NHS
West Suffolk
NHS Foundation Trust

Council of Governors

Schedule	Tuesday, 12 Feb 2019 6:00 PM — 7:45 PM GMT
Venue	Northgate Room, 2nd Floor, Quince House
Organiser	Georgina Holmes

Agenda

Agenda 2019 02 12 Feb

Agenda 2019 02 12 Feb.docx

1. Apologies for absence
   To receive any apologies for the meeting.
   For Reference - Presented by Sheila Childerhouse

2. Welcome and introductions
   To note the resignation of Margaret Rutter, public governor and appointment of Robin Howe. To request mobile phones be switched to silent.
   For Reference - Presented by Sheila Childerhouse

3. Declaration of interests for items on the agenda
   To receive any declarations of interest for items on the agenda
   For Reference - Presented by Sheila Childerhouse

4. Minutes of the previous meeting (enclosed)
   To approve the minutes of the meeting held on 14 November 2018
   For Approval - Presented by Sheila Childerhouse

   Item 4 CoG minutes 2018 11 14 Nov.doc

5. Matters arising action sheet (enclosed)
   To note updates on actions not covered elsewhere on the agenda
   For Reference - Presented by Sheila Childerhouse

   Item 5 Matters Arising Action sheet report from 2018 11 14 Nov.doc

6. Chair's report (enclosed)
   To receive an update from the Chair
   For Reference - Presented by Sheila Childerhouse

   Item 6 Chair report to CoG - Feb 2019.docx

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7. Chief executive's report (enclosed)
   To note a report on operational and strategic matters
   For Reference - Presented by Nick Jenkins

   Item 7 Chief Exec Report Feb 19.docx

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8. Governor issues (enclosed)
   To note the issues raised and receive any agenda items from Governors for future meetings
   For Reference - Presented by Florence Bevan

   Item 8 Governors issues.docx

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9. Summary finance & workforce report (enclosed)
   To note the summary report
   For Reference - Presented by Gary Norgate

   Item 9 Summary Finance Report.docx

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10. Summary quality & performance report (enclosed)
    To note the summary report
    For Reference - Presented by Alan Rose

    Item 10 Summary quality and performance report Feb 19.docx

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11. Annual quality report and operational plan (enclosed)
    To approve the quality indicator to be tested by the external auditors and invite nominations from governors to act as readers for the annual quality report and operational plan.
    For Approval - Presented by Richard Jones

    Item 11 Annual quality report and operational plan.docx

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12. Review of constitution (enclosed)
To approve the proposed changes to standings orders of the Board and Governors' code of conduct
For Approval - Presented by Richard Jones

Item 12 Constitution review cover sheet.pdf
Item 12 Annex A Governors Code of conduct 2019 DRAFT.pdf

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13. Register of interests (enclosed)
To review the register of governors' interests
For Reference - Presented by Richard Jones

Item 13 Register of Governors Interests.doc

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14. Nominations Committee
i)To elect a public governor to the Nominations committee (enclosed)
ii)To receive a report from the meeting of 29 January 2019 (verbal)
iii)To review the appraisal process for Non-Executive Directors and seek a minimum of six volunteers to participate in this process (enclosed)

14.1. To elect a public governor to the Nominations committee (enclosed)
For Approval - Presented by Richard Jones

Item 14 (i) Elect a governor to the Nominations committee.doc

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14.2. To receive a report from the meeting of 29 January 2019 (verbal)
For Reference - Presented by Sheila Childerhouse

14.3. To review the appraisal process for Non-Executive Directors and seek a minimum of six volunteers to participate in this process (enclosed)
For Approval - Presented by Richard Jones

Item 14 (iii) Review of appraisal process.doc
Item 14 (iii) Appendix 1 Revised appraisal form.docx
Item 14 (iii) Appendix 2 Appraisal process & timetable .docx

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15. Report from Engagement Committee (enclosed)
To receive the minutes from the meeting of 17 January 2019
For Reference - Presented by Florence Bevan

Item 15 Report from Engagement Committee.docx

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16. Lead Governor report (enclosed)
    To receive a report from the Lead Governor
    For Reference - Presented by Florence Bevan

    Item 16 Report from Lead Governor.docx

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17. Staff Governors report (enclosed)
    To receive a report from the Staff Governors
    For Reference - Presented by Peta Cook

    Item 17 Report from Staff Governors .docx

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18. Urgent items of any other business
    To consider any matters which, in the opinion of the Chair, should be considered as a matter of urgency
    For Reference - Presented by Sheila Childerhouse

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19. Dates for meetings for 2019
    Monday 13 May
    Tuesday 6 August
    Annual members meeting (Apex) - Tuesday 17 September
    Wednesday 13 November
    For Reference - Presented by Sheila Childerhouse

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20. Reflections on meeting
    To consider whether the right balance has been achieved in terms of information received and questions for assurance and the Trust's values and behaviours observed
    For Discussion - Presented by Sheila Childerhouse

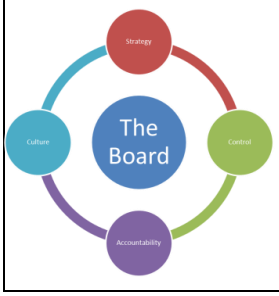
Agenda 2019 02 12 Feb

Council of Governors Meeting

There will be a meeting of the **COUNCIL OF GOVERNORS** of West Suffolk NHS Foundation Trust on Tuesday, **12 February 2019 at 18.00** 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.	Sheila Childerhouse
2.	**Welcome and introductions** To note the resignation of Margaret Rutter, public governor and appointment of Robin Howe. 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 14 November 2018	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	Nick Jenkins
8.	**Governor issues** (enclosed) To note the issues raised and receive any agenda items from Governors for future meetings	Florence Bevan
18.30	**DELIVER FOR TODAY**	
9.	**Summary finance & workforce report** (enclosed) To note the summary report	Gary Norgate

18.40	**INVEST IN QUALITY, STAFF AND CLINICAL LEADERSHIP**	
10.	**Summary quality & performance report** (enclosed) To note the summary report	Alan Rose
18.50	**BUILD A JOINED UP FUTURE**	
11.	**Annual quality report and operational plan** (enclosed) To approve the quality indicator to be tested by the external auditors and invite nominations from governors to act as readers for the annual quality report and operational plan.	Richard Jones
19.00	**GOVERNANCE**	
12.	**Review of constitution** (enclosed) To approve the proposed changes to standings orders of the Board and Governors' code of conduct	Richard Jones
13.	**Register of interests** (enclosed) To review the register of governors' interests	Richard Jones
14.	**Nominations Committee** i) To elect a public governor to the Nominations committee (enclosed) ii) To receive a report from the meeting of 29 January 2019 (verbal) iii) To review the appraisal process for Non-Executive Directors and seek a minimum of six volunteers to participate in this process (enclosed)	Richard Jones S Childerhouse Richard Jones
15.	**Report from Engagement Committee** (enclosed) To receive the minutes from the meeting of 17 January 2019	Florence Bevan
16.	**Lead Governor report** (enclosed) To receive a report from the Lead Governor.	Florence Bevan
17.	**Staff Governors report** (enclosed) To receive a report from the Staff Governors	Peta Cook
19.30	**ITEMS FOR INFORMATION**	
18.	**Urgent items of any other business** To consider any matters which, in the opinion of the Chair, should be considered as a matter of urgency	Sheila Childerhouse
19.	**Dates for meetings for 2019** Monday 13 May Tuesday 6 August Annual members meeting (Apex) - Tuesday 17 September Wednesday 13 November	Sheila Childerhouse
20.	**Reflections on meeting** To consider whether the right balance has been achieved in terms of information received and questions for assurance and the Trust's values and behaviours observed	Sheila Childerhouse
19.35	**CLOSE**	

1. Apologies for absence

To receive any apologies for the meeting.

For Reference

Presented by Sheila Childerhouse

2. Welcome and introductions

To note the resignation of Margaret Rutter, public governor and appointment of Robin Howe. To request mobile phones be switched to silent.

For Reference

Presented by Sheila Childerhouse

3. Declaration of interests for items on the agenda

To receive any declarations of interest for items on the agenda

For Reference

Presented by Sheila Childerhouse

4. Minutes of the previous meeting (enclosed)

To approve the minutes of the meeting held on 14 November 2018

For Approval

Presented by Sheila Childerhouse

REPORT TO:	Council of Governors
MEETING DATE:	12 February 2019
SUBJECT:	Draft Minutes of the Council of Governors Meeting held on 14 November 2018
AGENDA ITEM:	4
PRESENTED BY:	Sheila Childerhouse, Chair
FOR:	Approval

DRAFT

MINUTES OF THE COUNCIL OF GOVERNORS' MEETING
HELD ON WEDNESDAY 14 NOVEMBER 2018 AT 17.30
IN THE NORTHGATE ROOM AT WEST SUFFOLK NHS FOUNDATION TRUST

COMMITTEE MEMBERS			
		Attendance	**Apologies**
Sheila Childerhouse	Chair		•
Peter Alder	Public Governor	•	
Mary Allan	Public Governor		•
Florence Bevan	Public Governor	•	
June Carpenter	Public Governor	•	
Peta Cook	Staff Governor	•	
Justine Corney	Public Governor	•	
Judy Cory	Partner Governor	•	
Jayne Gilbert	Public Governor		•
Mark Gurnell	Partner Governor		•
Andrew Hassan	Partner Governor	•	
Rebecca Hopfensperger	Partner Governor		•
Javed Imam	Staff Governor	•	
Amanda Keighley	Staff Governor	•	
Gordon McKay	Public Governor	•	
Sara Mildmay-White	Partner Governor	•	
Laraine Moody	Partner Governor	•	
Barry Moult	Public Governor	•	
Jayne Neal	Public Governor	•	
Adrian Osborne	Public Governor	•	
Joe Pajak	Public Governor	•	
Margaret Rutter	Public Governor		•
Gary Sharp	Staff Governor	•	
Jane Skinner	Public Governor	•	
Liz Steele	Public Governor	•	
Martin Wood	Staff Governor	•	
In attendance			
Richard Davies	Non-Executive Director		
Stephen Dunn	Chief Executive		
Angus Eaton	Non-Executive Director		
Georgina Holmes	FT Office Manager *(minutes)*		
Richard Jones	Trust Secretary & Head of Governance		
Paul Morris	Head of Patient Safety & Clinical Effectiveness *(agenda item 11)*		
Rowan Procter	Executive Chief Nurse		
Alan Rose	Non-Executive Director / Deputy Chair		

Action

GENERAL BUSINESS

18/60 APOLOGIES

Apologies for absence were noted as above.

18/61 WELCOME AND INTRODUCTIONS

Alan Rose welcomed everyone to the meeting and explained that Sheila Childerhouse has sent her apologies as she was on annual leave, therefore he would be chairing the meeting in his role as Deputy Chair.

He welcomed and introduced Louisa Pepper, Non-Executive Director, who was attending her first meeting of the Council of Governors.

He explained that Paul Morris had been asked to attend the meeting for agenda item 11; therefore this item would be brought forward.

18/62 DECLARATIONS OF INTEREST

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

18/63 MINUTES OF THE COUNCIL OF GOVERNORS MEETING HELD ON 9 AUGUST 2018

The minutes of the meeting held on 9 August 2018 were approved as a true and accurate record subject to the following amendment:-

Page 3, item, 18/43, para 3, to read, "Liz Steele said that she was very pleased that reusable cups had been introduced, which Margaret Rutter had previously raised as an issue."

18/64 MATTERS ARISING ACTION SHEET

There were no ongoing actions. The completed actions were reviewed and the following comment made:-

Item 167; send update/briefing to governors on NEESPS following the briefing to the board at the end of August and provide further updates on any progress to report. Alan Rose reported that an update on pathology services had been provided at the closed session of this meeting and he had proposed that more regular updates on pathology services would be provided to governors. **R Jones**

18/65 CHAIR'S REPORT

It was noted that the Chair had highlighted three or four meetings/visits in greater detail, as well as providing a full list of meetings she had attended and visits. This showed that she was working hard to meet people outside the system.

It was agreed that this helped to governors to understand the benefits of the Chair attending various meetings.

18/66 CHIEF EXECUTIVE'S REPORT

The Chief Executive highlighted the importance of listening to and integrating with community colleagues including GPs and local authorities and developing outreach services in the community.

Together with a number of internal and external colleagues he had recently visited Wolverhampton NHS Trust to look at a patient tracking system and how they managed their flow, working closely with primary care. This had been a very positive visit for the whole system.

He alluded to his mother's recent experience as a patient in Liverpool hospital, which had been rated outstanding by the CQC. They had a number of very good initiatives which could be considered for implementation at WSFT, including offering her a warm blanket as she waited to go into her operation.

He highlighted the successes and achievements in A&E performance but cautioned that winter was approaching and sustaining this would be extremely challenging.

It was noted that to date approximately 55% of staff had had flu jabs.

Judy Cory thanked the Chief Executive for his reference to and appreciation of the Friends. She suggested that the Friends could look at purchasing a blanket warmer out of profits they made in the future.

June Carpenter asked about winter pressures and plans for staffing. Rowan Procter explained that winter pressures was about resources including capacity and staffing in a number of different areas and specialties. There was a winter escalation ward as well as other areas that could be made available subject to availability of staff. The Trust was also looking at purchasing up to 20 beds in the community. Unfortunately a number of agency nurses had been lost to other organisations that had breached the cap and were paying more than WSFT. However, some were now returning as they preferred working for WSFT. An incentive was being offered to full and part time staff who signed up to a number of shifts in advance between 1 December and 31 March, for which they would be paid overtime rates. Despite the plans that had been put in place the next few months would be very challenging and were already becoming tough.

Amanda Keighley explained how the winter pressures were being planned for and would be managed in the community.

Rowan Procter said that the Trust would work hard not to cancel elective patients as these could then become emergency patients as a result having to wait for their operation.

The cath lab had been opened this week which would provide additional capacity and AAU should open at the end of this month which would provide further capacity.

Joe Pajak asked about the availability of the flu vaccine to GPs etc. Andrew Hassan explained that every year there was an issue around flu vaccine supplies, but he understood that there were adequate supplies this year.

Garry Sharp referred to the achievement of the A&E target and asked if readmission rates were monitored. Rowan Procter explained that the emergency care intensive support team (ECIST) had undertaken an audit of 50 patients who had been admitted and had not found any who had been admitted inappropriately. There was also nothing to indicate anything significant or insignificant about inappropriate discharges being made in order to achieve targets.

18/67 GOVERNOR ISSUES

June Carpenter explained that although these questions were meant to seek assurance, a number of were for information and were considered to be necessary so that governors were kept informed. Sara Mildmay-White considered the responses to these to be extremely helpful.

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It was suggested that if board meetings were held in the community the public needed to be made aware they were happening. Richard Jones explained that the executive team met in venues first to make sure they were appropriate as it was important to have the right facilities for board meetings. They had met at Newmarket but it was too small for a board meeting and they would also be looking at Mildenhall.

The Chief Executive explained that the executive team met in the community to give the opportunity for integration with community staff. He stressed that board meetings were meetings in public, not public meetings, with limited opportunity for the public to ask questions. Talks for FT members and the public had been held in a number of places across the community and were a very successful way of engaging with the public. The engagement committee was also looking at other opportunities for governor engagement in the community.

DELIVER FOR TODAY

18/68 SUMMARY QUALITY & PERFORMANCE REPORT

Angus Eaton explained how he looked at quality and performance of the Trust. He looked at whether data was reliable and audit processes to ensure this, and if management looked at red and amber indicators and were taking action to improve these. If actions were being taken he looked at whether progress was being seen, although sometimes this could be slow, eg discharge summaries. Additional reports were provided at board meetings, eg learning from deaths The methodology used in the reports was based on the CQC's methodology which was useful. Taking part in quality walkabouts was also very helpful for the NEDs.

He stressed that the board and governors should not lose sight of the fact that demand on the hospital and in the community had increased dramatically. There was an ongoing focus on the winter plan to help manage this demand.

Cancer performance had dipped but he was assured that this was being managed. Falls continued to be an issue and there was now a falls focus group to try to address this issue. On the whole positive progress had been made in referral to treatment times (RTT) as well as an improvement against the 18 week target.

There had been an increase in sickness absence, although this was still better than other Trusts. Some areas of mandatory training required improvement. The board would continue to monitor both of these issues.

He stressed that the philosophy of the board was 'safety first'.

Barry Moult noted the progress being made on underlying trends. However, he was disappointed that falls continued to be an issue and asked for more visibility so that progress could be seen. Angus Eaton said that the organisation needed to keep focussing on everything, even though it had been rated as outstanding.

Rowan Procter explained that she looked at areas where there had been a reduction in clinical incidents and if it was because they were not being reported. If areas were not reporting these it was either because staff had not got time to do so or the area did not think there was an issue.

Liz Steele referred to vitamin D levels and suggested that there was room for being more pro-active and looking at things in a different way. Rowan Procter explained that a project was being set up to look at fractured neck of femur and factors made patients fall resulting in admission to hospital, eg vitamin D levels etc.

18/69 SUMMARY FINANCE & WORKFORCE REPORT

Richard Davies explained that the Trust had originally forecast that its income for the year would be £228.8m, but its expenditure would be £258.4m, resulting in a loss of £26m, which NHSE were not happy with. KPMG had looked at this and the only option to reduce costs was to come up with a range of cost improvement plans (CIPs) across the whole organisation. They had managed to identify £9.4m of savings, ie 4% of expenditure which would reduce the loss to £16.6m.

NHSE were still not satisfied with this and had set a control total of a loss of £13.8m. This meant that after putting the £1.5m contingency fund towards the deficit a further £1.3m of savings still had to be found.

If the Trust did not meet its control total its performance was likely to be more closely monitored. However, if it did achieve the control total it would receive an additional £3.6m, which meant that it would finish the year with a deficit of £10.2m.

Currently the Trust was £700k behind plan. There were two main reasons for this, the first being the pay award being underfunded by £300k despite the government originally saying that this would be fully funded. The other was around wheelchair services and the provision of wheelchairs to adults and children in the community before taking over the contract, which had cost an additional £200k. Not achieving the A&E target for quarter one had also resulted in the Trust not receiving additional funding of £200k.

Currently financial performance was not too much of a concern and it was still expected that the control total would be achieved.

The national shortage of nurses continued to be a concern but the Trust had plans in place to try to address this.

Joe Pajak asked what would happen if the Trust failed to achieve the control total. It was explained that this would depend on how far away from the figure it was. This was managed differently each year and it was not clear what would happen.

The Chief Executive stressed that it was important that WSFT delivered the financial plan that it committed to. It currently looked like this would be achieved but winter pressures would be a real challenge.

Angus Eaton said that the Trust must not lose sight of the fact that it continued to borrow a lot of money in order to maintain cash flow.

Andrew Hassan suggested that there were opportunities around joint working with the CCG and across the whole system. There might be a possibility for support coming in in the future but this had not yet been confirmed.

Martin Wood asked if there were any external opportunities for making more money. Alan Rose explained that education was one of the areas outside the block contract. The Chief Executive stressed that there was one pot of money for the whole area but there were some opportunities externally.

INVEST IN QUALITY, STAFF AND CLINICAL LEADERSHIP

18/70 QUALITY PRESENTATION – HOW WE MEASURE QUALITY

Rowan Procter explained that the purpose of this presentation was to help governors understand how the organisation assured itself that it was providing safe, quality care both within the hospital and community.

She explained the various audits that were undertaken, eg infection control, staffing, patient experience. Overall there were over 130 different questions/checks for a ward or clinical area in the organisation. She also gave examples of the regular monitoring and checks that were now available as a result of e-Care.

Information was provided to her on a daily basis and if she had any concerns she contacted the relevant matron to follow this up. Staffing levels on all wards were reviewed on a daily basis and staff were moved around the organisation according to their skills and experience in order to ensure that that all areas were safely staffed. There was also a twice yearly review of the staffing establishment and recruitment plans.

Alan Rose asked for assurance that the benefits provided by this information outweighed the effort required in inputting the information. Rowan Procter explained that this was standard care being provided but the information was now being input electronically rather than hand written in patients' records.

Paul Morris, Head of Patient Safety & Clinical Effectiveness, explained that electronic patient records (EPRs) had taken away the bureaucracy and amount of data used at bed meetings and assisted in triangulation of information.

Rowan Procter highlighted the information on complaints that had been received in the last quarter and areas where the highest number of complaints was received. Details of the top five reasons for complaints were also given, the main one being communication and informing patients about what was happening. She explained that if a member of staff was named more than once in complaints this would be followed up with the individual. At least five members of staff had been dismissed based on values and behaviours and complaints received about them.

Barry Moult asked about lessons learned, particularly relating to behaviours and attitude. Rowan Procter explained that there was shared learning about complaints with the relevant divisions. Compliments and best practice were also shared. Paul Morris explained the Greatex initiative that linked with shared learning events.

Alan Rose explained that the board monitored complaints, including response times and any trends.

He thanked Rowan Procter and Paul Morris for a very information presentation.

18/71 NON-EXECUTIVE DIRECTOR PRESENTATION

Louisa Pepper gave a very interesting presentation on her background and career in the police force and the challenges she had faced. She explained the reasons why she wanted to be a NED and her family's connection with WSFT. She also explained what she felt she would bring to the role, including her enthusiasm and commitment, strategic experience and being a 'fresh pair of eyes'.

BUILD A JOINED UP FUTURE

18/72 WEST SUFFOLK ALLIANCE REPORT

Rowan Procter highlighted item 2.5 and how well the System Executive Group (SEG) was working together. There were good working relationships with the local authority and additional beds were being opened in the community.

Investment was being made in IT and equipment in the community. This had been very well received as very little money for this had been available to secondary care staff in the community for a number of years.

She highlighted the work planned for the next 12 months, including providing performance assurance in the community setting. Work was continuing and it was hoped to move forward next year with the creation of more joint posts with alliance partners.

Andrew Hassan said it was very good to see significant changes due to joint working across different teams, eg therapies. This was a real advantage at management level and the alliance being able to make decisions together and share consequences which was very important.

Amanda Keighley agreed that this was very positive and explained that there was a lot of work going on that was not always obvious and it was not always possible to show what was being achieved. Staff were working together across the system and getting people home as quickly as possible for the benefit of the patient and also helping hospital flow.

Peta Cook agreed and said that staff were very relieved that they were now part of WSFT. There continued to be a frustration that they did not have all the IT equipment required but staff were pleased to see that progress was being made.

The Chief Executive explained that the alliance had been part of the Trust's strategy for a while and also part of the strategy of the STP which was encouraging the development of alliances. He explained the work being undertaken in the community should help winter planning, eg integrated respiratory team.

Sara Mildmay-White asked about the future of mental health services. The Chief Executive explained that currently the CCG was looking at the future of mental health services as the services required were not being delivered. WSFT was looking at ways in which it could support the evolution of mental health services and working with alliance partners on how they could take an increased role in mental health services. This would be discussed with Norfolk & Suffolk NHS FT. Rowan Procter explained that she had a close working relationship with staff from Wedgewood and was providing as much support to them as possible. These staff were excellent and very committed to their patients and the service they provided.

Peter Alder noted that there were a number of voluntary services which could support people in the community. The Chief Executive agreed and said that it was important take advantage of voluntary groups as well as volunteers in the Trust.

GOVERNANCE

18/73 ELECTION OF LEAD GOVERNOR & DEPUTY LEAD GOVERNOR

There were two nominations for lead governor, Barry Moult and Liz Steele. The votes were counted and Liz Steele was elected as lead governor.

There were also two nominations for deputy lead governor, Florence Bevan and Liz Steele. As Liz Steele had been elected as lead governor the votes were not counted and Florence Bevan was therefore elected as deputy lead governor.

Alan Rose thanked the three governors who had put themselves forward for these roles. He also thanked June Carpenter for all her hard work during her time as lead governor.

18/74 REPORT FROM NOMINATIONS COMMITTEE

It was explained that a 360° mid-year appraisal had recently been undertaken for the Chair and the results would be fed back to her by Gary Norgate as Senior Independent Director and June Carpenter who was lead governor during the period the appraisal related to. Liz Steele would observe as the new lead governor.

It was confirmed that external colleagues as well as internal colleagues had been consulted in this appraisal.

A new format using Surveymonkey had been trialled and feedback on it had been very positive.

18/75 REPORT FROM ENGAGEMENT COMMITTEE

Florence Bevan reported that Amanda Keighley and Peta Cook had been working hard to engage with people in the community and had undertaken a Courtyard Café style session at Newmarket hospital. It was planned to arrange further sessions in the new year which would be attended by governors.

Other suggestions on how to engage with people in the community were using social media and pre-arranged telephone calls from volunteers.
The committee was also keen for governors to link up with MyWish when they attended presentations, as there would already be a captive audience.

Cassia Nice was in the process of arranging area observations within the hospital and these would be included in the governor engagement programme for 2019.

Florence Bevan noted the item for escalation to the Council of Governors; ie induction received by long term locums and whether all locums and bank staff were made aware of the Trust's values and given a 'Patient First' booklet. This had been escalated as a result of feedback from a Courtyard Café session on the poor attitude of a locum. Rowan Procter said she would follow this up, in particular in relation to medical students. **R Procter**

18/76 LEAD GOVERNOR REPORT

The governors received and noted this report.

June Carpenter thanked governors for all their support over the last few years.

18/78 STAFF GOVERNORS REPORT

The governors received and noted this report.

Martin Wood highlighted the fact that staff governors did their best to provide operational information to governors. He said that they were also available to do this for board members if required/appropriate.

ITEMS FOR INFORMATION

18/79 URGENT ITEMS OF ANY OTHER BUSINESS

No items received.

18/80 DATES FOR COUNCILOF GOVERNOR MEETINGS FOR 2019

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

Tuesday 12 February
Monday 13 May
Tuesday 6 August
Wednesday 13 November
Annual Members Meeting Tuesday 17 September 2018

18/81 REFLECTIONS ON MEETING

No comments received.

5. Matters arising action sheet (enclosed)

To note updates on actions not covered elsewhere on the agenda

For Reference

Presented by Sheila Childerhouse

REPORT TO:	Council of Governors
MEETING DATE:	12 February 2019
SUBJECT:	Matters Arising Action Sheet from Council of Governors Meeting of 14 November 2018
AGENDA ITEM:	5
PRESENTED BY:	Sheila Childerhouse, Chair
FOR:	Information

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

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

Ongoing action points

None

Completed action points

Ref.	Date of Meeting	Item	Action	Action taken	**Action By**	Completion date
172	14 November 2018	18/64	More regular updates on NEESPS to be provided to governors in between CoG meetings.	Briefings being provided on monthly basis. Looking to develop a shared approach to communicate with Governors across WSFT and ESNEFT.	R Jones	12/2/19
173	14 November 2018	18/75	Confirm how locums, bank staff and medical students are made aware of the Trust's values and if they are given a 'Putting You First'; booklet.	The Trust's values are included in the Trust's general induction sessions and staff are given a copy of the 'Putting You First' booklet. The Patient First standards to be included in the update of the locum induction book and induction for medical students/junior doctors.	R Procter / N Jenkins	12/2/19

6. Chair’s report (enclosed)

To receive an update from the Chair

For Reference

Presented by Sheila Childerhouse

REPORT TO:	Council of Governors
MEETING DATE:	12 February 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.

Integrated care design panel (Five meetings/calls between 1/11/18 and 31/1/19)
This is a small group from the key STP organisations who are drafting the governance framework for the emerging integrated care organisation. It has been really valuable for WSFT to be at the table. The draft was welcomed by the STP leaders at a workshop on Friday, 1 February. When implemented it has the potential to radically improve the governance of the integrated care system for Suffolk and North East Essex.

100 inspirational women in NHS & Suffolk (2/12/18)
A wonderful event that celebrated the work of so many women who every day go above and beyond in what they do for others. It was particularly special that the nomination were made by the individuals peers. I was immensely proud of our staff and it was a privilege to enjoy the time with them. Brilliant organisation by Jan Bloomfield, Gina Long and their teams.

Governor training (22/1/19)
I was delighted to attend my second Governors training day. The programme for the day was informed by a recent survey of the Governors and the feedback I have received has been hugely positive – I know we all want to ensure that we can translate the learning into practice!

Visit to the mortuary (29/1/19)
A very informative and positive quality walkabout. We recognised that this is in fact another ward and it is clear that the dedication and care of the inspirational leadership ensures that 'patients' are given the same respect and care as anywhere else in the Trust despite the environment being far from ideal.

Amanda Lyes and Kate Vaughton (30/1/19)
We met to discuss how we better network the NED & lay member community within West Suffolk and across Suffolk & North East Essex. NHSI have recently granted funding for this initiative.

Recommendation
Governors are asked to note the report for information.

Annex A: List of meeting attended by Chair

Date	Meetings and events (01/11/18 until 31/01/19)
01/11/2018	1:1 Jan Bloomfield, executive director for workforce and communications
01/11/2018	Pre-meet with NEDs before board meeting
01/11/2018	Telephone call with STP: Integrated care design panel
02/11/2018	Trust board meeting in Sudbury
02/11/2018	Audit committee meeting in Sudbury
06/11/2018	Quality walkabout in F3
06/11/2018	Selection meeting for inspirational women in the NHS event
06/11/2018	CoG agenda setting meeting with June Carpenter, Liz Steele & Alan Rose
06/11/2018	1:1 with Tara Rose, head of communications
28/11/2018	Meeting to discuss inspirational women in NHS & Suffolk event
28/11/2018	1:2 Richard Jones (trust secretary) & Georgina Holmes (foundation trust office manager)
28/11/2018	1:1 Stephen Dunn, CEO
30/11/2018	Pre-meet with NEDs before board meeting
30/11/2018	Trust board meeting
30/11/2018	Remuneration committee meeting
02/12/2018	100 Inspirational women in NHS & Suffolk event in Bury St Edmunds
03/12/2018	Winter leadership summit, Bury St Edmunds
04/12/2018	Quality walkabout
04/12/2018	1:1 Kate Vaughton, WSCCG & WSFT
04/12/2018	1:1 Stephen Dunn, CEO
04/12/2018	Appraisal by Gary Norgate & June Carpenter
04/12/2018	Governor handover meeting with June Carpenter
05/12/2018	1: 1 Christopher Browning, WSCCG Chair
05/12/2018	5 O'Clock Club
11/12/2018	Governor review meeting with Richard Jones, Georgia Holmes & Liz Steele
11/12/2018	Opening of cardiac diagnostic unit with Frankie Dettori
11/12/2018	1:1 Stephen Dunn, CEO
11/12/2018	1:1 Nick Jenkins, Executive Medical Director
12/12/2018	Scrutiny committee meeting
12/12/2018	1:1 Louisa Pepper, NED
12/12/2018	Teleconference call with NEDS
13/12/2018	STP Chairs group meeting
13/12/2018	Telephone call with STP: Integrated care design panel
14/12/2018	STP Board meeting
14/12/2018	Quality & risk committee meeting
17/12/2018	Informal supper with candidates for executive director of workforce and communications at WSFT
18/12/2018	Interviews and presentations for candidates for executive director of workforce and communications
19/12/2018	1:1 Stephen Dunn, CEO
19/12/2018	Meeting to discuss lay member involvement with WSCCG
20/12/2018	Visiting wards on Christmas Day morning
08/01/2019	1:1 Barry Moult, Governor
08/01/2019	1:1 Stephen Dunn, CEO
08/01/2019	1:1 Richard Jones, trust secretary
08/01/2019	Telephone call with Angus Eaton, NED
09/01/2019	Scrutiny committee meeting
09/01/2019	Induction meeting – Jac Reeves (W&C Clinical Director)
09/01/2019	Lunch with Catherine Waller, Alan Rose & Gary Norgate
09/01/2019	Teleconference call with NEDS
11/01/2019	STP Board meeting
11/01/2019	Lunch with Ed Garratt, WSCCG AO

Date	Meetings and events (01/11/18 until 31/01/19)
14/01/2019	Telephone call with Louisa Pepper, NED
15/01/2019	1:1 Catherine Waller
15/01/2019	1:1 Stephen Dunn, CEO
15/01/2019	Teleconference regarding governor training with Claire Lea, Richard Jones & Georgia Holmes
15/01/2019	1:1 Christopher Browning, WSCCG Chair
16/01/2019	Robin Howe, proposed new governor
16/01/2019	Induction meeting – Dr Amir Helmy (Consultant Radiology)
21/01/2019	Dinner with NHS Providers & Dr Sarah Wollaston MP, London
22/01/2019	Governor training, Bury St Edmunds
22/01/2019	1:1 Stephen Dunn, CEO
24/01/2019	Telephone call with STP: Integrated care design panel
25/01/2019	Pre-meet with NEDs before board meeting
25/01/2019	Trust board meeting
29/01/2019	1:1 Cassia Nice, patient experience lead
29/01/2019	Sign off of charitable funds accounts
29/01/2019	1:1 Stephen Dunn, CEO
29/01/2019	Lunch with Edward LIbbey, Chair Kings Lynn NHS Foundation Trust
29/01/2019	Quality walkabout in mortuary
29/01/2019	Telephone call with Alan Rose, NED
29/01/2019	FT nominations committee meeting
29/01/2019	Telephone call with STP: Integrated care design panel
30/01/2019	1:1 Amanda Lyes & Kate Vaughton, WSCCG
30/01/2019	Ian McKee, Volunteering Manager
30/01/2019	1:1 Jan Bloomfield, executive director of workforce and communications
30/01/2019	Telephone call with Catherine Waller
30/01/2019	1:1 Richard Jones, trust secretary
31/01/2019	Chair of at Appeal Hearing
31/01/2019	Telephone call with STP: Integrated care design panel

7. Chief executive’s report (enclosed)

To note a report on operational and strategic matters

For Reference

Presented by Nick Jenkins

Council of Governors – 12 February 2019

AGENDA ITEM:	7
PRESENTED BY:	Steve Dunn, Chief Executive Officer
PREPARED BY:	Steve Dunn, Chief Executive Officer
DATE PREPARED:	31 January 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.

Attendances over Christmas Eve, Christmas Day and Boxing Day were altogether lower than in 2017, across December as a whole we saw a 3.1% increase compared to last year and that trend has continued into January and is expected in February. As a result, **staffing wards remains challenging** and we've had to make some quite difficult decisions along the way. Many staff have been moved around the hospital to where the cover has been most needed, and I know that has been unsettling. But I never fail to be impressed at how everyone here at the Trust, whether in the hospital or in the community, pulls together in these times to get the job done. That really isn't easy when you're tired and in the thick of it. Our staff make me proud every day. I was pleased that we were able to highlight some of their hard work through some TV filming we did with Sky at the end of the year. We welcomed a crew into the Trust to give them a behind the scenes look at winter in the NHS, and it was great to see us on such a high-profile national platform. The crew will be returning early February to see how things have moved on.

I was so pleased to be a part of the formal opening of our brand new, state-of-the-art cardiac centre and we must not forget that this, as well as other work, contributed to the additional bed capacity that we created in the hospital and community, for winter. This additional capacity has been critical to allowing us to cope as well as we have. Opening our new acute assessment unit (AAU) has supported patient flow – for both patients referred by ED as well as GPs. The difficult decision we made in early 2018 to move staff from the new AAU area, including the executive team, into Quince House feels so worthwhile.

We received a very welcome early Christmas present in December as we were allocated £13.4m to **improve our emergency department**. We have known for a long time that this is much needed – our emergency department is no longer fit for purpose, and the funding will mean we can enhance and modernise it. The work should help to improve patient flow, and also separate ambulance arrivals from other patients needing major and minor services to reduce turnaround time for ambulances. This is the next step in our emergency care plans, building on our acute assessment unit (AAU) that opened last month which is already helping to improve how we care for our emergency patients.

In response to the challenging demand we experienced across the Trust on 11 January, we took the decision to communicate directly with our substantive nurses, who are not registered on the bank, by text message. This was in order to secure additional staffing for the weekend and ensure patient safety. I'd like to pass my thanks to those who responded as we were able to improve staffing across several areas on both Saturday and Sunday. Recognising the level of activity we are experiencing may continue, we may need to communicate in this way again if operational demand requires.

Alongside this focus within the hospital we are working closely with our **community colleagues and Alliance partners** to ensure we are able to respond to winter pressures and do the right thing for all our patients. Examples of some of this work include:

- The Care Homes local enhanced service (LES) primary care team are working with GP practices to map practices to care homes and start to provide proactive care for residents. This includes: an allocated care home lead within the practice; a regular 'ward round' on a fixed day of the week with a GP or alternative healthcare professional; advance care planning and dementia diagnosis case finding; and regular contact including discussion of falls, falls reviews and promotion of i-stumble
- The early intervention team (EIT) continue to develop out of hours assessment of care home residents and support care homes with care management needs e.g. IV therapy, test proactive community input of care within nursing homes. An EIT therapist will support care homes to help manage falls and support manual handling. This will also help promote early reablement and rehabilitation to support residents after illness and falls
- Implementation of discharge to optimise and assess (D2OA) pathway 1 test and learn has gone well with the service now being implemented across five acute base wards. More than 20 patients have been supported to date and with excellent progress of discharge dates within 1 day of being medically optimised and reduction in care packages post the initial reablment period at home
- The rapid implementation vehicle (RIV) and EIT is operating over winter for a six-month period until March 2019 to provide an urgent response for patients who may need conveying to ED if not seen and assessed by a healthcare professional. The operation times of the service are 1100-1900 Monday – Friday (including Bank Holidays) and the localities currently able to access the RIV are Sudbury, Bury Town and Bury Rural
- The West Suffolk Alliance is working to design an integrated Responsive Service which is likely to bring together the existing reactive services of west Suffolk health and care services across each of the Connect localities. The reactive services that are being considered are the Early Intervention Team (EIT), Support to Go Home (STGH) and Homefirst. This may also include some elements of Adult Social Care (ACS) and Domiciliary Care

We continue to support our staff to have flu jabs to protect themselves, their patients and their colleagues. I'm delighted that, at the time of writing, more than 2,661 of our staff have opted to have the **flu vaccination**. That will likely have gone up even further at the time of reading! This is such great news and proves that our staff are dedicated to protecting themselves and those around them. Thank you to each and every one of you! The feedback I have had is that this year's inoculation, as is the case most years, is effective and it is not too late to protect yourself, patients, your friends and family from infection.

I was delighted to join staff and West Suffolk MP and Secretary of State for Health and Social Care, Matthew Hancock, in January to formally open our **new ultrasound service** - which will see Haverhill patients receive ultrasounds in the town for the first time. The service, which will be staffed by our sonographers and has been supported by the NHS West Suffolk Clinical Commissioning Group (WSCCG), is provided in the Christmas Maltings surgery in Camps Road, and means that Haverhill patients will be able to have much-needed scans without leaving the town – no longer having to travel to West Suffolk Hospital, Addenbrooke's, or Newmarket Hospital for the service. This project come to fruition thanks to the unwavering efforts of Betty McLatchy, former Haverhill councillor and mayor, who spearheaded a whopping £20,000 of community fundraising to contribute towards the equipment required.

It is with regret that I confirmed that during December we reported a **never event** due to a wrong site anaesthetic block prior to surgery. While hugely disappointing I can confirm that no harm came to the patient, but this has highlighted some mitigating actions and a full investigation has commenced. This is the first never event we have reported since October 2017.

Overall for **December's performance** there were 61 falls and 27 Trust acquired pressure ulcers with no C. difficile cases. The Trust failed to deliver on the target for 2 week wait for urgent GP referrals, with reported performance at 92.2%, 2 week wait breast symptoms with reported performance at 48.8%, 62 day screening with reported performance at 85.7% and Cancer 62 day GP referral with reported performance 77.0% due to increased demand and lack of radiology capacity. The 4 hour wait performance for the emergency department for December was 91.4% with attendances continuing at an increased level year-on-year level at 11.2% (adjusted).

The **month nine financial position** reports a deficit of £6.5m. This is £0.8m worse than planned, partly due to provider sustainability funding (PSF) funding being behind plan as a result of ED performance in Q1 (£0.2m). The Trust has agreed a control total to make a deficit of £13.8m which will provide PSF of £3.7m should ED and financial targets be met. Therefore the Trust is now planning on a net deficit of £10.1m for 2018-19. In order to achieve the control total the 2018-19 budgets now include a stretch cost improvement programme (CIP) of £2.8m bringing the total CIP plan to £12.2m (5%).

During December I am pleased to confirm that senior leadership from East Suffolk and North Essex Foundation Trust (ESNEFT) visited the labs to meet staff and review the provision of **pathology services**. While operational challenges clearly remain, we have seen commitment from ESNEFT, who host North East Essex and Suffolk Pathology Services (NEESPS), to deliver the required improvements in pathology services. During December, we also met with NHS Improvement to provide focus and support in this area; the meeting was held in London and included the responsible executive from ESNEFT. We are also continuing to assess the options for the networked provision of pathology services.

A Suffolk system-wide programme of work continues in order to develop a **Mental Health and Emotional Wellbeing Strategy** that describes Suffolk's future model for mental health services. #averydifferentconversation has developed this strategy in a co-productive manner that has sought the views of service users, carers, families and professionals. We are actively engaged in these programme and consideration of the future provision of mental health services for the west of Suffolk.

I am really pleased that a brand new protection team has been introduced at the West Suffolk Trust to help keep you, our patients, and our buildings safe. Twelve new members of staff make up our brand new **restrictive physical intervention (RPI) security team**, who will help to make sure our environment is one that looks and feels safe and secure. As well as supporting conflict incidents, the specially-trained team will help to keep areas protected by conducting regular patrols and sweeps of the site, monitoring access to restricted areas, helping to keep locked areas secure. The 24/7 team is headed up by Darren Cooksey, security manager. Sadly, in last year's NHS Staff Survey (2017) 18% of staff reported that you had been subjected to physical violence from patients, their relatives or members of the public – well above the NHS national average (15%). The new team has received specialist conflict management and mediation training, and, among their other duties, will be on hand to help protect staff if someone is behaving in an aggressive or inappropriate way. The team can be called by any staff member at any time for support, which could be on a ward or on a one-to-one basis.

I'm absolutely delighted to have been **awarded a CBE** for services to health and patient safety in the Queen's New Year Honours list. I accept this on behalf of all of the staff working with compassion and commitment across the Trust. It is their effort and hard work that should really be honoured and I salute them for the outstanding care they provide to the west Suffolk community each and every day.

And of course January has seen the launch of the **NHS Long Term Plan**, which explains how the NHS will spend an extra £20.5 billion of funding to make it fit for the future. Once again we were

closer to the action than most as the Secretary of State for Health and Social Care, Matthew Hancock MP, chose to visit the Trust to give his first media interview on the plan and talk to staff on the frontline. The Health Secretary told Sky News that health services need a "big shift" to "focus on prevention as much as we do on cure", and asked people “to take responsibility to keep the pressure off the NHS and make sure that it's there for people who really need it.”
He also revealed the Government's plans for an overhaul of social care will be published "in the coming weeks" to coincide with the new NHS plan.

The plan’s vision marries with our own priorities and seven ambitions here at WSFT. It wants to make sure the NHS provides better care and outcomes through every stage of life by: giving everyone the best start; delivering world-class care to help people live well; and helping people age well. The Plan sets out ambitions for ensuring the NHS is fit for the future and covers a ten year window. A consultation and engagement period will now begin on the Plan, running until the summer. The Plan is structured to overcome the challenges that the NHS faces:

1. **Doing things differently:** giving people more control over their own health and the care they receive, encourage more collaboration between GPs, their teams and community services, as ‘primary care networks’, to increase the services they can provide jointly, and increase the focus on NHS organisations working with their local partners, as ‘Integrated Care Systems’, to plan and deliver services which meet the needs of their communities
2. **Preventing illness and tackling health inequalities:** increase the NHS’s contribution to tackling some of the most significant causes of ill health, including new action to help people stop smoking, overcome drinking problems and avoid Type 2 diabetes, with a particular focus on the communities and groups of people most affected by these problems
3. **Further progress on care quality and outcomes**: for all major conditions, the quality of care and the outcomes for patients are now measurably better than a decade ago. However, the Plan looks at both physical and mental health and outlines a range of condition specific proposals, including making sure everyone gets the best start in life and delivering world-class care for major health problems (cancer, cardiovascular disease, stroke diabetes and respiratory)
4. **Backing our workforce:** continuing to increase the NHS workforce, training and recruiting more professionals – including thousands more clinical placements for undergraduate nurses, hundreds more medical school places, and more routes into the NHS such as apprenticeships. Making the NHS a better place to work, so more staff stay in the NHS and feel able to make better use of their skills and experience for patients
5. **Making better use of data and digital technology:** providing more convenient access to services and health information for patients, with the new NHS App as a digital ‘front door’, better access to digital tools and patient records for staff, and improvements to the planning and delivery of services based on the analysis of patient and population data
6. **Getting the most out of taxpayers’ investment in the NHS:** continuing to work with doctors and other health professionals to identify ways to reduce duplication in how clinical services are delivered, make better use of the NHS’s combined buying power to get commonly-used products for cheaper, and reduce spend on administration.

Now that the NHS Long Term Plan has been published, local NHS organisations like ours – working together with each other, local councils and other partners – will be expected to develop our own strategies for the next five years to make the Plan a reality for local communities.
The good news is, that through our Alliance and Sustainability and Transformation Partnership (STP) work, we’re already making great strides – initiatives like our support to go home service are helping to break down barriers between acute and social care; we’re doing more to try and prevent people becoming ill through our early intervention team and looking at population health; and we’re improving the care people get with us through things like our acute assessment unit and new cardiac suite. Plus, as a global digital exemplar (GDE), we’re already at the forefront of using technology in healthcare.

We have already started to reflect on the ambitions set out in the plan and will continue to do so and ensure our own strategies and plans align with the ambitious improvements set out in the Plan.

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

Deliver for today

Complex care team (CCT) recognised
A big thank you went to the dedicated team in our community services caring for children in Suffolk with lifelong, life-limiting conditions, ensuring they are able to stay at home with their families. The complex care team (CCT), is part of the integrated community paediatric service (ICPS) which provides a broad variety of care to children in their own homes, schools, health centres and clinics across Suffolk. The CCT was formed seven years ago to respond to the health needs of one child in Suffolk, with respiratory difficulties who required non-invasive ventilation for survival and continues to be provided with care today.

Discharge waiting area settles into its new home
The Trust's discharge waiting area (DWA) was set up in November 2017 as a six-month trial to gauge the impact of the unit on patient flow over the winter period. Over 1,000 patients came through the unit in the first two months alone and it was decided the Trust should make the DWA permanent. To date, the team has welcomed over 5,000 patients. The newly refurbished department on the former cardiac care unit (F2) has comfortable chairs, six beds for less able patients and a 'calming' area with five recliners especially for frail patients and those with dementia.

The west Suffolk lymphoedema service
Following a partnership with the Suffolk GP Federation, the West Suffolk Lymphoedema Service is now solely provided by our Trust. Lymphoedema is a long-term chronic condition that causes swelling in the body's tissues. It can affect any part of the body but usually develops in the arms or legs. The service also manages patients with lipoedema. This is a long-term chronic condition most common in women, where excessive and abnormal fat is deposited on the hips, buttocks, thighs and legs, and sometimes in the arms.

International Volunteer Day
5 December was International Volunteer Day, and we took the opportunity to thank all our wonderful, generous volunteers who give their time to enhance patient care at our Trust. Also, a big shout out to the hardworking voluntary services team for everything they do to make this possible!

Stop the Pressure day
Prevention of avoidable pressure ulcers is one of the key ways to prevent patient harm in hospital. Thursday 15 November was Stop the Pressure day, and thank you to everyone at the Trust who has taken part. The tissue viability team arranged several events to raise awareness of pressure ulcers in Time Out and across the Trust. Pressure ulcers are commonly encountered in patients admitted to hospital and those in long-term care facilities. Older people, and all patients with limited mobility or impaired sensation, are at particular risk. Pressure ulcers (also known as pressure sores or bedsores) are injuries to the skin and underlying tissue, primarily caused by prolonged pressure on the skin. They can happen to anyone, but usually affect people confined to bed or who sit in a chair or wheelchair for long periods of time.

Sepsis awareness day
Sepsis (also known as blood poisoning) is the immune system's overreaction to an infection or injury. Normally our immune system fights infection – but sometimes, for reasons we don't yet understand, it attacks our body's own organs and tissues. If not treated immediately, sepsis can result in organ failure and death. Yet with early diagnosis, it can be treated with antibiotics. The Trust's critical care outreach team held hold an awareness day at West Suffolk Hospital on in November linking in the with the seasonal flu campaign and also involving the acute oncology service team in order to promote awareness of neutropenic sepsis (a life-threatening complication of anticancer treatment), staff shared information on wards and there were displays in Time Out and also at Newmarket Community Hospital.

Volunteers inspect local hospitals
Cleanliness, food, and privacy at West Suffolk and Newmarket hospitals have been rated and scored by a team of patient assessors to help improve patient experience. Findings from an annual independent survey of standards of the West Suffolk NHS Foundation Trust's (WSFT) hospital sites have rated the Trust positively across a number of areas – with cleanliness being scored at a standout 99.97% at the West Suffolk and 100% at Newmarket. The Patient-Led Assessment of the Care Environment (PLACE) is the national NHS benchmark for ensuring services are offered in a clean, safe environment. Teams of independent local people volunteered their time to undertake the PLACE inspections at the West Suffolk Hospital and Newmarket Community Hospital earlier this year. The aim is to get the patients' perception of every experience they have at the hospital, from arrival at the site, to the place where they are treated, to leaving. The volunteers scored the hospitals on a wide range of issues, including cleanliness; privacy; dignity and wellbeing; dementia; access for disabled people; general maintenance; and food, which included sampling meals. This is the first time the Newmarket site has been scored as part of WSFT and initiatives to make improvements as a result of the findings are already in place.

Invest in quality, staff and clinical leadership

West Suffolk's 'inspirational' women celebrated
In December, our Chair Sheila Childerhouse and Jo Churchill, Member of Parliament for Bury St Edmunds, co-hosted an event to celebrate 100 Years of Suffrage and the NHS's 70 birthday. Inspirational women from across West Suffolk were invited to enjoy afternoon tea in The Athenaeum, in Bury, to celebrate their achievements. The event brought together inspirational community leaders, volunteers, fundraisers and hardworking and dedicated staff from the Trust. The event was both successful and hugely inspirational – and it was fantastic to see so many incredible female leaders being celebrated for the important work they do.

EU Settlement Scheme information
The Trust is 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.

Pharmacy introduces seven-day service
From Monday, 7 January, the West Suffolk Hospital pharmacy dispensary service hours will be extended to: Monday to Friday, 8.30am – 6.30pm and Saturday and Sunday, 9.00am – 4.30pm. Staff will also be working beyond these times, making ward visits and preparing for the following day's service.

Catering have retained Eat Out Eat well gold award
Congratulations to the Trust's catering team, which has retained its Eat Out Eat Well gold award! The accolade is awarded to caterers who make it easier for their customers to make healthy choices when eating out.

Domestic abuse awareness morning
On 10 October more than 40 staff attended the domestic abuse awareness morning organised by Julia Dunn and Lisa Sarson. The group heard from the police, Anglia Care Trust, the independent domestic violence advisors (IDVAs) and the Bury St Edmunds' Women's Refuge. They also heard from a 'survivor' of domestic abuse who frankly told the group her story. She spoke of how important it is for staff to 'ask the questions', because even if the victim is not ready to leave or cannot see the situation they are in, the seed that something is not right has been sown. She feels there had been several missed opportunities where health staff could have asked her about her own situation. Feedback about the event has been hugely positive, with staff asking for another session to be organised next year, which will enable those that were on the waiting list to attend too.

Preceptorship health and wellbeing roadshow
Over 30 new members of the Trust attended the recent health wellbeing roadshow as part of their preceptorship programme. They found out what the Trust and its health and wellbeing partners had to offer, including OneLife Suffolk, Care First and Neyber. They also took the opportunity to share their ideas about how to support staff's health and wellbeing.

Build a joined-up future

Medic Bleep has arrived!
Medic Bleep is a communication app that allows you to message and call colleagues whilst at work, and meets NHS information governance standards. After piloting Medic Bleep in pharmacy, all staff can now sign up to start using it. Staff will be able to log onto Medic Bleep via a mobile phone as an app, on their desktop, or on a workstation on wheels (WOW).

Library Quality Assurance Framework (LQAF)
The Trust's library service supports the production of my report by providing summaries of national and local evidence which is used to support clinical and management practice. So I am delighted that the library has achieved 100% full compliance in the annual Library Quality Assurance Framework (LQAF) assessed by Health Education England for 2018. The LQAF measures the breadth and depth of service improvements and developments, including the positive impact of library services, the capture, organisation and sharing of knowledge, the diversification and expansion of services outside of the physical library, information provision for patients and the public, and the impact on clinical and management decision-making. We have also agreed to roll out access to our library services to our West Suffolk Alliance members.

8. Governor issues (enclosed)

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

For Reference

Presented by Florence Bevan

REPORT TO:	Council of Governors
MEETING DATE:	12 February 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 28 January 2019.

1. **Could the council of governors have a regular update regarding the progress of the capital estates programme for WSFT, given the changing landscape of the sites. This is so that we can update the public when requested.**

   It is proposed that this is addressed in two parts:

   (a) A standing item on the Council of Governors agenda will be a report detailing working that is ongoing on the site or planned in the next 3-6 months. This will allow Governors to respond to questions from the public about work on the site.

   (b) A joint Board and Governor strategic briefing session will be schedule to consider the site plan in the context of Alliance working and the NHS 10 year plan.

2. **How are the NEDs assured that there is a clear vision, credible strategy including managing risk, issues and performance in relation to the action plan in place in NEESPS and what is the time line.**

   Pathology services remains one of the Trust's top three risks. The NEDs receive monthly updates through both the Scrutiny Committee, Chaired by Gary Norgate and the Board. While this has provided greater assurance on the acceptance from ESNEFT, as the host of NEESPS, that there is a problem this is not translating to improvements in the laboratories.

   A key area for consideration has been the service model that will provide effective operational accountability as part of a service which is clinically and financially sustainable. At the Scrutiny Committee in January, ESNEFT's accountable executive director for pathology service set out a commitment to provide a pathology strategy to address the concerns regarding accountability, control and culture. We are working with ESNEFT to consider what this may look like in terms of balancing local (trust-level) accountability with networked arrangements. This is a rapidly evolving area and a briefing will be provided to the Governors by the Trust's responsible executive in the closed session of the Council of Governors meeting.

   Until the pathology strategy, with its agreed accountability model and a delivery plan has been approved by the Board, it is proposed to maintain exception reporting to the Council of Governors. When the strategy and delivery plan in place it is expected that NEDs will be able to provide assurance to the Council of Governors through the normal reporting and accountability arrangements.

3. How are the NEDs assured that the board are managing the risk assessment and legal requirements of General Data Protection Regulation (GDPR) Article 35 and DPA 2018 with the increased sharing of patient information? In the context of e-care being shared across organisations.

The governance framework for managing the requirements and risks associated with GDPR Article 35 and DPA 2018 include a range of management controls which are reported and tested. Some of the key elements of this are outlined below:

- Relevant policies and procedures to support compliance, including: data protection; freedom of information; portable media and encryption; and registration authority
- Training for all staff in the responsibilities set out in these policies is included as one of our mandatory requirements and compliance monitored by the Board on a quarterly basis. It is also covered in information leaflets posters and in privacy notices on the Trust's intranet
- The Trust has appointed key responsible persons to lead and direct implementation – Caldicott Guardian (Nick Jenkins); Senior Information Risk Owner (SIRO) (Craig Black) and Data Protection Officer (Sara Taylor)
- These leads along with other senior managers are members if the Trust's Information Governance Steering Group (IGSG) which reviews policy, monitors key compliance indicators and directs action and controls to strengthen our arrangements. This includes consideration of third party information sharing agreements and Data Privacy Impact Assessments (DPIA)
- The IGSG reports on a quarterly basis on its activities to the Corporate Risk Committee, which is a Board subcommittee with NED representation
- Annually the Trust undertakes a self-assessment of compliance with the nationally prescribed Data Security and Protection (DSP) Toolkit. This requires a detailed assessment is undertaken of key compliance requirements for information governance and during 2018 was extended to include the requirements of GDPR. The contents of the submission are tested by the Trust's independent Internal Auditors (RSM Group UK LLP) and the assessment, along with the auditors finding is reported to the IGSG
- Recognising the changing required as a result of the new GDPR requirements the NEDs scheduled our Internal Auditors undertake an additional audit of compliance with the regulations and preparation for submission of the DSP Toolkit self-assessment in March 2019. The key findings from the report are set out below and provide reasonable assurance to the NEDs on the effectiveness of the arrangements in place. The areas for improvement where recognised and action to address these will be tested by our Internal Audits and their findings reported to the Audit Committee.

DSP Toolkit and Follow Up of GDPR Preparedness Review (12.18/19) (Reasonable Assurance Opinion)

Our review confirmed that good progress had been made in relation to implementing the actions raised as part of the 2017/18 GDPR internal audit review, and with the introduction of MetaPrivacy, the Trust has a consolidated solution to manage all aspects of data flow mapping, development of an information asset register and the identification of Data Protection Impact Assessments. However, until the data mapping is complete and covers all departments, the Information Governance Team are reliant on only what staff disclose. In addition, in line with the requirements of the Data Security and Protection Toolkit, we confirmed that the relevant areas covered within this scope relating to the Data Protection Standards (Standard 1 in particular in relation to Data Protection Impact Assessments) are being completed in line with guidance, where known.

4. Given the anecdotal evidence the council has gathered (e.g. Courtyard café) poor care as a result of low staffing and the inconsistency in board paper figures, how are the NEDS assured the problem of low staffing is challenged and acted upon.

There can be no doubt that delivering care to the standard we expect in terms of quality and safety has been, and continues to be, a challenge during this winter period. This was reflected in the transparent discussions at the open Board in January which described that at times we have not been able to deliver the quality of care that we expect for our patients, but we continuously strive to maintain patient safety. It is important to recognise that the additional physical capacity that we have created in preparation for this winter provides a new challenge in ensuring that we can safely staff the escalation and surge capacity that we open.

As well as the nurse staffing and workforce reports themselves the NEDs obtain assurance regarding safe staffing from a range of metrics within the integrated quality and performance report (IQPR). As well as indicators such as falls and pressure ulcers, which both deteriorated in December, we look carefully at trends from our patient and staff friends and family test (FFT) results. Despite the challenges that we are undoubtable facing we continue to receive positive rating for all services for these indicators, both in the overall experience and in the "Extremely likely or Likely to recommend" question. WSH is in the top 10% of all trusts and receives higher average ratings than its peer group, particularly for A&E services.

Engagement with patients and staff as part of the NED role is also a key source of intelligence in this area and provides a barometer for when concerns are emerging. Although this engagement is structured as part of the weekly quality walkabout, other sources include more general interaction with patients, carers and staff as well as the important feedback received via the Governors. Complaints and PALS enquiries also provide an important source of emerging concerns and a summary of all new complaints is received in the closed Board meeting to allow careful scrutiny (this information is received in closed session to protect confidentiality). The roles and reports from the Freedom to Speak up Guardian and Guardian of Safe Working are also important in the triangulation of evidence regarding staffing.

Data quality is critical to ensuring that we draw valid conclusions from the staffing information reported to the Board. In order to provide assurance of this information the Internal Audit programme for 2019-20 includes work to test the reliability of workforce and establishment recording and reporting across difference source systems e.g. the electronic staff record and finance systems.

There can be little doubt that the challenge of safe staffing will be with us for some time and the NEDs will be able to take further assurance from the work which is already starting to learn from this year and build this into the plans for 2019-20.

Recommendation:

To note issues raised and approve the actions set out in the response.

9. Summary finance & workforce report (enclosed)

To note the summary report

For Reference

Presented by Gary Norgate

REPORT TO:	Council of Governors
MEETING DATE:	12 February 2019
SUBJECT:	Summary Finance & Workforce Report
AGENDA ITEM:	9
PREPARED BY:	Nick Macdonald, Deputy Director of Finance
PRESENTED BY:	Gary Norgate, Non-Executive Director
FOR:	Information - update on Financial Performance

EXECUTIVE SUMMARY:

This report provides an overview of key issues during Q3 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 Q3 position reports a YTD loss of £6.5m, against a planned loss of £5.7m.
- This position includes PSF funding of £2.2m.
- The Use of Resources Rating (UoR) is 3 YTD (1 being highest, 4 being lowest)

Key risks

- Delivering the £12.2m cost improvement programme.
- Since some CIP relates to non- cash (e.g. depreciation) there is additional pressure on the cash position.
- Containing the increase in demand to that included in the plan (3.2%)
- Recruitment of Registered Nurses to ensure the Trust is fully staffed for the additional capacity required for winter

I&E headlines for December 2018

The reported I&E for December 2018 is a surplus of £959k, against a planned surplus of £932k. This results in a favourable variance of £27k in month (£784k adverse variance YTD). We continue to forecast to meet our control total for 2019-20.

This year to date overspend predominantly relates to

- underperformance against the A&E performance in Q1 (£165k adverse variance against PSF)
- pay award underfunded (£300k)

1. Use of Resources (UoR) Rating

Providers' financial performance is formally assessed via five "Use of Resources (UoR) Metrics. The highest score is a 1 and 4 is the lowest. Under the UoR we score a 3 cumulatively to December 2018.

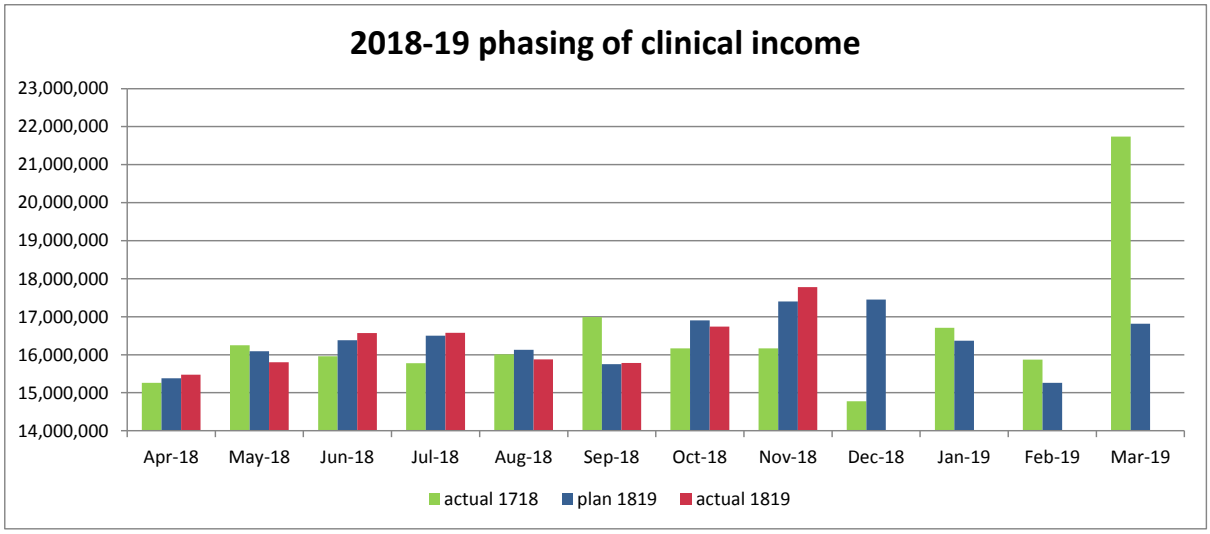
Metric	Value	Score
Capital Service Capacity rating	-0.025	4
Liquidity rating	-13.328	4
I&E Margin rating	-3.60%	4
I&E Margin Variance rating	1.90%	1
Agency	-15.48%	1
Use of Resources Rating after Overrides		3

2. Performance against I & E plan

SUMMARY INCOME AND EXPENDITURE ACCOUNT - December 2018	Dec-18 Budget £m	Dec-18 Actual £m	Dec-18 Variance F/(A) £m	Year to date Budget £m	Year to date Actual £m	Year to date Variance F/(A) £m	Year end forecast Budget £m	Year end forecast Actual £m	Year end forecast Variance F/(A) £m
NHS Contract Income	17.1	17.4	0.3	145.6	146.2	0.6	192.8	195.8	3.0
Other Income	3.9	3.8	(0.0)	29.8	29.7	(0.1)	38.7	37.3	(1.3)
Total Income	**21.0**	**21.3**	**0.3**	**175.4**	**175.9**	**0.5**	**231.5**	**233.1**	**1.7**
Pay Costs	13.4	13.8	(0.3)	119.3	120.8	(1.5)	159.5	162.4	(2.9)
Non-pay Costs	6.2	6.1	0.1	57.2	57.2	(0.0)	76.3	75.1	1.2
Operating Expenditure	**19.6**	**19.9**	**(0.2)**	**176.5**	**178.0**	**(1.5)**	**235.9**	**237.6**	**(1.7)**
Contingency and Reserves	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
EBITDA excl STF	**1.3**	**1.3**	**0.1**	**(1.1)**	**(2.1)**	**(1.0)**	**(4.4)**	**(4.4)**	**(0.0)**
Depreciation	0.5	0.5	(0.0)	5.1	4.7	0.4	6.9	6.9	0.0
Finance costs	0.2	0.2	(0.0)	1.9	1.9	0.0	2.6	2.6	0.0
SURPLUS/(DEFICIT) pre PSF	**0.6**	**0.6**	**0.0**	**(8.1)**	**(8.7)**	**(0.6)**	**(13.9)**	**(13.9)**	**(0.0)**
Provider Sustainability Funding (PSF)									
PSF - Financial Performance	0.3	0.3	0.0	1.7	1.7	0.0	2.6	2.6	0.0
PSF - A&E Performance	0.1	0.1	0.0	0.7	0.5	(0.2)	1.1	0.9	(0.2)
SURPLUS/(DEFICIT) incl PSF	**0.9**	**1.0**	**0.0**	**(5.8)**	**(6.5)**	**(0.8)**	**(10.2)**	**(10.4)**	**(0.2)**

Performance against Income plan

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



	Current Month			Year to Date		
Income (£000s)	Plan	Actual	Variance	Plan	Actual	Variance
Accident and Emergency	704	771	66	6,333	6,774	440
Other Services	3,810	3,871	61	19,438	19,728	290
CQUIN	297	303	6	2,850	2,860	11
Elective	2,169	2,546	377	26,042	24,528	(1,514)
Non Elective	5,847	5,410	(437)	49,187	49,387	200
EmergencyThreshold Adjustment	(385)	(297)	88	(3,236)	(3,389)	(153)
Outpatients	2,454	2,562	108	25,334	26,569	1,235
Community	2,188	2,238	50	19,666	19,780	114
Total	**17,084**	**17,404**	**320**	**145,614**	**146,238**	**623**

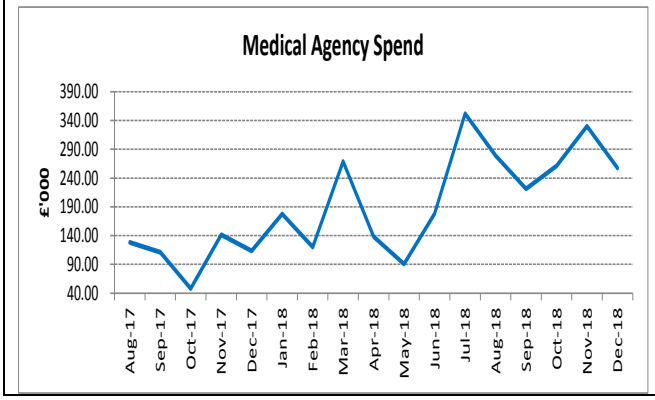
3. Performance against Expenditure plan - Workforce

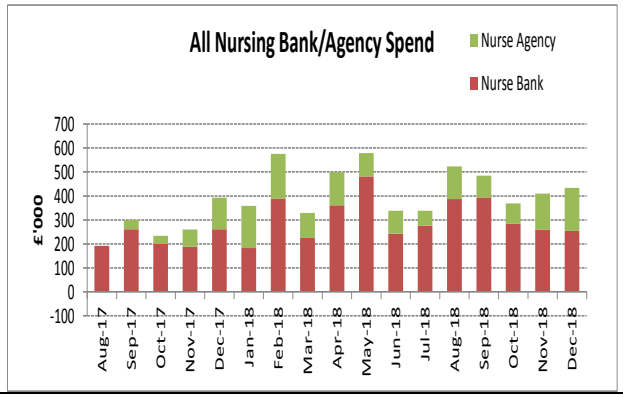
Monthly Expenditure (£) Acute services only				
As at December 2018	Dec-18	Nov-18	Dec-17	YTD 2018-19
	£'000	£'000	£'000	£'000
Budgeted costs in month	**11,827**	**12,171**	**10,920**	**105,278**
Substantive Staff	10,623	10,608	9,753	93,112
Medical Agency Staff (includes 'contracted in' staff)	246	319	102	2,001
Medical Locum Staff	294	237	391	2,215
Additional Medical sessions	266	288	286	2,413
Nursing Agency Staff	164	149	123	967
Nursing Bank Staff	233	245	245	2,773
Other Agency Staff	39	98	47	345
Other Bank Staff	122	134	135	1,249
Overtime	157	136	128	1,168
On Call	53	66	51	536
Total temporary expenditure	1,574	1,671	1,509	13,667
Total expenditure on pay	**12,197**	**12,279**	**11,262**	**106,779**
Variance (F/(A))	(370)	(107)	(343)	(1,501)
Temp Staff costs % of Total Pay	12.9%	13.6%	13.4%	12.8%
Memo : Total agency spend in month	449	566	273	3,313

Monthly Whole Time Equivalents (WTE) Acute Services only			
As at December 2018	Dec-18	Nov-18	Dec-17
	WTE	WTE	WTE
Budgeted WTE in month	**3,229.7**	**3,183.3**	**2,931.4**
Employed substantive WTE in month	2925.43	2899.27	2745.58
Medical Agency Staff (includes 'contracted in' staff)	13.82	23	8.44
Medical Locum	22.8	16.41	21.64
Additional Sessions	33.53	20.28	22.21
Nursing Agency	73.22	29.82	24.31
Nursing Bank	6.3	78.32	76.63
Other Agency	54.02	15.37	12.17
Other Bank	20.27	60.52	67.16
Overtime	44.58	39.03	35.42
On call Worked	6.96	8.04	6.64
Total equivalent temporary WTE	**275.5**	**290.8**	**274.6**
Total equivalent employed WTE	**3,200.9**	**3,190.1**	**3,020.2**
Variance (F/(A))	28.7	(6.8)	(88.8)
Temp Staff WTE % of Total Pay	8.6%	9.1%	9.1%
Memo : Total agency WTE in month	141.1	68.2	44.9
Sickness Rates (Nov / Oct)	3.13%	3.57%	3.51%
Mat Leave	2.90%	2.99%	1.3%

Monthly Expenditure (£) Community Service Only				
As at December 2018	Dec-18	Nov-18	Dec-17	YTD 2018-19
	£'000	£'000	£'000	£'000
Budgeted costs in month	**1,565**	**1,557**	**1,528**	**14,035**
Substantive Staff	1,478	1,454	1,397	13,407
Medical Agency Staff (includes 'contracted in' staff)	12	12	12	107
Medical Locum Staff	3	3	3	27
Additional Medical sessions	0	0	0	4
Nursing Agency Staff	16	2	8	67
Nursing Bank Staff	21	13	16	167
Other Agency Staff	14	8	5	67
Other Bank Staff	16	9	2	84
Overtime	7	8	4	69
On Call	4	2	2	28
Total temporary expenditure	93	56	53	620
Total expenditure on pay	**1,571**	**1,510**	**1,449**	**14,027**
Variance (F/(A))	(6)	47	79	8
Temp Staff costs % of Total Pay	5.9%	3.7%	3.6%	4.4%
Memo : Total agency spend in month	41	22	25	241

Monthly Whole Time Equivalents (WTE) Community Services Only			
As at December 2018	Dec-18	Nov-18	Dec-17
	WTE	WTE	WTE
Budgeted WTE in month	**486.25**	**484.98**	**497.6**
Employed substantive WTE in month	468.13	465.46	447.80
Medical Agency Staff (includes 'contracted in' staff)	0.74	0.74	0.70
Medical Locum	0.35	0.35	0.40
Additional Sessions	0.00	0.00	0.00
Nursing Agency	2.70	2.10	1.30
Nursing Bank	7.20	4.47	4.60
Other Agency	5.09	4.17	1.40
Other Bank	3.62	2.93	0.70
Overtime	2.27	2.59	1.40
On call Worked	0.00	0.00	0.00
Total equivalent temporary WTE	**22.0**	**17.35**	**10.5**
Total equivalent employed WTE	**490.1**	**482.81**	**458.3**
Variance (F/(A))	-3.85	2.17	39.30
Temp Staff WTE % of Total Pay	4.5%	3.6%	2.3%
Memo : Total agency WTE in month	8.5	7.0	3.4
Sickness Rates (Nov / Oct)	5.44%	3.77%	3.55%
Mat Leave	3.57%	3.99%	2.1%





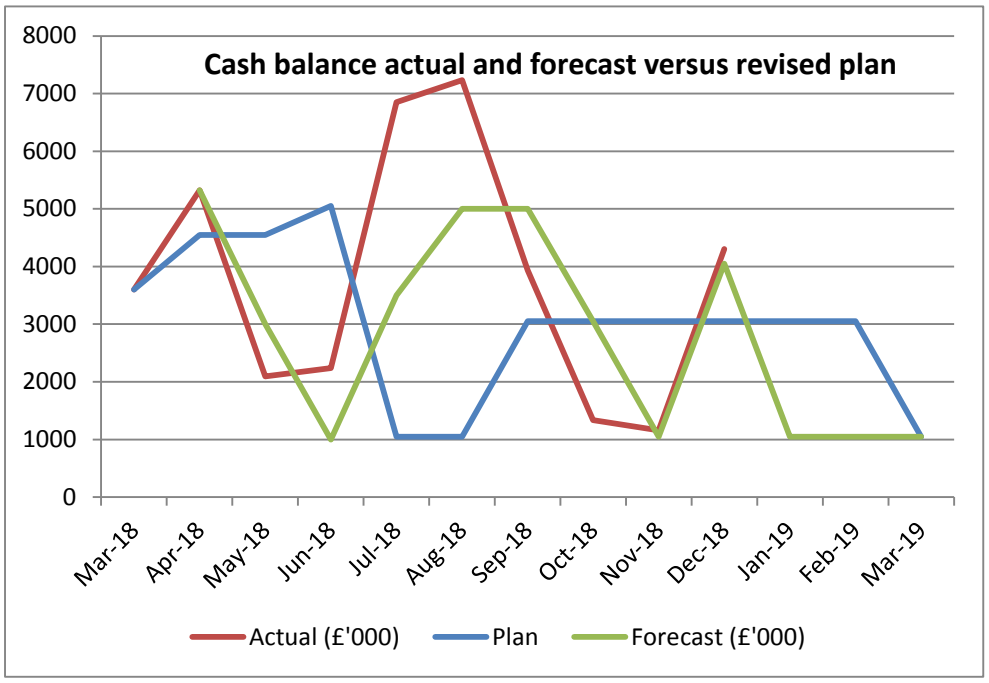
4. Balance Sheet

STATEMENT OF FINANCIAL POSITION

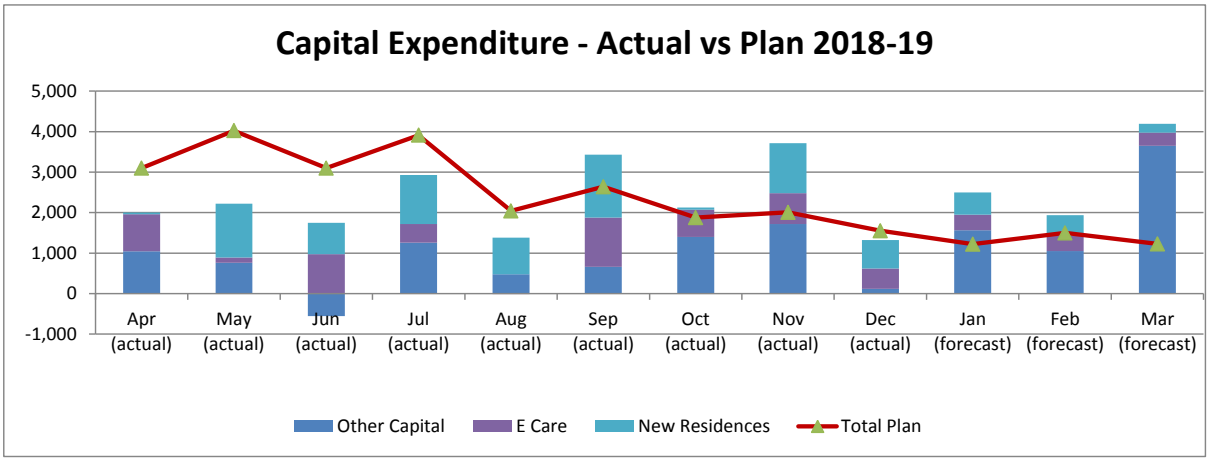
	As at 1 April 2018 * £000	Plan 31 March 2019 £000	Plan YTD 31 Dec 2018 £000	Actual at 31 Dec 2018 £000	Variance YTD 31 Dec 2018 £000
Intangible assets	23,852	27,909	26,919	27,907	988
Property, plant and equipment	94,170	111,399	108,780	105,736	(3,044)
Trade and other receivables	3,925	3,925	3,925	3,925	0
Other financial assets	0	0	0	0	0
Total non-current assets	**121,947**	**143,233**	**139,624**	**137,568**	**(2,056)**
Inventories	2,712	2,700	2,700	2,776	76
Trade and other receivables	21,413	19,500	19,700	21,258	1,558
Non-current assets for sale	0	0	0	0	0
Cash and cash equivalents	3,601	1,050	3,050	4,306	1,256
Total current assets	**27,726**	**23,250**	**25,450**	**28,339**	**2,889**
Trade and other payables	(26,135)	(27,499)	(27,129)	(25,457)	1,672
Borrowing repayable within 1 year	(3,114)	(3,357)	(3,367)	(3,083)	284
Current Provisions	(94)	(26)	(26)	(94)	(68)
Other liabilities	(963)	(1,000)	(5,500)	(5,143)	357
Total current liabilities	**(30,306)**	**(31,882)**	**(36,022)**	**(33,777)**	**2,245**
Total assets less current liabilities	**119,367**	**134,601**	**129,052**	**132,130**	**3,078**
Borrowings	(65,391)	(90,471)	(84,467)	(82,181)	2,286
Provisions	(124)	(158)	(158)	(130)	28
Total non-current liabilities	**(65,515)**	**(90,629)**	**(84,625)**	**(82,311)**	**2,314**
Total assets employed	**53,852**	**43,972**	**44,427**	**49,819**	**5,392**
Financed by					
Public dividend capital	65,803	66,103	65,803	68,308	2,505
Revaluation reserve	8,021	8,021	8,021	8,021	0
Income and expenditure reserve	(19,974)	(30,152)	(29,397)	(26,509)	2,888
Total taxpayers' and others' equity	**53,850**	**43,972**	**44,427**	**49,819**	**5,392**

The cash at bank as at the end of December 2018 is £4.3m.

5. Cash flow forecast for the year compared to actual



6. Capital Progress Report



	Apr Actual £'000	May Actual £'000	Jun Actual £'000	Jul Actual £'000	Aug Actual £'000	Sep Actual £'000	Oct Actual £'000	Nov Actual £'000	Dec Actual £'000	Jan Forecast £'000	Feb Forecast £'000	Mar Forecast £'000	Total 2018-19 £'000
E Care	916	131	975	457	-11	1,217	670	766	501	386	386	324	6,719
New Residences	37	1,329	773	1,210	903	1,557	57	1,230	701	550	500	218	9,065
Other Schemes	1,047	760	-555	1,259	480	658	1,400	1,716	120	1,562	1,051	3,647	13,145
Total / Forecast	1,999	2,220	1,193	2,926	1,372	3,432	2,128	3,712	1,322	2,498	1,937	4,190	28,930
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.

Expenditure on e-Care and associated IT schemes for the year to date is £5.6m with a forecast for the year of £6.7m.

The actual for the year to date is behind the plan submitted to NHSI and shows a favourable variance of £3.98m. This is because the timing of the implicit finance lease equipment additions in radiology and endoscopy has changed plus there is slippage on Residences compared to plan. The next phase of the roof replacement programme commenced slightly later than the original plan forecast.

The project managers have reviewed their schemes and the forecasts have been amended to reflect the latest position.

The £8.1million PDC application has been turned down by DH but a repayable loan of £7.31 million has been agreed. The shortfall of £790k results in an equivalent reduction in the level of contingency available.

The forecast has increased this month because approval has been received for some NHS digital STP wide investment which will be received as PDC this financial year.

The full impact of further implicit finance leases in IT may increase the forecast in January subject to the assessment being completed but there will be no cash implications.

Recommendation:

To note the summary report.

10. Summary quality & performance report (enclosed)

To note the summary report

For Reference

Presented by Alan Rose

REPORT TO:	Council of Governors
MEETING DATE:	12 February 2019
SUBJECT:	Summary quality & performance report
AGENDA ITEM:	10
PREPARED BY:	Helen Beck, Chief Operating Officer Rowan Procter, Chief Nurse Richard Jones, Trust Secretary & Head of Governance
PRESENTED BY:	Alan Rose, Non-Executive Director
FOR:	Information - To update the Council of Governors on quality and operational performance

The performance for Q3 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.

Community services
The dashboards include performance for both hospital and community services. Areas for note from community services include green rated performance for each month in the quarter for:

- MSRA bacteraemia - community attributable
- Serious harm as a result of falls in the community
- recommender indicators for community teams
- Urgent referrals to early intervention team (EIT)
- Nursing and therapy referrals (red, amber and green) being seen in timely way
- Completion of annual service user (children) assessment for NHS continuing healthcare

Areas for improvement

Performance for wheelchair waiting times has dipped below the 100% standard in December (83.3%) with two wheelchairs not being delivered within 18 weeks. Investigation has taken place and weekly reviews are now held to monitor waits. Performance for children in care having an initial assessment completed within 28 days remains poor. Of the 11 breaches in December, 10 were due to late notification or patients not attending/refusing appointments. Service capacity and operation is being reviewed with the clinical commissioning group (CCG) and a pilot is being undertaken with GPs to increase capacity.

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

Quality walkabout summary for Q3
Report from Paul Morris, Deputy Chief Nurse

During Q3 we visited a total of eight areas including wards and clinical areas. Those in attendance were the Chief Executive, Chair, Executive Chief Nurse, Medical Director, Director of Finance and members of the CCG and several non-executive directors and governors. The walkabouts have further served to observe and review real time care and service delivery in a multitude of settings whilst providing staff, patients and visitors the opportunity to escalate issues, concerns or indeed compliments of the area. Within Q3 we also completed four in depth 'CQC style' walkabouts. These were in theatres, emergency department, and maternity and critical care services. These walkabouts had a larger team and reviewed data over the past 12 months. This data set included all Datix reports, risks, PALs, complaints and were completed using a similar framework of questions. The final report has been circulated to the areas and action plans and points for discussion have been raised. The development of an electronic App to support live monitoring of daily checks has passed phase 1 of testing and a planned trial of the App is planned over the next few weeks.

We have been successful in our application to present how e-Care has helped improve patient safety at the European Cerner conference to be held in February 2019 in London. The incorporation of the electronic patient record, quality walkabouts and table tops and Datix now means we have a wide range of data in which to draw a view of an area and look for early recognition and identification of emerging themes.

We have now built the database for capturing actions from quality walkabouts within the test domain of Datix and plan to trial this over the coming weeks. This will further enhance our ability to capture, monitor and report on both findings and actions following the quality walkabouts. As ever the actions range from clinical issues to estates issues. Examples include staffing skill mix, signage and improvements in documentation to name just a few. These actions are fed back to

the areas, matrons and management teams. The patient safety team then works alongside the teams to help ensure these are completed or in some cases develop into task and finish groups being supported by Lucy Winstanley.

Q3 has been a challenge and as we prepare for the winter months we planned not to have walkabouts in the month of January due to the demands of the hospital. Further plans are underway to ensure we also incorporate the community settings with in the year ahead planner.

Recommendation:

To note the summary report.

Summary quality & performance report

Are we safe?

Within the **safety dashboard** 16/31 indicators for which data was available were reported as 'green' throughout Q3, including:

- Infection prevention indicators – central venous catheter insertion and on-gong care; peripheral cannula insertion and ongoing care; preventing surgical site infection pre- and peri- operatively; ventilator associated pneumonia; urinary catheter insertion; MSRA bacteraemia - community attributable; environmental isolation.
- Serious harm as a result of falls in the community
- Timely serious incident reporting
- Risk register red/amber risks in date and action completion
- Rapid access chest pain

A **never event** was reported in December due to a wrong site anaesthetic block prior to surgery. The patient did not suffer harm, but this has highlighted some mitigating actions and a full investigation has commenced. This is the first never event we have reported since October 2017.

<u>Areas for improvement</u>

- There were a total of 170 **falls** during Q3 (compared to 181 and 202 in quarters 2 and 1 respectively). Two of those resulting in significant harm were found to be avoidable. The Falls Focus Group continues to meet and we are participating in the NHSI falls collaborative. The focus for improvement includes:
    - Presenting findings from falls collaborative nationally and internally
    - New training package in place for staff, led by falls prevention specialist
    - Extending pilot use of new symbols for the frequent fallers
    - Establishing a new falls specialist role
    - New red blankets in Newmarket Hospital for patients at high risk of falling to help patients identify their bed space
    - Community red slipper socks for high risk patients
    - Falls champion study day in Feb '19
    - Presenting learning from fall incident investigations to nursing and midwifery council

Are we effective?

Within the **effective dashboard** 5/11 indicators for which data was available were reported as 'green' for each month in Q3, including:

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

Areas for improvement

- Baseline and risk assessments for **national clinical audit reports** was red for the Q3. This relates to historical reports for which baseline assessments are required to identify relevant implications for the Trust
- Elective **discharge summary** performance continued to improve in December but the overall picture for EA&E and non-elective remains challenging. Timely electronic capture and reporting has been introduced to support improvement
- **Cancelled operation patients offered date within 28 days** – one patient was unable to be booked in December.

Are we caring?

Within the **caring dashboard** 22/24 indicators for which data was available were reported as 'green' throughout Q3.

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 and young person); community teams and inpatient; stroke.

Complaints accepted or upheld by the ombudsman was green along with the number of PALS enquires becoming complaints. Performance for complaints responded to within the agreed deadline was amber throughout the quarter achieving 83% in December. A high number of complaints (27) have been received in January and these will be reviewed to ensure effective learning in terms of concerns and trends.

Are we responsive?

Within the **responsive dashboard** 20/25 indicators for which data was available were reported as 'green' throughout Q3.

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

Target or Indicator (per Risk Assessment Framework)	Target	Q3 2018-19	Q2 2018-19	Q1 2018-19	Q4 2017-18
Referral to treatment time, 18 weeks in aggregate, incomplete pathways	92%	89.8%	90.2%	91.3%	89.76%
RTT waiter over 52 weeks for incomplete pathway	0	23	21	43	51
A&E Clinical Quality - Total Time in A&E under 4 hours	95%	93.0%	90.7%	90.9%	84.77%
Cancer 62 Day Waits for first treatment (from urgent GP referral)	85%	79.0%	83.1%	87.9%	84.67%
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral)	90%	86.5%	92.9%	90.9%	91.50%
Cancer 31 day wait for second or subsequent treatment - surgery	94%	100%	100%	100%	100%
Cancer 31 day wait for second or subsequent treatment - drug treatments	98%	100%	99.0%	100%	100%
Cancer 31 day wait from diagnosis to first treatment	96%	99.5%	100%	99.7%	100%
Cancer 2 week (all cancers)	93%	86.0%	89.3%	94.1%	97.41%
Cancer 2 week (breast symptoms)	93%	74.0%	94.2%	88.0%	94.14%
C. *diff* due to lapses in care (YTD)	16	3	3	1	3

Areas for improvement

- **Emergency Department (ED) performance -** we delivered 4-hour performance of 91% in December (compared to 83% in the same month last year). The quarterly position also achieved the target for Q3 resulting in payment of Provider Transformation Funds (PSF).

  The main breach reason in December was bed availability (31%) with breaches due to lack of clinical decision maker reducing in Dec (29.2%) from Nov (41.5%). Winter bed pressures and medical staffing gaps at nights and weekend have been the main driver for under performance. Improvements due to:
  - Embedding internal professional standards and encouraging escalation
  - Regular meetings with staff including band 6 and band 7 meetings
  - Focus on filling vacant doctor shifts and better locum availability
  - Maintaining streaming to minors and paeds 24/7 where possible by second doctor
  - Rest of hospital response to ED
  - Actions from GIRFT and Trustmarque feedback have been incorporated into recovery plan

- **Referral to treatment time (RTT) – 18 weeks** - an upgrade to the data warehouse in December has impacted on our ability to report RTT data. We are working with Cerner to resolve issues and reporting. During this period validation work is being undertaken to address a known issue error in reporting fro the vascular services pathway. Learning from this will include risk assessment and testing of data warehouse upgrades.

  A rise in 52 week wait breaches is mostly due to the vascular position and patient choice at the end of a long pathway.

- **Cancer Standards -** significant increases in demand in the last few months have impacted on performance. The challenge of demand and capacity continues with four areas failing the target for December:
  - 2 week wait for urgent GP referrals, with reported performance at 92.2%
  - Cancer 2 week wait breast symptoms with reported performance at 48.8%
  - Cancer 62 d Screening with reported performance at 85.7%
  - Cancer 62 d GP referral with reported performance at 77.0%.

  Performance is expected to improve in January.

- **Sepsis –** although showing year-on-year improvement performance remains below the expected standard and the Board has requested an action plan for improved performance.

Are we well-led?

Within the **well-led dashboard** 9/28 indicators for which data was available were reported as 'green' throughout Q3, including:

- 8 of the 25 mandatory training requirements

Areas for improvement

- All staff to have an **appraisal** – year-on-year reported performance has improve from 62% to 76%. The focus of HR remains working with managers to ensure effective action is taken to complete and record appraisals. The level of Trust compliance reported in the 2018 staff survey has increased to 89%.

- The focus remains on improving **mandatory training** compliance which is amber for 16 topics, this includes targeted work to improve information governance compliance.

11. Annual quality report and operational plan (enclosed)

To approve the quality indicator to be tested by the external auditors and invite nominations from governors to act as readers for the annual quality report and operational plan.

For Approval

Presented by Richard Jones

REPORT TO:	Council of Governors
MEETING DATE:	12 February 2019
SUBJECT:	Operational Plan and Annual Quality Report proposal
AGENDA ITEM:	Item 11
PREPARED BY:	Richard Jones, Trust Secretary & Head of Governance
PRESENTED BY:	Richard Jones, Trust Secretary & Head of Governance
FOR:	Agreement

1. Introduction

This report asks the Council of Governors to make decisions of three matters:

a) Identify Governors to act as readers for the Operational Plan and put in place a process to engage Governors in the refreshed plan
b) Identify Governors as readers for the Annual Quality Report
c) To agree a locally defined quality indicator to be tested by our external auditors as part of their limited assurance review of the Annual Quality Report.

2. Proposal

(a) Governor readers and engagement for the Operational Plan

The guidance from NHSI to refresh operational plans for 2018-19 was issued in January 2019. This included tight timescales to submit draft by 12 February 2019 and final version of the operational plan by 4 April.

Work has started to refresh the operational plan in accordance with the guidance but recognising the importance of engaging the Governors it is proposed that:

(i) A joint board and governor workshop to review the operational plan is scheduled for March. The purpose of this session will be to ensure that there is a shared understanding of the proposed plan and seek the views of Governors on the Trust's operational strategy.

(ii) Up to three Governors are identified as readers for the draft operational plan. This will be to ensure that the document the context of the plan, while complying with the requirements of the guidance, remains accessible for the public in terms of its language and the explanation of proposals.

Readers will receive the draft plan for comment. The document is likely to be no more than 40 pages in length and it would be expected that comments will be provided within two weeks to allow the submission of the final plan to the Board by 22 March 2019.

(b) Readers for the Annual Quality Report

A key document that the Trust produces each year is the Annual Quality Report. This sits within the Trust's Annual Report but is also a standalone document available to the public on the NHS Choices website.

It is proposed that up to three Governors are identified as readers for the draft Annual Quality Report. This will be to ensure that the report, while complying with the requirements of national guidance, remains accessible for the public in terms of its language.

Readers will receive the draft Annual Quality Report for comment late-April. The document is likely to be approximately 75 pages in length and it would be expected that comments will be received within two weeks to allow the submission of the final report to the Board by mid-May 2019.

(c) Testing for the limited assurance report of the Trust's Annual Quality Report

The audit guidance from NHSI requires our External Audit to provide a limited assurance report of the Trust's Annual Quality Report. This assurance report is comprised of indicator testing based on two parts – two nationally defined indicators and one local indicator identified by Governors.

The **two national indicators** that the auditors are mandated to review this year are:

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.

For **the local indicator** NHSI recommends that the Summary Hospital-level Mortality Indicator (SHMI) should be selected as the local indicator for 2018/19. However, the guidance recognises that Governors may choose an alternative indicator if they consider there is already sufficient assurance in this area, or it is determined that other priorities take precedence.

The Trust has moved away from reliance on the use of SHMI as an indicator of quality regarding mortality and has put in place a systematic process to review and appropriately learn from patient deaths that take place within the hospital. It is therefore proposed that the local indicator test the reliability of the learning from deaths data reported in the Quality Report and quarterly to the Board.

3. Recommendation

1. Governors note the planned joint Board and Governor workshop to be scheduled to consider the refreshed operational plan
2. Governors seek nominations for up to three governors to act as readers of the draft operational plan
3. Governors seek nominations for up to three governors to act as readers of the Annual Quality Report
4. Governors agree the recommendation to test the Trust's learning from deaths data as part of the external auditor's limited assurance report of the Annual Quality Report.

12. Review of constitution (enclosed)

To approve the proposed changes to standings orders of the Board and Governors' code of conduct

For Approval

Presented by Richard Jones

REPORT TO:	Council of Governors
MEETING DATE:	12 February 2019
SUBJECT:	Review of the constitution
AGENDA ITEM:	Item 12
PREPARED BY:	Richard Jones, Trust Secretary & Head of Governance
PRESENTED BY:	Richard Jones, Trust Secretary & Head of Governance
FOR:	Approval

1. Introduction

The Trust's Audit Committee meeting in January undertook is scheduled two-yearly review of key **governance documents**; Standing Orders (SOs), Standing Financial Instructions (SFIs) and the Scheme of Reservation and Delegation. Although the **Standing Orders** relate to the operation of the Board of Directors not the Council of Governors they form part of the Trust's constitution and therefore any change must be reflected in the constitution and therefore requires the approval of the Council of Governors.

Following discussion at the recent governors training event and reference to the Trust's values and behaviours it is also proposed to use this opportunity to update the **Code of Conduct for Governors** to include reference to these and the principle of supporting inclusivity.

2. Proposal

(a) Standing orders

To note and approve the proposed changes to section 6.4 as set out below.

6.4 Specific guidance

Notwithstanding the application of Standing Order 6.1 above, these Standing Orders and Standing Financial Instructions must be read in conjunction with the following guidance and any other binding guidance issued by Monitor:

- Caldicott ~~Guardian~~ Principles 1997;
- Human Rights Act 1998;
- Freedom of Information Act 2018.

(b) Code of Conduct for Governors

To note and approve the changes to para 5(a) and 12 (b) of the Code which is provide in Annex A.

3. Recommendation

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

Code of conduct for Governors

(Annex 6 of the Trust's constitution)

Introduction

1 This Code seeks to outline appropriate conduct for Governor, and addresses both the requirements of office and their personal behaviour. Ideally any penalties for non-compliance would never need to be applied; however a Code is considered an essential guide for Governors, particularly those who are newly elected.

2 The Code seeks to expand on or complement the Constitution. Copies will be made available for the information of all Governors and for those considering seeking election to the Council of Governors.

Qualifications for office

4 Members of the Council of Governors must continue to comply with the qualifications required to hold elected office throughout their period of tenure as defined in the Constitution. The Secretary should be advised of any changes in circumstances, which disqualify the Governor from continuing in office. An example of this would be a public Governor becoming an employee of the trust, given that the number of employees sitting on the trust's elected bodies is limited.

Role and functions

5 Governors should:

a) Adhere to the Trust's values and supporting behaviours; rules and policies; and support its objectives, in particular those of retaining Foundation Trust status and developing a successful trust.

b) act in the best interests of the trust at all times

c) contribute to the workings of their Council of Governors in order for it to fulfill its role and functions.

d) recognise that their role is a collective one. They exercise collective decision making in the meeting room, which is recorded in the minutes. Outside the meeting room a Governor has no more rights and privileges than any other member.

e) note that the functions allotted to the Council of Governors are not of a managerial nature.

Confidentiality

6 All Governors are required to respect the confidentiality of the information they are made privy to as a result of their membership of the Council of Governors.

Conflict of interests

7 Governors should act with the utmost integrity and objectivity and in the best interests of the trust in performing their duties. They should not use their position for personal advantage or seek to gain preferential treatment. Any Governor who has a material interest in a matter as defined by the Constitution, shall declare such interest to the Council of Governors and:

- shall not vote on any such matters.

- Shall not be present except with the permission of the Council of Governors in any discussion of the matter.

If in any doubt they should seek advice from the Secretary. It is important that conflicts of interest are addressed and are seen to be actioned in the interests of the trust and all individuals concerned.

8 Any Governor who fails to disclose any interest required to be disclosed under the preceding paragraph must permanently vacate their office if required to do so be a majority of the remaining Governors.

Council of Governors meetings

9 Governors have a responsibility to attend meetings of the Council of Governors. When this is not possible they should submit an apology to the Secretary in advance of the meeting.

10 In accordance with the Constitution, absence from the Council of Governors meetings without good reason established to the satisfaction of the Council of Governors is grounds for disqualification. If a Governor fails to attend for a period of one year or three consecutive meetings (whichever is the shorter) of the Council of Governors, his tenure of office is to be immediately terminated unless the other Governors are satisfied that the absence was due to a reasonable cause and he will be able to start attending meetings of the trust again within such a period as they consider reasonable.

11 Governors are expected to attend for the duration of the meeting.

Personal conduct

12 Governors are required to adhere to the highest standards of conduct in the performance of their duties. In respect of their interaction with others, they are required to:

a) adhere to good practice in respect of the conduct of meetings and respect the views of their fellow elected governors

b) be mindful of conduct which could be deemed to be unfair or discriminatory and support inclusivity

c) treat the trust's executives and other employees with respect and in accordance with the trust's policy

d) recognise that the Council of Governors and management have a common purpose, i.e. promote the success of the trust, and adopt a team approach

e) Governors should conduct themselves in such a manner as to reflect positively on the trust. When attending external meetings or any other events at which they are present, it is important for Governors to be ambassadors for the trust.

Accountability

13 Governors are accountable to the membership and should demonstrate this by attending Members' meetings and other key events, which provide opportunities to interface with their electorate in order to best understand their views.

Induction and development

14 Training is essential for Governors, in respect of the effective performance of their current role. Governors are required to adhere to the trust's policies in all respects and undertake identified training and develop to allow them to effectively undertake their role.

Visits to trust Premises

15 Where Governors wish to visit the premises of the trust in a formal capacity as opposed to individuals in a personal capacity, the Council of Governors should liaise with the Secretary to make the necessary arrangements.

Non-compliance with the Code of Conduct

16 Non-compliance with the Code may result in action being taken as follows:-

a) Where misconduct takes place, the Chairman shall be authorised to take such action as may be immediately required, including the exclusion of the person concerned from a meeting.

b) Where such misconduct is alleged, it shall be open to the Council of Governors to decide, by simple majority of those in attendance, to lay a formal charge of misconduct.

c) notifying the Governor in writing of the charge/s, detailing the specific behaviour, which is considered to be detrimental to the trust, and inviting and considering their response within a defined timescale.

d) inviting the Governor to address the Council of Governors in person if the matter cannot be resolved satisfactorily through correspondence;

e) deciding, by simple majority of those present and voting, whether to uphold the charge of conduct detrimental to the trust;

f) imposing such sanctions as shall be deemed appropriate. Such sanctions will range from the issuing of a written warning as to the member's future conduct and consequences, non-payment of expenses to the removal of the Governor from office.

17 A Governor may be removed from the Council of Governors for non-compliance with the Code of Conduct by a resolution approved by not less than two-thirds of the remaining Governors present and voting at a general meeting of the Council of Governors.

18 This Code of Conduct does not limit or invalidate the right of the Governors or the trust to act under the Constitution.

13. Register of interests (enclosed)

To review the register of governors' interests

For Reference

Presented by Richard Jones

REPORT TO:	Council of Governors
MEETING DATE:	12 February 2019
SUBJECT:	Register of Governors' Interests
AGENDA ITEM:	13
PREPARED BY:	Georgina Holmes, FT Office Manager
PRESENTED BY:	Richard Jones, Trust Secretary & Head of Governance
FOR:	Information

1. Introduction

The Register of Governors' Interests should be formally reviewed and updated on an annual basis.

At each Council of Governors meeting declarations are also received for items to be considered as part of the agenda.

2. Recommendation

The Council of Governors receives and notes the updated Register of Governors' Interests.

Individual Governors are reminded of their responsibility to inform the Chairman or Trust Secretary of any changes to their defined interests.

REGISTER OF GOVERNORS' INTERESTS SUMMARY

The register of governors' interests is constructed and maintained pursuant to the National Health Service Act 2006. All governors should declare relevant and material interests. Any changes in interests should be declared at the next Council of Governors meeting following the change occurring.

Signed copies of individual governor's declarations are held by the Foundation Trust office.

Interests which should be regarded as "relevant and material" are:

1. Directorships, including Non Executive Directorships held in private companies or public limited companies (including dormant companies).
2. Ownership, part-ownership or Directorship of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.
3. Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.
4. A position of trust in a charity or voluntary organisation in the field of health and social care
5. Any connection with a voluntary or other organisation contracting for NHS services
6. To the extent not covered above, any connection with an organisation, entity or company considering entering into or having entered into a financial agreement with the NHS Foundation Trust, including but not limited to, lenders or banks.
7. Any other commercial interest in the decision before the meeting

Supplementary Information: In the case of spouses and cohabiting partners the interest of the spouse/partner shall, if known to the other, be deemed for the purposes of this Standing Order to be also an interest of the other.

	Declared Interest	Date Reviewed
Trust Chair		
Sheila Childerhouse	Trustee of the East Anglia's Children's Hospices Director of Charles Burrell & Sons (dormant company)	12 February 2019
Staff Governors		
Peta Cook	Nil	12 February 2019
Javed Imam	Nil	12 February 2019
Amanda Keighley	Nil	12 February 2019
Garry Sharp	Member of Suffolk Accident Rescue Service	12 February 2019
Martin Wood	Private practice admitting rights at BMI Bury St Edmunds Hospital Treats NHS carpal tunnel patients under NHS community scheme	12 February 2019

	Declared Interest	Date Reviewed
Nominated Partner Governors		
Judy Cory	Vice Chairman, Friends of West Suffolk Hospital	12 February 2019
Professor Mark Gurnell	Council member – UK Society for Endocrinology	12 February 2019
Dr Andrew Hassan	Associate governing body member West Suffolk CCG Wife is a General Dental Services contract holder	12 February 2019
Cllr Rebecca Hopfensperger	A Cabinet Member for Adult Care for Suffolk County Council, directly responsible for adult social care. A Suffolk County Councillor for Suffolk County Council, holds the position of cabinet member for adult care. Suffolk County Council commission and work with the NHS.	12 February 2019
Laraine Moody	Board member of Newmarket & District Chamber of Commerce West Suffolk College Apprenticeship Levy Contract	12 February 2019
Cllr Sara Mildmay-White	Member of the Conservative party	12 February 2019
Public Governors		
Peter Alder	Chairman of Barton Mills Good Neighbour Scheme (Voluntary Organisation) Member of Norfolk and Suffolk NHS Foundation Trust (Mental Health)	12 February 2019
Mary Allan	Member of University of Cambridge/Addenbrooke's PPI Panel. Member of Burwell Surgery PPG.	12February 2019
Florence Bevan	Director: Pentland Consulting Ltd, Grange House, Bennett Avenue, Elmswell IP30 9GY Chair of Family Link Myanmar (UK charity); Humanitarian organisation Myanman only	12 February 2019
June Carpenter	Nil	12 February 2019
Justine Corney	Director of Lavenham Community Council Director of Bridgeshadow Ltd (dormant)	12 February 2019
Jayne Gilbert	Nil	12 February 2019
Robin Howe	Member of Honington & Sapiston Parish Council Member of Fuel Allotment Charity (Honington) Member of Ixworth Surgery Patients Association	12 February 2019

	Declared Interest	Date Reviewed
Gordon McKay	Committee member of St Edmundsbury Newstalk Volunteer at West Suffolk Hospital (x-ray department)	12 February 2019
Barry Moult	Trustee/Director Grace Baptist Trust (East Anglia) Director Baker Ltd Owner/Director BJM IG Privacy Contract with NHS England to support NHSE Midlands and East for GDPR and Information Governance starting January 2019 until 31 March 2019	12 February 2019
Jayne Neal	Nil	12 February 2019
Adrian Osborne	Sudbury Town Councillor Babergh District Councillor Babergh representative on the Citizens Advice Bureau	12 February 2019
Joe Pajak	I am a Director of Flexpace Limited – which provides education leadership and governance consultancy and advice to charities, schools, colleges and local authorities. I am an education leadership and governance adviser/consultant and currently have a professional relationship with Livability (a national disability charity) http://www.livability.org.uk/.	12 February 2019
Jane Skinner	Volunteer with WSFT as ward companion for end of life care, commencing February 2019.	12 February 2019
Liz Steele	Nil	12 February 2019

14. Nominations Committee

i)To elect a public governor to the Nominations committee (enclosed)

ii)To receive a report from the meeting of 29 January 2019 (verbal)

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

14.1. To elect a public governor to the Nominations committee (enclosed)

For Approval

Presented by Richard Jones

REPORT TO:	Council of Governors
MEETING DATE:	12 February 2019
SUBJECT:	Election of a Public Governor to the Nominations Committee
AGENDA ITEM:	14 (i)
PRESENTED BY:	Richard Jones, Trust Secretary & Head of Governance
FOR:	Approval

1. Background

A vacancy for a public governor has arisen on the Nominations committee. Nominations for membership of this committee were therefore invited from public governors by email on 31 January 2019.

Two nominations have been received from June Carpenter and Jane Skinner.

2. Ballot process

All Governors present at the Council of Governors meeting are entitled to vote for the candidate they feel should take up the position on the Committee. Governors are asked to complete the attached ballot form and bring to the meeting on 12 February 2019.

The completed ballot forms will be collected at the start of the meeting. The results will be given as part of the discussion of the agenda item.

3. Recommendation

The Council of Governors is asked to elect a public governor to join the Nominations Committee.

NHS
West Suffolk
NHS Foundation Trust

Council of Governors meeting – 12 February 2019
Nominations Committee ballot paper

Public ballot – one seat available

Please place one cross ("X") in the box next to the name of the governor you would like to elect to this Committee.

June Carpenter I would like to continue as a member of this committee. As an elected committee member I have the experience, time commitment and enthusiasm to be a proactive member of the committee.	
Jane Skinner Having been a Public Governor since November 2017 I now feel confident in my role and the roles of other individuals and groups within the Trust Governance structure. The interesting and helpful experience and development I have received over the last year will enable me to be a useful member of the Nominations Committee and I therefore put myself forward for your consideration.	

14.2. To receive a report from the meeting of 29 January 2019 (verbal)

For Reference

Presented by Sheila Childerhouse

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

For Approval

Presented by Richard Jones

REPORT TO:	Council of Governors
MEETING DATE:	12 February 2019
SUBJECT:	Review of Appraisal Process
AGENDA ITEM:	14 (iii)
PRESENTED BY:	Richard Jones, Trust Secretary & Head of Governance
FOR:	Approval

1. Background

In response to feedback received following the appraisal process for the Non-Executive Directors last June, the process was simplified by adding general comments at the end of the appraisal rather than after each section. The revised form was trialled for the Chair's mid-year appraisal; this was undertaken using SurveyMonkey for the first time.

Overall, feedback was positive and it was agreed that SurveyMonkey was much easier and quicker to use. However, governors noted that they were not able to take all the items/ prompts into consideration when scoring each section as they could not relate to them. The nominations committee has therefore reviewed the content of the appraisal form and made suggestions for improvement and simplification.

2. Proposal

A revised questionnaire template has been produced based on the review and discussions at the Nominations Committee (Appendix 1). This includes a revised scoring system which is in line with the Trust's appraisal process for staff, ie Exceeds expectation / Meets expectation / Below expectation

It is also proposed that the process is started earlier this year to allow more time prior reporting at the August Council of Governors meeting. A copy of the process and proposed timescale is attached (Appendix 2).

3. Recommendation

The Council of Governors is asked to:

a) Approve the revised questions and scoring system for Non-Executive Directors (Appendix 1)
b) Note the revised timescale for the appraisal process (Appendix 2)
c) Note the inclusion of external stakeholders for the Chair's appraisal (Appendix 2)

APPENDIX 1

NHS West Suffolk NHS Foundation Trust

Feedback for Chair / Non Executive Director

Your feedback will be anonymous. However for administrative purposes please tick category below.

	Non-Executive Director	Executive Director	Governor	External stakeholder
Please tick one	○	○	○	○

1. CONTRIBUTION TO LONG TERM PLANNING (STRATEGY)

Taking the statements below into consideration please rate for contribution to long term planning (strategy):

- Understands the long term plan for the NHS
- Contributes to discussion on the long term strategy of the Trust (beyond the present year)
- Appropriately questions data and information presented by the Board
- Asks well formulated , value added and appropriately timed questions
- Demonstrates the ability to balance needs and constraints
- Holds a vision for the future provision of health and care services
- Understands financial environment and challenges

	Exceeds expectation	Meets expectation	Below expectation
Please tick one	○	○	○

2. HOLDING THE BOARD TO ACCOUNT

Taking the statements below into consideration please rate for holding to account:

- Demonstrates willingness to challenge the Board decisions
- Challenges constructively and effectively
- Understands and demonstrates the Trust's values and behaviours

	Exceeds expectation	Meets expectation	Below expectation
Please tick one	○	○	○

3. INFLUENCING AND COMMUNICATING

Taking the statements below into consideration please rate for influencing and communicating:

- Communicates persuasively
- Voices concerns
- Raises tough questions
- Listens to other's ideas
- Communicates own observations
- Uses fact and figures to support arguments

	Exceeds expectation	Meets expectation	Below expectation
Please tick one	○	○	○

4. TEAM WORKING
Taking the statements below into consideration please rate for team working:

- Involves others in challenges and open discussion
- Willing to change his/her point of view
- Shows Leadership qualities
- Respects other team members
- Shares expertise & knowledge freely

	Exceeds expectation	Meets expectation	Below expectation
Please tick one	◯	◯	◯

5. SELF BELIEF
Taking the statements below into consideration please rate for self belief:

- Displays confidence in the NED role and challenging the Board
- Enthusiastic to achieve an outcome

	Exceeds expectation	Meets expectation	Below expectation
Please tick one	◯	◯	◯

6. INTELLECTUAL FLEXIBILITY

Taking the statements below into consideration please rate for intellectual flexibility:

- Can digest and analyse information
- Thinks though issues and risks
- Thinks positively about solutions
- Sees the big picture
- Makes sense of complex situations and clarifies for others.

	Exceeds expectation	Meets expectation	Below expectation
Please tick one	◯	◯	◯

7. STAFF, PATIENT AND COMMUNITY FOCUS
Taking the statements below into consideration please rate for staff patient and community focus:

- Understands local health issues
- Understands diversity of the community and differing viewpoints
- Understands patient focused challenges to Trust e.g. patient/staff engagement and staffing levels

	Exceeds expectation	Meets expectation	Below expectation
Please tick one	◯	◯	◯

TAKING INTO ACCOUNT YOUR SCORES FOR EACH CATEGORY PLEASE GIVE COMMENTS BELOW:

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

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

Other comments:

Appendix 2

CHAIR AND NON EXECUTIVE DIRECTOR APPRAISAL PROCESS 2019

(a) The stakeholder groups and number of individuals are described in Table 1a and 1b.

(b) A group of 6-8 Governors who have volunteered to take part in this process will be randomly allocated as observers for the Chair and each of the NEDs.

(c) Feedback from the Chair's and NEDs' observer questionnaires to be discussed at a meeting of the Nominations Committee, prior to the appraisal meetings. The purpose of this will be to identify themes/concerns to be addressed at the appraisal meetings.

(d) Appraisal for the Chair to be undertaken by the Lead Governor and Senior Independent Director

(e) Appraisals for the NEDs to be undertaken by the Chair

(f) An overall summary of the Chair's and NEDs' appraisals to be presented to a closed session of the Council of Governors meeting following completion of the appraisals.

Table 1a - Chair – Observers

Stakeholder group	Feedback from
Non Executive Directors	All NEDs - **Five**
Executive Directors	All EDs including Chief Executive - **Six**
Governors	Lead Governor plus **four** Governors – **Five**
External Stakeholders	To be nominated by Chair - **Four**

Table 1b - NEDs – Observers

Stakeholder group	Feedback from
Non Executive Directors	All NEDs, including Chairman - **Five**
Executive Directors	All EDs including Chief Executive - **Six**
Governors	Governors - **Five**

CHAIR AND NEDs APPRAISAL SCHEDULE 2019

Task	Action	Date
Volunteers to undertake appraisals to be identified at CoG meeting	**SC**	Tuesday 12 February 2019
Circulate forms to appraisers and appraisees for completion and return to GEH.	**GEH**	Monday 11 March 2019
Completed forms to be returned to GEH	**GEH**	Friday 29 March 2019
Forms to be analysed and summarised	**GEH**	Friday 26 April 2019
Nominations Committee Meeting to discuss results of observer questionnaires and identify themes/concerns	**Nominations Committee**	Wednesday 5 June 2019
Lead Governor and SID to undertake Chairman's appraisal	**LS/ SID /SC**	By Friday 28 June 2019
Chairman to undertake NEDs' appraisals	**SC/NEDs**	By Friday 26 July 2019
Report to be written for CoG meeting (6 August) for circulation	**SC**	By Friday 26 July 2018

15. Report from Engagement Committee (enclosed)

To receive the minutes from the meeting of 17 January 2019

For Reference

Presented by Florence Bevan

REPORT TO:	Council of Governors
MEETING DATE:	12 February 2019
SUBJECT:	Report from Engagement Committee meeting held on 17 January 2019
AGENDA ITEM:	15
PRESENTED BY:	Florence Bevan, Chair of Engagement Committee
FOR:	Information

The attached minutes summarise discussions that took place at the Engagement Committee meeting on 17 January 2019.

There was one item for escalation to the Council of Governors as a result of feedback from Courtyard Café, ie “there was no-one on reception in Pathology; would have liked to see and talk to someone”. This is being followed up with service manager for Pathology.

Recommendation

Governors receive the minutes for information.

DRAFT

MINUTES OF THE COUNCIL OF GOVERNORS ENGAGEMENT COMMITTEE

HELD ON THURSDAY 17 JANUARY 2019, 4.30pm

IN THE EDUCATION CENTRE AT WEST SUFFOLK HOSPITAL

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

Action

19/01 APOLOGIES

Apologies for absence were received from Liz Steele. It was also noted that Cassia Nice and Sue Smith had sent their apologies.

19/02 MINUTES OF MEETING HELD ON 9 OCTOBER 2019

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

Jayne Gilbert referred to item 18/25 'A discussion took place around engaging younger people. Cassia Nice suggested a closed Facebook page, webenair etc.'

She suggested that younger people no longer used Facebook and other forms of social media should be investigated.

19/03 MATTERS ARISING ACTION SHEET

There were no ongoing actions.

The completed actions were reviewed and the following issue raised:

Item 12 – Richard Jones to follow up with Sue Smith re a forward plan and informing George Holmes of any events that come up at short notice that governors could attend. Richard Jones reported that the intention was for Sue Smith to attend the meeting today and brief governors on the new fund raising campaign. She had not forwarded any information on events that governors could attend.

19/04 EXPERIENCE OF CARE

Florence Bevan reported that she had attended the Voice meeting yesterday; other attendees included four volunteers, a representative from learning from deaths and a representative from the maternity group. Further public members were still required for up.

There had been a very interesting presentation from Suffolk Family Carers and a proposal for a 'carers cabin' drop in area, eg a bus or similar facility.

It was explained that the of interpreters was very high, therefore the Trust was currently trialling video interpreters. Peta Cook pointed out that an individual was required to be in the room with paediatrics.

The Accessable' review for disabled people to get around the hospital was also highlighted. Peter Alder suggested using a similar vehicle to those used at airports (eg golf buggy) to transfer people around the hospital; this would be particularly helpful for elderly couples who were unable to walk very far. Although a good idea it was felt that there would be health and safety issues and a number of corridors in the building were not suitable for this type of vehicle.

19/05 CHARITABLE FUNDS BRIEFING

No briefing available.

19/06 CONSIDERATION OF ENGAGEMENT PLAN FOR 2018-19

6.1 Engagement plan 2019-20

The engagement plan was reviewed and it was noted that several governors with an email address had received the newsletter by post rather than email, although MES (who manage the membership database) had been requested to send by email rather than post to anyone with an email address. George Holmes would follow this up. **G Holmes**

6.2 Governor participation schedule

The governor participation schedule was noted and the enthusiasm of the majority of new members was considered to be very positive.

Cassia Nice had indicated that it was proposed that there should be further opportunities for area observations in the community.

6.3 Membership numbers

The current membership numbers were reviewed and it was noted that these continued to decrease. It was hoped that the GDPR issue around transferring staff to public members would be solved shortly which should help increase numbers.

Jayne Gilbert and June Carpenter also offered to do additional sessions in the Courtyard Café. George Holmes would follow this up. **G Holmes**

It was suggested that membership forms and copies of the newsletter should be put in the discharge unit, as there was the opportunity for people to read and complete these while they were waiting. **G Holmes**

6.4 Medicine for members 2019

The two subjects proposed by the executive team were considered, ie

1. 'What happens when your GP refers you to hospital', to include short presentations/talks covering admission prevention; the new Acute Assessment Unit with a focus on both medical and surgical patients.

   It was felt that the content of this could be interesting but there would need to be a very 'catchy' title. The presentation should include health and wellbeing and the pathway from A&E through to discharge.

2. Understanding the menopause

It was noted that the session held recently for staff had been very well attended. This would need to be promoted in appropriate areas, eg well women clinics.

19/07 FEEDBACK REPORTS

7.1 Courtyard Cafe

Feedback on the whole continued to be very positive. It was suggested that compliments received should be fed back to areas/individuals where specified. This including complimenting the Courtyard Café staff for noticing when people needed assistance in carrying their trays etc. **G Holmes**

George Holmes confirmed that she had already escalated the issue around the light going on and off intermittently to Brod Pooley and she would follow up again. **G Holmes**

The comment about there being no one on reception in pathology was noted, ie "there was no-one on reception in Pathology; would have liked to see and talk to someone". It was explained that this was probably a NEESPS issue but Richard Jones would follow up. **R Jones**

7.2 Patients and Carers Experience Group

The summary of the meeting was reviewed and it was agreed that the report from the end of life care operational group was very positive. Initiatives included the purchase of an additional palliative care ready-bed for G8 with a proposal for the same on G4 and G5 and the development of butterfly symbols to be placed at next to the beds of end of life care patients.

7.3 Area observation pilot

Peta Cook fed back on the area observation she had undertaken in the eye treatment centre and the process involved. She suggested that observers may find it helpful to record their observations under environment, staff and other.

It was agreed that this was a very positive initiative.

19/08 ISSUES FOR ESCALATION TO THE COUNCIL OF GOVERNORS

It was proposed to escalate the issue about there being no one on reception in pathology. **G Holmes / R Jones**

19/09 DATE OF FUTURE MEETINGS

Tuesday 30 April, 4.30pm
Tuesday 16 July, 4.30pm
Tuesday 15 October, 4.30pm

16. Lead Governor report (enclosed)

To receive a report from the Lead Governor

For Reference

Presented by Florence Bevan

REPORT TO:	Council of Governors
MEETING DATE:	12 February 2019
SUBJECT:	Report from Lead Governor
AGENDA ITEM:	16
PREPARED BY:	Liz Steele, Lead Governor
PRESENTED BY:	Florence Bevan, Deputy Lead Governor
FOR:	Information

Firstly, thank you to you all for supporting me in becoming Lead Governor. I will do my very best to ensure that the Governors are able to be a part of the valuable work of the Trust.

Secondly a huge thank you for the wonderful messages and support that I have received since Edward passed away. He had been ill for 6 years and for much of that time he had to have a lot of caring for. In the final few months we were so grateful for the fantastic support we received from the Community team and of course our G.P s. We could not have managed without it. The WSFT is a fantastic organisation and we must be proud to be governors of it.

Since being appointed I have held two meetings with Sheila and Richard, the first meeting was for us to look at the training programme that was held in January. Sadly, I missed it, but I do know that it was very well attended and very well received. This training allowed us to put together the thought-provoking questions that have been included in the papers when we met at the Informal meeting.

I will be meeting Sheila on a regular basis, with Florence as soon as the funeral has been held, in the same way as June and I did. This allows us to share concerns and queries that have been raised by yourselves.

A large part of our support is the weekly Walk About and thank you to all those who have already carried out these this year so far.

If you need to contact me then please do, you have my details as these were sent from George at the beginning of the year.

Liz Steele
Lead Governor

17. Staff Governors report (enclosed)

To receive a report from the Staff Governors

For Reference

Presented by Peta Cook

REPORT TO:	Council of Governors
MEETING DATE:	12 February 2019
SUBJECT:	Report from Staff Governors
AGENDA ITEM:	17
PRESENTED BY:	Peta Cook, Staff Governor
FOR:	Information

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

- Estates had been requested to publish a monthly briefing in the Green Sheet giving details of major programmes of work that could possibly affect staff in one way or another.

- The timing of the training day for community staff was being reviewed in order to allow for people travelling a long way. Clarification had also been requested on what mandatory training was required for all staff.

- The training day for governors was considered to have been very good, with the afternoon session on the Trust's values and listening and effective questioning skills being particularly helpful.

- It was suggested that in order to reduce the number of operational questions/issues escalated to CoG meetings governors should be encouraged to send feedback/queries to George Holmes rather than CoG where possible.

- Staff had reported that they were unable to find a seat in Time Out during the busy lunchtime period as more and more members of the public were using this facility during this time, with Thursday being a particularly busy day. This would be discussed with the Catering & Community Facilities Manager.

- Estates and IT continued to be the main issues for community staff but this was being addressed slowly.

- The community visits by Board members last year had been very well received by staff and it was requested that this visibility should continue to be maintained.

18. Urgent items of any other business

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

For Reference

Presented by Sheila Childerhouse

19. Dates for meetings for 2019

Monday 13 May

Tuesday 6 August

Annual members meeting (Apex) -

Tuesday 17 September

Wednesday 13 November

For Reference

Presented by Sheila Childerhouse

20. Reflections on meeting

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

For Discussion

Presented by Sheila Childerhouse