [2]	92%	**88.8%**
Maximum waiting time of four hours in A&E from arrival to admission, transfer or discharge [3]	95%	**90.7%**
62-day urgent GP referral to treatment wait for first treatment - all cancers	85%	**84.6%**
62-day wait for first treatment from NHS cancer screening service referral	90%	**92.4%**
31-day wait for second or subsequent treatment - surgery	94%	**99.5%**
31-day wait for second or subsequent treatment - anti-cancer drug treatments	98%	**99.8%**
31-day diagnosis to treatment wait for first treatment - all cancers	96%	**99.8%**
Two week wait from referral to date first seen comprising all urgent referrals (cancer suspected)	93%	**90.7%**
Two week wait from referral to date first seen comprising all urgent referrals for symptomatic breast patients (cancer not initially suspected)	93%	**82.2%**
Maximum 6-week wait for diagnostic procedures	99%	**97.3%**

Stroke Services at WSFT have maintained an overall A rating in the national sentinel stroke national audit programme (SSNAP).

<u>Areas for improvement</u>

- Maximum **waiting time of four hours in the emergency department** from arrival to admission, transfer or discharge

  Performance against the four hour target during 2018-19 was extremely challenging - flow through the hospital affected our ability to deliver, with planned escalation capacity unable to meet the level of demand seen. This required 'surge' beds to be open for prolonged periods. Planning for winter began in summer 2018. Additional bed capacity was delivered when the new cardiology facility and admission assessment unit (AAU) opened. The bed capacity model was refreshed and ward areas were identified for escalation and surge (extra capacity to be used during exceptional peaks in demand). A workforce plan was developed and extensive recruitment undertaken to staff the additional capacity. Overseas recruitment and the move to bay based nursing were two key components of the workforce plan.

  A number of demand management initiatives were also planned to mitigate the growing numbers of emergency department (ED) attendances and admissions. These included

implementation of discharge to assess pathway one and trail of a rapid intervention vehicle (RIV) staffed by paramedics and our early intervention team (EIT). By late summer it became apparent that we would be unable to recruit sufficient staff to safely open all of the additional bed capacity and the plans were therefore adapted with the procurement of 20 additional community beds for early 2019, when it was predicted that demand would be at its highest.

Demand during winter was higher than the planning assumptions - January 2019 saw 11% more attendances at ED (equating to 700 patients extra through the door) and 10% more admissions (300 more patients admitted) than the previous January; compared with the 4.5% predicted growth. In addition to the increases in demand we have been unable to maintain the reduction in stranded and super stranded patient numbers despite continued daily focus from the executive chief nurse and senior teams. We also experienced some discharge delays due to lack of social care capacity in the community. In March 2019, for the first time during the winter, our activity profile did not followed the predicted curve of the bed model as numbers of ED attendances and admissions continued to rise against a predicted reduction in activity. ED attendances in March 2019 were 300 higher than in January 2019 and 600 higher than in December 2018. As a result all additional escalation and surge capacity was opened.

We have started reflecting on winter and further review will be undertaken with our system colleagues. But it is recognised that despite the significant challenges and exceptional demand over performance during winter was better than the same period last year. Planning and learning is already being put in place for next winter with patient flow identified as one of our three quality improvement priorities for the year.

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

  We have continued to experience reporting challenges from e-Care during 2018/19. Several technical 'fixes' were installed during the year which increased the number of patients on the patient tracking list (PTL). During 2018/19 we also introduced the new access policy in line with the NHSI model. This was supported by a training programme for staff to improve data recording and quality.

  Despite the challenges we have seen a sustained reduction in patients waiting more than 52 weeks throughout the year. Overall 18 week performance during the year has remained stable but not achieved the planned improvements.

  Going forward a strategic review is being undertaken to understand the drivers behind the current performance and to inform service level action plans to deliver improvement. Key services where performance has deteriorated are working to deliver additional activity or find alternative providers. The plans being developed will support delivery of 90% against the standard.

- **Cancer standards**

  We have experienced challenges against a four cancer standards during 2018/19. Some of this has been driven increases in activity, for example referrals for suspected skin and breast cancer. While we continuously strive to meet the cancer performance standards for all of our patients for some standards the number of patients that we treat is relatively small and we narrowly missed one standard by less than 0.5%. Changes in the allocation of shared breaches between providers during the year have contributed to this underperformance but following a review of our governance and processes we have now addressed this issue.

  The patient pathways for all cancers standards have been reviewed and improvements made to ensure timely and effective interventions.

- **Sepsis –** although showing year-on-year improvement performance remains below the expected standard. Action to improve performance includes:

    - Improve compliance with the confirmation of sepsis proforma used by medical staff and the instigation of care planning to guide treatment
    - Task and finish group to further develop management of sepsis. This group is led by the Deputy Chief Nurse and Head of Patient Safety and reports to the deteriorating patient group
    - Sepsis/AKI project nurse will be able to complete the CQUIN audits in a timely manner and act accordingly on the results by focussing on areas that require improvement. The project nurse will work with the patient safety and deteriorating patient teams to understand themes and issues regarding patient care relating to sepsis
    - The sepsis tool that is used within e-Care is being reviewed to assess whether it needs modifying and this will be determined by the sepsis group
    - Proposed quality improvement project to increase the taking of blood cultures in patients with suspected sepsis
    - Sepsis/AKI project nurse working with the antimicrobial pharmacist and audit nurse to review the treatment at 72 hours as per CQUIN guidance.

Are we well-led?

Within the **well-led dashboard** 5/28 indicators for which data was available were reported as 'green' throughout Q4, including:

<u>Areas for improvement</u>

- All staff to have an **appraisal** – year-on-year reported performance has improved from 63% to 79%. The focus of HR remains working with managers to ensure effective action is taken to complete and record appraisals, including the planned role of managers self-serve in the electronic staff record. The level of Trust compliance reported in the 2018 staff survey has increased to 89%.
- Compliance with **mandatory training** deteriorated in March reflecting the cumulative impact of operational pressures. Changes in report of community staff compliance has all deteriorated the overall Trust position. Targeted training programmes are being run for all for all areas.

12. Alliance update, including mental health (enclosed)

To note the report

For Reference

Presented by Sheila Childerhouse and Stephen Dunn

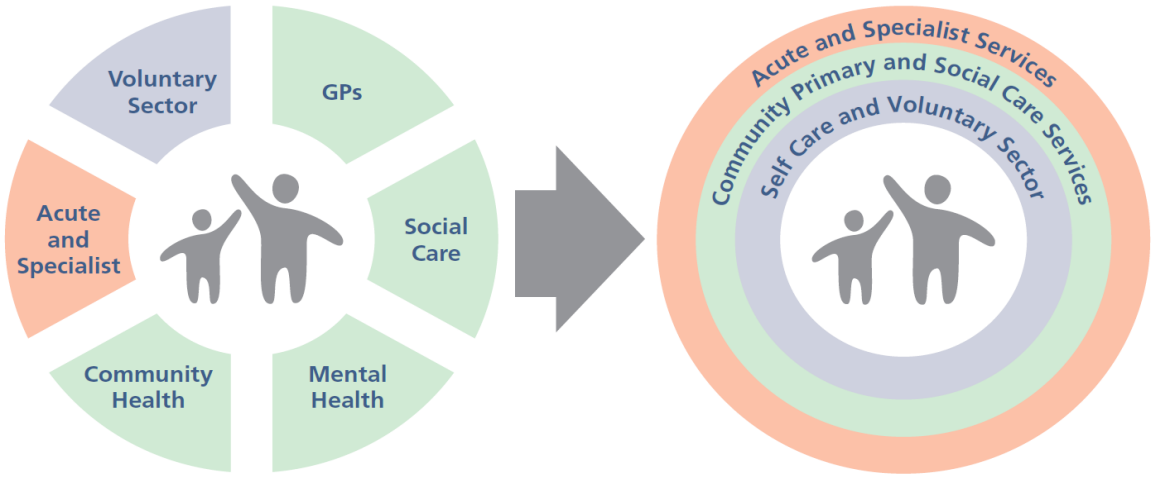
REPORT TO:	Council of Governors
MEETING DATE:	13 May 2019
SUBJECT:	West Suffolk Alliance update
AGENDA ITEM:	13
PRESENTED BY:	Sheila Childerhouse, Chair Steve Dunn, Chief Executive
FOR:	Information

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.

Co-ordinating services around the individual - so that if feels like one service



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.

The West Alliance has agreed four interrelated ambitions, which underpins the strategy; these demonstrate how as Alliance partners we will make progress together. They do not displace the individual organisational priorities, but rather show the benefit from Alliance working. The ambitions are as follows:

The Alliance strategy builds on the six Connect localities, which are arranged around natural communities, with the aim of building resilience and strengthening local services offered wherever possible. For the west of Suffolk the localities are: Newmarket, Haverhill, Sudbury, Brandon and Mildenhall, Bury Town and Bury Rural. These groupings can be thought of as a 'hub and spoke' with the system leadership (the 'hub') and the six locality areas (the 'spokes').

Each locality has a neighbourhood team consisting of health and social care teams who work together to provide a person centred, holistic care offer supported by the wider district and voluntary sector. In addition to this, Alliance partners have mapped additional capacity to all localities, with senior leadership now in place for each. The Local Authority has funded a dedicated locality co-ordinator post for each area, to provide the necessary administrative support to the whole team.

The Locality Delivery Groups (LDG) have begun to pull together their agreed priorities and these will underpin a more detailed development plan for each. A Joint Needs Assessment is being created for each locality, which will underpin the plan and provide the performance base line to measure outcomes against going forward. Public Health are leading this piece of work with assistance from the wider system.

The System Executive Group (SEG) has now been in operation for 12 months with the Alliance Steering Group supporting the delivery of the strategy. The role of SEG is to act as a system-wide discussion and shared decision making forum, whose members are partners in the Alliance, West Suffolk Clinical Commissioning Group (WSCCG) and other key system leaders across the west of Suffolk. In June 2018, the WSCCG also agreed to use the SEG as the vehicle to sign off any CCG transformation funding to ensure that the Alliance was leading this process on behalf of the wider system.

Delivering our vision

During 2018-19, the Alliance strengthened and embedded integrated working across the West Suffolk System. This was primarily through the mobilisation of the new community contract but also included exploring new partnerships across the system for the benefit of the population.

Below are some examples of the impact this has had in terms of improving services for our population:

- The integration of WSFT and GP Pain services through the MCP process to create a single service and support offer for patients. Contract awarded at the January 2019 WSCCG Governing Body Board meeting.
- Putting joint plans in place from community health and social work teams allowing the locality team to operate from a single plan for a patient/customer. This has been achieved in advance of the technical systems being in place to support, through joint working as a team.
- Discharge to Optimise and Assess has been implemented across the system, which has shown a real flexibility around sharing the mission to get people home and recovering as soon as possible.
- Implementation of Support to Go Home service.
- Further development of the Emergency Integration Team (EIT) to include social care and paramedic capacity to widen the scope of practice. The EIT continues to respond to people in crisis and has avoided over 411 emergency admissions between April and November 2018.

- Over winter, WSCCG invested in a Rapid Intervention Vehicle through the ambulance service that works alongside our EIT. In four months the vehicle response prevented 127 ambulance dispatches of which 89 were not conveyed to hospital. An additional 137 referrals were jointly managed by both services at home away from a hospital admission.
- Reduction in Delayed Transfers to Care through moving to a joined-up team response to safe discharge.
- Integrated and rotational posts in place for acute and community nursing and therapy teams.
- All therapists within the West Suffolk footprint now managed as one team, facilitating extended roles and rotational posts.
- Test and learn site for the Buurtzorg model implemented and reviewed by The King's Fund to inform proposed locality model going forward.
- The development of a system Primary Care Team working across acute and primary care rather than being based solely within the WSCCG.
- The establishment of a clinical education programme and further work towards the one clinical community model.
- Engaged with over 60 staff across West Suffolk on the development of the new Responsive Care Service offer.
- Agreement to create a West Suffolk estates team to allow a more strategic approach to working together for the benefit of the population rather than individual organisations.
- Capital grants received for the development of Newmarket Hospital and the Emergency Department within the hospital.

The Alliance is working with partners to respond to the upcoming **most capable provider (MCP)** process for the provision of mental health services. The intention is to use Haverhill as an early adopter site for the new delivery model.

The annexes to this report showcase **two case studies** which demonstrate the positive impact on both patients and teams of joint working and sharing of knowledge. The case studies are examples of joint working between the specialist Lymphoedema team and the locality nursing teams. We began delivering the Lymphoedema service as part of the Alliance community contract in October 2018. Previously this service had been delivered as a 'stand- alone' contract via the GP Federation. By applying the Alliance delivery model to the service the specialist team are now working closely with the community nurses and the tissue viability team rather than running separate caseloads. This means that care can be shared and expertise is being spread across all teams. Previously the service was only delivered at a location in Bury. Now that the service is integrated with the localities patients can also be seen at home or in out-reach clinics that have been set up in Haverhill and Newmarket, there is a new clinic planned for Sudbury.

Annex A: Case Study One

Example of integrated working to benefit patient care, effectiveness and timeliness of intervention. From the Haverhill locality team:

Patient with bilateral leg Lymphoedema has been seen by the community nurse's **long term** for leg ulcer care. Initially he attended a leg ulcer clinic but as the patient got more and more disabled he was **seen at home for the last year**, being visited once a week for below knee compression bandaging. (We also see his wife and son who are all morbidly obese).

Patient was **jointly** assessed in January 2019 by the Lymphoedema service and the community nurses. A plan was agreed for **sharing care** for the next 6 weeks. The first 2 weeks were daily visits by two nurses doing leg wash, cream and full leg compression (**this would take an hour with 2 staff).**

After 2 weeks **the visits reduced down slowly** until 6 weeks when the patient able to get compression wraps on. His legs have reduced considerably in size, and therefore his mobility and comfort has improved. **He has now been discharged from our care**, so although initially it was very time consuming the outcome has been worth it.

Quote from a community team member: *'so results are good and its great our teams are working closer together.'*

Quote from a Lymphoedema team member '*we are hopeful that we will be able to help further with future patients in order to support the community teams and make a difference to patients well-being and management of their condition'*

Annex B: Case Study Two

(a) Background

Patient was a community based patient who has been seen by the community nursing team **for 3-4 years** for weeping legs and ulcers. Over this period of time he had received twice weekly visits from the community nursing team for bilateral leg dressings taking **between 30- 60 minutes per visit**.

The patient had a history of lymphoedema to the lower legs and due to a change in circumstance was no longer able to apply the compression garments needed to control the lymphoedema. This led to a breakdown of the skin which is when the community nurses started to attend for dressings.

The lymphoedema service has integrated its work with the community teams to deliver the service **where most appropriate for the patient**. This also improves the opportunity to share learning and skills between the community nurses and the lymphoedema team.

(b) Situation

Patient was assessed **at home** by the lymphoedema team and deemed to need compression bandaging to get the lymphoedema under control. This is a period of intensive management with short stretch thigh high bandaging. At the time of the assessment the patient had chronic skin changes and a worsening of the lymphoedema associated with poor control of the condition and bandage damage due to bandaging up to the below the knee only. The short stretch compression bandaging was started with the patient being seen **initially daily for two weeks by the lymphoedema team shared with the community nurses**. This continued with the visits being reduced until at 6 weeks the patient was able to go into a compression wrap system **where she self-managed with support from husband.**

(c) Result

The patient was then able to self-manage the compression wraps and is due to go back into thigh high compression garments. The size of the limb and the condition of the skin is significantly improved. The patient has been **discharged off the community nurses caseload** and now sits under the care of the lymphoedema service and currently under **bi-monthly reviews with the aim to reduce to 6 monthly reviews.**

Annex C: Localities map

Forest Heath (Mildenhall and Brandon)
Locality Lead = Dawn Godbold
Alliance Locality Coordinator = Leiat Becker
Transformation Rep = Hannah Pont & Juliet Estell
Community Health Service Team = Heather Male
Borough Council = Lesley-Ann Keogh & Gemma O'Shea
Primary Care Rep = Emma Gaskall
Social Prescribing = Lauren White-Miller/Suzanne Stevenson
Community Matron = Sandra Webb
Team Manager ACS Social Care = Vacant
GP Lead = Dr Godfrey Reynolds

GP practices:
- Market Cross Surgery
- White House Surgery
- Lakenheath Surgery
- Reynard Surgery
- Forest Surgery
- Brandon Medical Practice

Newmarket
Locality Lead = Sandie Robinson
Alliance Locality Coordinator = Batsi Shamuyarira
Transformation Rep = Chris Barlow & Tracey Morgan
Community Health Service Team = Linda Addison, Jane Sharland
Borough Council = Will Wright & Helen Lindfield
Primary Care Rep = Rachel Seago
Community Matron = Katherine Foxwell
Team Manager ACS Social Care = Vacant

GP practices:
- Orchard House Surgery
- Oakfield Surgery
- Rookery Medical Centre

Haverhill
Locality Lead = Lois Wreathall
Alliance Locality Coordinator = TBC
Transformation Rep = Nicole Smith & Renu Mandel
Community Health Service Team = Karen Line
Borough Council = Lizzie Cocker
Primary Care Rep = Lois Wreathall
Social Prescribing = Lauren White-Miller/Suzanne Stevenson
Community Matron = Rachel Godfrey
Team Manager ACS Social Care = Gillian Leathers
GP Lead = Dr Firas Watfeh

GP practices:
- Haverhill Family Practice
- Clements and Christmas Maltings Practice
- Kedington Surgery
- Wickhambrook Surgery
- Guildhall Surgery

Bury Town
Locality Lead = Jane Rooney
Alliance Locality Coordinator = Anita Kovacs
Transformation Rep = Trisha Stevens & Martin Bate
Community Health Service Team = Vacant
Borough Council = Lucy Pettitt, Lauren White-Miller & Ellie McCarthy
Primary Care Rep = Lois Wreathall
Community Matron = Caroline Ryan
Team Manager ACS Social Care = Jo Murray

GP practices:
- Angel Hill Surgery
- Guildhall Surgery
  - Bury
  - Barrow
  - Mount Farm Surgery
  - Swan Surgery
  - Victoria Surgery
  - Ixworth Surgery

Bury Rural
Locality Lead = Rob Kirkpatrick
Alliance Locality Coordinator = TBC
Transformation Rep = Trisha Stevens & Janet Watkins
Community Health Service Team = Linda Griffiths
Borough Council = Lucy Pettitt, Lauren White-Miller & Ellie McCarthy
Primary Care Rep = Lois Wreathall
Community Matron = Alison Salmon
Team Manager ACS Social Care = Jo Murray

GP practices:
- Botesdale Health Centre
- Stanton Surgery
- Ixworth Surgery
- Wickhambrook Surgery
- Woolpit Health Centre
- Angel Hill Surgery
- Guildhall Surgery
  - Bury
  - Barrow
  - Mount Farm Surgery
  - Swan Surgery
  - Victoria Surgery

Sudbury
Locality Lead = tbc
Alliance Locality Coordinator = Oliva Rigo
Transformation Rep = Kirsty Rawlings
Community Health Service Team = Jenny McCrory
Borough Council = Jonathan Seed (Babergh & Mid Suffolk)
Primary Care Rep = Rachel Seago
Community Matron = Sheila Burns & Shelley Lee
Team Manager ACS Social Care = Dawn Thompson (Interim)
GP Leads = Dr Bahram Talebpour & Dr Christopher Browning

GP practices:
- Guildhall Surgery, Clare
- The Surgery, Glemsford
- Hardwicke House Group Practice
  - Hardwicke House
  - Meadow Lane Surgery
  - Church Square Surgery
  - Stonehall Surgery
  - The Cornard Surgery
  - Long Melford and Lavenham Practice
- Siam Surgery

13. Governor commentary in the Annual Quality Report 2018-19 (enclosed)

To approve the governors' commentary for inclusion in the report.

For Approval

Presented by Liz Steele

REPORT TO:	Council of Governors
MEETING DATE:	13 May 2019
SUBJECT:	Governor commentary in the Annual Quality Report 2018-19
AGENDA ITEM:	14
PRESENTED BY:	Liz Steele
DATE PREPARED:	7 May 2019
FOR:	Approval

Summary

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

At its meeting in February the Council of Governors identified Governors to feedback on the content of the Annual Quality Report. Richard Jones has asked me to pass on his thanks to these individuals for their contribution to the final preparation of the report.

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

Recommendation

The Council of Governors is asked to:

- Thank Jayne Gilbert, Jayne Neal, Jane Skinner and Martin Wood for their support in reviewing the annual quality report and drafting the attached draft commentary

- Review and approve the draft commentary for inclusion in the WSFT's Annual Quality Report.

Annex A: Commentary for inclusion in Annual Quality Report 2018-19

WSFT council of governors

The Council of Governors, with support from the Board and Trust management, continues to embrace its role to represent both the interests of the Trust as a whole and the interests of the population that it serves. The Governors recognise and fully support the Board of Directors' commitment to improving the already high standard of care for our patients.

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

A good working relationship exists between the governors and board which encourages the constructive contribution of the governors. During 2018/19 we have strengthened our work through:

- **Engagement with members and public:**
  - Regular contact with patients and their supporters
  - Capturing feedback at the patient and visitor cafes in West Suffolk Hospital and Newmarket Hospital, sharing this with hospital management and receiving feedback on action taken
  - Encouraging the public to join as members of the Foundation Trust and engaging with approximately 6,000 public members to take an interest in the hospital
  - Providing support for planning and delivery of external public meetings and events, including annual members meeting and medicine for members.

- **Review of care and services provided:**
  - Taking part in 'Quality Walkabouts' enables Governors to talk to staff (and patients) about implementation of changes and what actions have or have not been followed up.
  - Taking part in 'Environmental Reviews' enables Governors to view the hospital and community facilities from a viewpoint of patients and visitors, such as matters of cleanliness, ease of access, direction boards and information panels/notices.
  - Taking part in 'Area Observations' enables Governors to observe the environment, general atmosphere, staff interactions and anything else they feel is enhancing or adversely affecting patient experience. This information is fed back to the manager and an action plan monitored through the patient and carer experience group.

- **Working with the board:**
  - Regular attendance at Trust Board meetings, where we are encouraged to ask questions and report back to all Governors on outcomes of these discussions
  - Attending Board meetings has also educated Governors on key clinical areas and developments
  - Working with the non-executive directors (NEDs) a two way exchange of intelligence gathered and areas for improvement
  - Regular workshops focused on key developments within the operational plan
  - Completed on schedule the appraisals of all NEDs
  - Holding the board to account through the NEDs by requesting assurance on areas of concern; such as pathology services as well as quality, operational and financial performance
  - During 2018-19 appointed one new NED.

- **Development of knowledge and skills:**
  - Agreed a training and develop programme, including an externally facilitated session
  - Attended training events, both internal and external to support learning and development
  - Held informal meetings of Governors, arranged by the Lead Governor, to ensure effective working relationships and preparations for meetings.

We recognise the contribution made by the staff and volunteers and would like to thank them for their dedication and hard work which makes the West Suffolk Hospital and our community services very special for our patients, the public and staff.

The governors recognise the importance of the evolving West Suffolk Alliance in the delivery of health and care services in the west of Suffolk. The governors recognise the importance of developing their relationship with patients and staff that utilise and serve these services outside the West Suffolk Hospital.

14. Report from Engagement Committee

(a)To receive the minutes from the meeting of 30 April 2019

(b)To approve the revised Engagement Strategy for 1 April 2019-31 March 2021

(c)To approve the terms of reference for the Engagement Committee

For Approval

Presented by Liz Steele

REPORT TO:	Council of Governors
MEETING DATE:	13 May 2019
SUBJECT:	Report from Engagement Committee, 30 April 2019
AGENDA ITEM:	14
PREPARED BY:	Georgina Holmes, FT Office Manager
PRESENTED BY:	Liz Steele, Lead Governor
FOR:	Information and Approval

BACKGROUND

This attached minutes (appendix A) provide a summary of discussions that took place at the engagement committee meeting on 30 April 2019.

At this meeting the membership engagement strategy (appendix B) was reviewed and it was proposed that a number of amendments should be made including:-

- 2.0 remove reference to “quarterly” newsletters.
- 2.1 move reference to volunteers as staff members (now public members)
- 4.4 include area observations and engagement with Alliance partners
- 6.1 increase the target for 3b ‘ member attendance-total all events’ to 800
- Appendix 1 to be updated to reflect two newly established/merged councils

The terms of reference (appendix C) were also reviewed and no amendments proposed.

RECOMMENDATION

The Council of Governors is asked to:-

i) Note the minutes of the meeting of 30 April 2019 (appendix A).

ii) Approve the proposed amendments to the membership engagement strategy (appendix B).

iii) Note the current terms of reference for the engagement committee (appendix C).

Appendix A

DRAFT

MINUTES OF THE COUNCIL OF GOVERNORS ENGAGEMENT COMMITTEE

HELD ON TUESDAY 30 APRIL 2019, 4.00pm

IN THE NORTHGATE 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		
Cassia Nice	Patient Experience Lead		
Sue Smith	Fundraising Manager		

Action

19/10 APOLOGIES

Apologies for absence were received from Florence Bevan, June Carpenter and Jayne Gilbert.

19/11 MINUTES OF MEETING HELD ON 17 JANUARY 2019

The minutes of the above meeting were agreed as a true and accurate record subject to the following amendment:

Item 19/02, third paragraph to be amended to read: 'Cassia Nice suggested that WSFT should look at using Facebook and other social media platforms to engage with younger people'.

19/13 MATTERS ARISING ACTION SHEET

The ongoing actions were reviewed and the following update given:

Item 17 – Arrange for copies of membership forms and newsletters to be put in the discharge unit. Richard Jones confirmed that forms had now been placed in the discharge unit and the success of this would be monitored.

The completed actions were reviewed and the following issue raised:

Item 20 – Escalate the comment about there being no one on reception in pathology. Peter Alder suggested that if it was not possible to appoint someone to a permanent position maybe a volunteer could help out in this area. Several members of the engagement committee reported that there was someone on reception when they had attended for a blood test.

19/14 EXPERIENCE OF CARE

Cassia Nice reported that the Experience of Care strategy had been finalised and was now looking at objectives for the next financial year. Some of the focus would be on a virtual interpretation project via a video conference platform which would be less expensive than face to face interpretation but more personal than telephone interpreters.

A copy of the strategy would be circulated to engagement committee members. **C Nice / G Holmes**

Governors had now taken part a number of area observations which had been very helpful and resulted in an action plan being generated. A number of actions were often completed within a short period of time. Service leads for the relevant areas had also found the feedback to be extremely helpful, particularly as the positives were highlighted as well as improvements that could be made.

It was suggested that in future governors used an iPad or telephone to record their observations as this would be more discreet than a clipboard.

The Voice group now had a full complement of members and would be electing a chair and vice chair; Cassia Nice had been acting as chair whilst this group was established. Over the next year Voice would be involved in the elective care transformation programme and outpatient transformation; both of which were expected to be long-term projects.

19/14 CHARITABLE FUNDS BRIEFING

Sue Smith explained the new Butterfly appeal which would be launched in the next few months. This was to build a facility for end of life patients and their families/visitors in one of the courtyards. The project was currently being worked up and would cost between £200k- £400k. £185k had already been raised and governors were asked for any ideas of forums, events etc where this appeal could be promoted.

Liz Steele and Peter Alder had attended the WI AGM at the Apex in April and had recruited a number of new members. June Carpenter and Jayne Gilbert had volunteered to attend the event for older people at the Athenaeum on 10 May. Both of these were alongside the MyWish team.

Sue Smith would be giving a talk to the WI at Morton Hall Community Centre on 1 May and a talk to the WI in Rougham on 10 June; she would forward details of this to George Holmes for circulation to governors. Liz Steele volunteered to attend on 1 May if possible. **S Smith / G Holmes**

The MyWish team had been out into the Community with AliveCor undertaking Atrial Fibrillation (AF) testing as part the promotion of the new cardiology unit. This had been very successful and identified a number of new patients. The team has been to visit the borough councils and talk to and test staff, which could provide an opportunity for governor engagement and recruitment. Sue Smith would send details to George Holmes for circulation. **S Smith / G Holmes**

19/15 CONSIDERATION OF ENGAGEMENT PLAN FOR 2019-20

6.1 <u>Engagement plan 2019-20</u>

The engagement plan was reviewed and Richard Jones explained that the proposed subject for the annual members meeting (AMM) was the pathway through the emergency department and links with community care, ie what happens when your GP refers you to hospital. A meeting to discuss the content and identify presenters was taking place at the beginning of June. It was hoped to test this out at a couple of medicine for members events prior to the AMM.

The other topic that had previously been suggested for medicine for members, ie 'understanding the menopause' could provide an opportunity to link with West Suffolk College possibly on a staff education/development day.

Cassia Nice explained that she was planning to bring together groups within the west Suffolk Alliance; this would be an annual event and would include governors.

Monthly Courtyard Café sessions continued to take place and it was agreed that these were a good way of gaining feedback and recruiting new members. A further two sessions has been arranged at Newmarket this year and it was hoped that as they were on different days these would be more successful than the one in March attended by Peter Alder and Liz Steele

6.2 Membership numbers

The membership numbers were reviewed and it was noted they had improved since the last meeting. This was partly due to staff leavers being transferred across to public members again as the GDPR issues had now been resolved.

19/16 ENGAGEMENT STRATEGY AND TERMS OF REFERENCE

Engagement strategy

The engagement strategy was reviewed and it was agreed that it was important to focus on engagement, even if people were not members. It was also agreed that there was no need to increase the target numbers of members from 6000 as WSFT.

The following amendments to the strategy were agreed:-

- 2.0 remove reference to "quarterly" newsletters.
- 2.1 move reference to volunteers from staff members and include under public members
- 4.4 include area observations and engagement with Alliance partners
- 6.1 increase the target for 3b ' member attendance-total all events' to 800
- Appendix 1 to be updated to reflect two newly established/merged councils

Terms of reference

The terms of reference were reviewed and the following amendment agreed:-

- 4.4 include Head of Fundraising

The above amendments would be made and the revised documents presented to the Council of Governors for approval on 13 May prior, to approval by the Trust Board on 24 May. **R Jones**

19/17 FEEDBACK REPORTS

17.1 Courtyard Cafe

Feedback continued to be very positive.

The comment on a number of chairs facing the wrong way in phlebotomy was discussed. It was suggested that if the reason for this was to utilise space to the maximum another screen could be installed.

Taking into account previous feedback on the lack of a receptionist or anyone to assist patients in this department Richard Jones proposed that a quality walkabout should take place in this area. He would follow this up with the relevant manager. **R Jones**

Note: subsequent to this meeting Sue Smith reported that all chairs except one were now facing the right way.

17.2 Area observation pilot

Reported under item 19/4.

19/18 ISSUES FOR ESCALATION TO THE COUNCIL OF GOVERNORS

No items for escalation were identified.

19/19 DATE OF FUTURE MEETINGS

Tuesday 16 July, 4.30pm
Tuesday 15 October, 4.30pm

Appendix B

Membership Engagement Strategy

April 2019 to March 2021

Engagement Strategy

Contents Page **Page**

1. Introduction

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

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

1.1 Purpose of strategy

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

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

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

1.2 Engagement objectives

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

Deliver for today
• Increase understanding amongst the public and members of the Trust's strategy and the range of services offered by it, including current changes in health services and the challenges the Trust and local health and care services are facing • Maintain our existing membership base and ensure that it reflects the diversity of our local communities
Invest in quality, staff and clinical leadership
• Actively engage with the public and members to understand their views and aspirations for the Trust, including how it can develop and improve • Through our representative membership learn from, respond to and work more closely with our patients, public, staff and volunteers to develop and improve our services
Build a joined up future
• Deliver a range of engagement events and activities to focus on engagement and communicating the strategic plans for the Trust • Strengthen engagement with users of community services and staff delivering these services • Through the range of events and contacts promote wellbeing

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

2.0 The membership

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

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

Our members will:

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

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

2.1 Becoming a member

Our potential members can be drawn from the following:

- public, including patients who live within our membership area (**public members**)
- staff who are employed by the Trust, or individuals that meet the criteria under 2.2.2 (**staff members**)

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

All members must be 16 years of age or over.

A person can become a member by:

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

- joining ‘online’ via the Trust’s website at www.wsh.nhs.uk;
- e-mailing membership. foundationtrust@wsh.nhs.uk;
- calling the membership office on 0370 707 1692.

2.2 Defining our membership

2.2.1 Public

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

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

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

2.2.2 Staff

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

- be employed by the Trust under a contract of employment which has no fixed term or has a fixed term of at least 12 months; or have been continuously employed by the Trust under a contract of employment for at least 12 months; or

- exercise functions for the purposes of the Trust, without a contract of employment, continuously for a period of at least 12 months. For clarity this does not include individuals who exercise functions for the purposes of the Trust on a voluntary basis.

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

3.0 Recruitment of members

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

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

3.1 Methods of recruitment

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

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

Methods of recruitment used in the past include:

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

3.2 Who is responsible for recruiting members?

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

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

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

3.3 Recruitment plan

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

3.3.1 Public members

Direct recruitment plan

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

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

Indirect recruitment plan

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

Media coverage

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

3.3.2 Staff

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

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

4.0 Engaging with public and members

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

Figure 1: Feedback collection methods from Experience of Care Strategy

4.1 Members' newsletter

The membership newsletter is distributed to all members.

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

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

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

4.2 Public and Member events

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

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

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

4.3 Staff involvement

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

4.4 Engagement plan

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

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

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

The Trust is responsible for the delivery of community services in the west of Suffolk and the engagement delivery plan continues to be developed to ensure a focus on the care we provide in the community and in partnership with the West Suffolk Alliance.

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

5.0 The membership register

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

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

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

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

6.0 Monitoring success

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

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

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

6.1 How will the success be measured?

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

Criteria	As at 31 March 2019	Target (Mar 2019)
1. Achievement of the recruitment target: a. Total number of Public members b. Staff opting out of membership	 **5,974** **<1%**	 6,000 <1%
2. Achieve a representative membership for our membership area, Priorities for action: a. Age – recruitment of under 50s b. Engagement and recruitment events in all market towns of Membership area (Thetford, Newmarket, Stowmarket, Haverhill and Sudbury)	 **1,145** **80%**	 1,250 100%
3. An engaged membership measured by: a. number of member events b. member attendance – total all events c. annual members' meeting attendance (each year)	 **6** **984*** **262 (2017)** **330 (2018)**	 6 800* 200

* Includes people attending Annual Members' Meeting

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

Appendix 1

PUBLIC CONSTITUENCY OF THE TRUST

Patients and members of the public who reside in the following areas are eligible to join our public constituency (these will be subject to change from 1 April 2019 to reflect the updated electoral boundaries):

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

	Haverhill East, Haverhill North, Haverhill South, Haverhill West, Horringer and Whelnetham, Hundon, Ixworth, Kedington, Minden, Moreton Hall, Northgate, Pakenham, Risby, Risbygate, Rougham, Southgate, St Olaves, Stanton, Westgate, Wickhambrook, Withersfield
Suffolk Coastal	Aldeburgh, Deben, Felixstowe East, Felixstowe North, Felixstowe South, Felixstowe West, Framlingham, Fynn Valley, Grundisburgh, Hacheston, Kesgrave East, Kesgrave West, Kirton, Leiston, Martlesham, Melton, Nacton & Purdis Farm, Orford & Eyke, Peasenhall & Yoxford, Rendlesham, Saxmundham, The Trimleys, Tower, Wenhaston & Westleton, Wickham Market, Woodbridge.
Waveney	Beccles North, Beccles South, Blything, Bungay, Carlton, Carlton Colville, Gunton & Corton, Halesworth, Harbour, Kessingland, Kirkley, Lothingland, Normanston, Oulton, Oulton Broad, Pakefield, Southwold & Reydon, St Margaret's, The Saints, Wainford, Whitton, Worlingham, Wrentham.

Appendix C

FOUNDATION TRUST ENGAGEMENT COMMITTEE

Terms of Reference

1. Aim

1.1 To further develop the mechanisms that enable patients, users of community services and the public to influence decision making, both in relation to their own care and treatment and in the provision, development, and improvement of services.

1.2 To maintain and increase active membership of West Suffolk NHS Foundation Trust, ensuring that it is representative of the local population.

1.3 To strengthen public engagement including users of community services and staff delivering these services

1.4 To support the delivery of the Trust's strategic framework including health promotion/prevention.

2. Responsibilities

2.1 To develop effective two-way communication between governors and members, and prospective members.

2.2 To identify new opportunities to increase the involvement of patients, users of community services and the public, that maximises their contribution and effectiveness.

2.3 To ensure that feedback about the Trust and its services is sought from a cross section of the local community focusing particularly on seldom heard groups.

2.4 To ensure there are effective mechanisms in place to recruit new members across the Trust's membership area and target recruitment from hard to reach areas.

2.5 To ensure effective links with the Patient Experience Manager, to allow sharing of activities and work plans.

2.6 To develop and implement an effective Engagement Strategy.

3. Scope

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

4. Composition

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

4.2 The Engagement Committee will elect one of its members as Chair.

4.3 Additional members may be co-opted to the Committee as necessary.

4.4 Representatives from the Trust may also be in attendance at meetings, including the Trust Secretary, Communications Manager, Foundation Trust Office Manager, Patient Experience Manager and others as required.

4.5 A quorum will be three members of the Committee.

5. Accountability

5.1 The Engagement Committee will be accountable to the Council of Governors.

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

6. Meeting frequency

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

7. Authority

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

15. Lead Governor report

To receive a report from the Lead Governor, including verbal feedback from NHS Providers event on 9 May

For Reference

Presented by Liz Steele

REPORT TO:	Council of Governors
MEETING DATE:	13 May 2019 2019
SUBJECT:	Report from Lead Governor
AGENDA ITEM:	15
PRESENTED BY:	Liz Steele, Lead Governor
FOR:	Information

The Governors continue to be very busy within the hospital and within the community.
We have had excellent attendances at Informal Governors meetings, as well as pre meetings and the NEDs and joint governors informal meeting.

The new initiative to undertake Area Observations has been well received by the focus locations. They have found them useful and an action plan produced by the department.

We have attended Newmarket hospital for a 'Courtyard Café' session. This was not so fruitful but plans are in place to try this again on different days.

We were given the opportunity of visiting the new accommodation before our informal meeting. Those attending felt that the facilities were very good and everything had been well thought out to provide for everyone's needs.

The Quality Walkabouts continue to be very informative and offer the governors a way of keeping up to date with the wards and departments. They also offer a new pair of eyes when looking at things that may be useful and could be missed by those familiar with these surroundings.

We continue to attend Board Meetings and to ask relevant questions. If you are unable to attend but have read the papers and have an issue you would like to raise concerning the content of the reports then please do email myself or Florence so that we might be able to address these for you.

I meet the Chair of the Trust, Sheila, monthly and if there is an observation or concern that you have then please do email me and I will try to raise it at these meetings

Liz Steele
Lead Governor

16. Staff Governors report

To receive a report from the Staff Governors

Presented by Amanda Keighley

REPORT TO:	Council of Governors
MEETING DATE:	13 May 2019
SUBJECT:	Report from Staff Governors
AGENDA ITEM:	16
PRESENTED BY:	Amanda Keighley, Staff Governor
FOR:	Information

Issues raised by staff governors were reviewed at the recent quarterly staff governor meeting with Jan Bloomfield, Richard Jones and Georgina Holmes.

- Details of major ongoing estate works/capital programme projects were now being published in the Green Sheet on a monthly basis and update would also be included in the Chief Executive's report to CoG as an ongoing item.

- The 'Staff Supporters' report which went to the board meeting on 1 March was discussed. This gave details of a number of support services available to staff within the organisation and had been followed up with a poster campaign around to help make staff aware of these initiatives

- The Catering & Community Facilities Manager was aware that there was a shortage of seating for staff in Time Out at certain times and was looking at how this could be addressed.

- The proposed programme of community visits by board members was noted and it was suggested that a board meeting should be held in Newmarket as well as Mildenhall and Haverhill. The aim was for two out the ten board meetings a year to be held in the community.

- Another 20 Filipino nurses would be joining WSFT in the next two months, with a further cohort later in the year. Jan Bloomfield would be producing an update on nurse staffing, including registered nurses and nursing assistants for the Green Sheet.

- The role of staff governors in encouraging staff to have flu jabs should be discussed at the next meeting; the target had been increased to 80%. The campaign would start on 1 October and it was suggested that this should be aligned with mandatory training days, team meetings and governance meetings.

- At the last mandatory training there was nowhere for staff to have their lunch as they did not have enough time to go to Time Out. This would be followed up and in future an area/room for lunch reserved.

- It was confirmed that the issue of pensions and tax was being followed and communication around this was being prepared.

17. 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

Presented by Sheila Childerhouse

18. Dates for meetings for 2019

Tuesday 6 August

Annual members meeting (Apex) -

Tuesday 17 September

Wednesday 13 November

Presented by Sheila Childerhouse

19. 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

Presented by Sheila Childerhouse