COUNCIL OF GOVERNORS MEETING

Tuesday 11 August 2020, 18.00, via Microsoft Teams

AGENDA

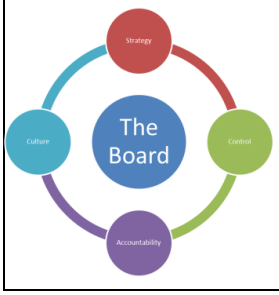
Council of Governors Meeting

There will be a meeting of the **COUNCIL OF GOVERNORS** of West Suffolk NHS Foundation Trust on Tuesday, **11 August 2020 at 18.00 via Microsoft Teams.**

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.	**Public meeting** The Council of Governors is invited to note the following: "That representatives of the press, and other members of the public, are excluded from the meeting having regard to the guidance from the Government regarding public gatherings."	Sheila Childerhouse
2.	**Apologies for absence** To receive any apologies for the meeting.	Sheila Childerhouse
3.	**Welcome and introductions** To welcome David Wilkes to the meeting and request mobile phones be switched to silent.	Sheila Childerhouse
4.	**Declaration of interests for items on the agenda** To receive any declarations of interest for items on the agenda	Sheila Childerhouse
5.	**Minutes of the previous meeting** (enclosed) To note the minutes of the meeting held on 6 May 2020	Sheila Childerhouse
6.	**Matters arising action sheet** (enclosed) To note updates on actions not covered elsewhere on the agenda	Sheila Childerhouse
7.	**Chair's report** (enclosed) To receive an update from the Chair	Sheila Childerhouse
8.	**Chief executive's report** (enclosed) To note a report on operational and strategic matters	Craig Black
9.	**Governor issues** (enclosed) To note the issues raised and receive any agenda items from Governors for future meetings	Liz Steele
18.20	**DELIVER FOR TODAY**	
10.	**COVID report** (enclosed) To note the summary report	Richard Davies

11.	**Quality and performance report** (enclosed) To note the report	Angus Eaton
12.	**Summary finance & workforce report** (enclosed) To note the summary report	Alan Rose
18.50	**INVEST IN QUALITY, STAFF AND CLINICAL LEADERSHIP**	
13.	**New NED introduction** (verbal) To receive an introductory presentation	David Wilkes
14.	**Trust improvement plan** (enclosed) To note the report	Sheila Childerhouse
19.20	**BUILD A JOINED-UP FUTURE**	
15.	**Pathology services** (enclosed) To receive an update	Louisa Pepper
16.	**Annual Report & Accounts 2019/20** (on Trust website or hard copy on request) To receive the Annual Report & Accounts for 2019/20 https://www.wsh.nhs.uk/Corporate-information/Information-we-publish/Annual-reports.aspx	Richard Jones
17.	**Annual Audit Letter** (enclosed) To receive the report from BDO, External Auditors	Matthew Weller, BDO
19.45	**GOVERNANCE**	
18.	**Report on constitutional changes** (enclosed) To note the report.	Richard Jones
19.	**Report from Nominations Committee** (enclosed) To note a report from the Nominations Committee meeting of 25 June 2020	Sheila Childerhouse
20.	**Report from Engagement Committee** (enclosed) To receive the minutes from the meeting of 21 July 2020	Florence Bevan
21.	**Lead Governor report** (enclosed) To receive a report from the Lead Governor	Liz Steele
22.	**Staff Governors report** (verbal) To receive a report from the Staff Governors	Peta Cook
23.	**Annual external audit review** (enclosed) To receive a report and recommendation from the Audit Committee on the Trust's External Auditors BDO	Angus Eaton
20.00	**ITEMS FOR INFORMATION**	
24.	**Dates for meetings for 2020:** Tuesday 22 September – AMM (plan to hold using MS Teams) Wednesday 11 November	Sheila Childerhouse
25.	**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
20.05	**CLOSE**	

1. Public meeting

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For Reference

Presented by Sheila Childerhouse

2. Apologies for absence

To receive any apologies for the meeting.

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To welcome David Wilkes to the meeting and request mobile phones be switched to silent.

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Presented by Sheila Childerhouse

4. 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

5. Minutes of the previous meeting (enclosed)

To approve the minutes of the meeting held on 6 May 2020

For Approval

Presented by Sheila Childerhouse

DRAFT

MINUTES OF THE COUNCIL OF GOVERNORS' MEETING
HELD ON WEDNESDAY 6 MAY 2020 AT 17.30pm
Via Microsoft Teams

COMMITTEE MEMBERS			
		Attendance	**Apologies**
Sheila Childerhouse	Chair	•	
Peter Alder	Public Governor	•	
Mary Allan	Public Governor		•
Florence Bevan	Public Governor	•	
June Carpenter	Public Governor	•	
Peta Cook	Staff Governor	•	
Justine Corney	Public Governor	•	
Judy Cory	Partner Governor	•	
Jayne Gilbert	Public Governor	•	
Mark Gurnell	Partner Governor		•
Andrew Hassan	Partner Governor	•	
Rebecca Hopfensperger	Partner Governor	•	
Robin Howe	Public Governor	•	
Javed Imam	Staff Governor		•
Amanda Keighley	Staff Governor	•	
Gordon McKay	Public Governor	•	
Sara Mildmay-White	Partner Governor	•	
Laraine Moody	Partner Governor		•
Barry Moult	Public Governor	•	
Jayne Neal	Public Governor	•	
Adrian Osborne	Public Governor		•
Joe Pajak	Public Governor	•	
Vinod Shenoy	Staff Governor		•
Jane Skinner	Public Governor	•	
Liz Steele	Public Governor	•	
Martin Wood	Staff Governor	•	
In attendance			
Helen Beck	Chief Operating Officer		
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		
Gary Norgate	Non-Executive Director		
Louisa Pepper	Non-Executive Director		
Rowan Procter	Executive Director of Nursing		
Alan Rose	Non-Executive Director		

Action

GENERAL BUSINESS

20/23 PUBLIC MEETING

The Council of Governors noted that representatives of the press, and other members of the public, were excluded from the meeting having regard to the guidance from the Government regarding public gatherings.

20/24 APOLOGIES

Apologies for absence were noted as above.

20/25 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting and explained that the Trust's constitution did not account for governors meeting virtually; therefore, it would not be possible to make any decisions at this meeting. An agenda item proposing changes to the constitution would be discussed later in the meeting.

20/26 DECLARATIONS OF INTEREST

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

20/27 MINUTES OF THE COUNCIL OF GOVERNORS MEETING HELD ON 11 FEBRUARY 2020

The minutes of the meeting held on 11 February 2020 were approved as a true and accurate record subject to the following amendment:

Page 9, 20/15; include reference to Glemsford surgery and pharmacy.

- It was explained that WSFT now owned the Glemsford practice and would be looking at this as a model for similar development of integration across the system.

20/28 MATTERS ARISING ACTION SHEET

The ongoing actions were reviewed and the following noted:

- Item 188; review how patients with no fixed address are identified to the housing department prior to discharge. This was an area that had been impacted by COVID; the national response was to move these people off the streets and into hotel type accommodation. Currently 80 more people than normal were being accommodated and seeing to their health needs had become quite a challenge. There had been a real commitment from health, housing and the county council to try and make improvements in this area.

  Sara Mildmay-White had spent a very useful day with the discharge team and a member of the county council housing team was now working with WSFT's team. The situation had changed due to COVID and the teams were working together but were missing the support of mental health and drug and alcohol services.

- The completed actions were reviewed and there were no issues.

20/29 CHAIR'S REPORT

- The Chair paid tribute to staff across the whole organisation for all their work to prepare for COVID, and their willingness to work in a different way and often in different roles. Excellent transformation in a number of areas had been achieved which otherwise would have taken months or years to achieve.
- She also paid tribute to the system, eg social care and the voluntary sector. The Integrated Care System (ICS) was starting to look at what was working well across the three Alliances and what could be learned from and taken forward into the next phase moving to the new normal.
- An update was given on the NED recruitment process for which there were a number of strong potential candidates.

20/30 CHIEF EXECUTIVE'S REPORT

- The Chief Executive referred to the excellent work of staff, the system and support networks who had come together to focus on COVID.

- To date there had been 44 COVID related deaths at WSFT and he passed on the Trust's sympathies to the families affected by this. Whilst UK had one of the highest death rates in Europe the NHS had coped very well compared to some other countries.
- There had been 69 successful discharges from WSFT. There and been a massive change in the way that primary care, the local and county council were working together which had had a big effect on discharging patients into the community.
- The reports to the board and Council of Governors had changed as a result of COVID as it was currently not appropriate to track the performance of some indicators eg A&E performance.
- The Trust had delivered its financial plan for last year and over delivered its cost improvement programme (CIP) by over £200k, the majority of which was recurring. All COVID related costs for the last financial year would be reimbursed but there was some uncertainty about whether this would be the case for the current year.
- Governors had previously been briefed on the structural challenges and there had been some issues in the area where theatres were located. The estates team had addressed this but this had presented some challenges in developing the expansion of the critical care unit (CCU) and other areas had been relocated to manage this.
- Despite the focus on COVID work continued on the plan for a new hospital. A joint workshop had been arranged for the board and governors to discuss the operational plan and consider the strategic outline case (SOC) for the new hospital, but unfortunately this had been unable to take place. The development of the outline business case (OBC) would be discussed today in the closed board meeting, due to the confidential information it contained. The next step would be sign up by the system and then it was hoped there could be a briefing to governors on the SOC. The development of the OBC would require public engagement which would involve input/assistance from governors.

Action: arrange update for governors on development of new hospital. **R Jones**

Q Would the design of the new hospital take into account the need to manage a similar situation to COVID?

A There was a need to understand what the post-COVID world would look like in terms of healthcare. The issues that were being faced would be taken into account for when/if a similar situation occurred in the future.

Q NHSEI would be recommending that every member of staff had a risk assessment to ensure that they were safe. Also, BAME staff were thought to be at greater risk, therefore every organisation should have a BAME leader who was overseeing this. What was WSFT doing about this?

A WSFT had been through the process of asking all staff to complete risk assessments. With regard to BAME staff the Trust was adhering to the guidance that was being issuing around this.

Q What was the timescale for completion of the new hospital?

A This was very difficult to predict, but considering the structural issues with the current building this needed to be progressed as soon as possible. However, due to COVID it was not known what the economic situation would be. Currently it was hoped to submit the full business case by September 2023 with construction commencing late 2023. This could take five to seven years, depending on the issues that would need to be addressed once approval was received.

DELIVER FOR TODAY

20/31 COVID REPORT

- COVID had been the main focus for the Trust over the past few months. A virtual staff briefing would be taking place tomorrow and this presentation would then be put onto the Trust's intranet.
- There had been a huge amount of digital change to enable a large number of staff to work from home in order to support social distancing, eg Miscrosoft Teams and Visionable which enabled virtual outpatient consultations.
- The Trust was aware that staff who were shielding could feel very isolated and was keeping in touch with them.
- In order to protect staff all patients would be treated as if they have or might have COVID. All patients would be swabbed and staff would continue to wear appropriate levels of PPE for the patients they were treating.
- In order to protect patients on the wards only four beds in a bay were being used unless there was a group of patients with confirmed COVID in which case all six beds in a bay would be used.
- The emergency department (ED) and radiology had a separate area for anyone who was exhibiting COVID symptoms.
- The patient experience team were helping patients to keep in touch with relatives by using iPads to video call. Clinicians were also assisting to mitigate for the fact that relatives were unable to visit.
- Critical care capacity had been expanded from 9 to 19 beds with further plans to increase to 27 beds if required. This had had the biggest impact on the Trust's ability to do elective work as anaesthetists and the critical care team were required to manage these beds.
- The number of beds in the community had also been increased, including 14 additional beds at Newmarket hospital. A lot of work had been undertaken to support the community teams and enhance their skills so that patients requiring a higher level of care could be moved into community beds. Discussions were also taking place with Mareham Park about additional beds; beds for discharged patients had already been purchased which gave additional care home capacity and were being supported by staff from WSFT.
- The Trust was now starting to see an increase in ED attendances and admissions, although these were still below pre-COVID levels. However, it was unlikely to be able to respond to previous levels of demand as everything would take longer and this would be a real challenge for staff and capacity. Both WSFT and the CCG were using the media to encourage people to use this service appropriately.
- There did not appear to be a significant issue with people not attending the hospital for appointments. Those who did not wish to attend had been clinically reviewed and were being seen virtually or by telephone, and were recorded as not wishing to be seen at this time. Patients on cancer pathways etc were being kept in touch with. The main concern was that people were not visiting their GPs if they had symptoms.
- Regular discussions and meetings took place about PPE and a lot of work had been done across the organisation to manage supplies. To date the Trust had not been in the position of not having sufficient PPE of the appropriate type required in accordance with Public Health England and national guidance. There was a global shortage of some items and the Trust had had discussions with the unions about a number of 'what ifs' a shortage did occur. Throughout the past few months the Trust had been planning for the worst but hoping for the best. WSFT had been in a better position than a lot of organisations and this remained an ongoing focus.

Q There may be a higher demand for PPE in community paediatrics when schools went back and staff were required to go into schools; had this been taken into account?

A It was recognised that this and an increase in elective activity would result in a requirement for more PPE therefore this was being factored into the planning.

- Modelling undertaken by Dr Helena Jopling suggested that WSFT had not yet reached its peak and to date the number of cases WSFT had been seeing had been following her trend analysis. The modelling showed a peak towards the end of May and then a drop and peak again June through to July. If the number of cases continued to increase Addenbrookes, Papworth and Norfolk & Norwich were being established as local Nightingale hospitals and would support WSFT so that patients could be transferred to one of these.
- New management structures had been established to run the organisation at this time, ie Strategic Group. The Core Resilience Team which was in place at all times for emergency planning and had been enhanced during the COVID crisis to look at future planning and what resources would be required. The Tactical group responded to the day to day issues. There was a senior management presence on site seven days a week, 8.00am to 8.00pm with plans in place for 24/7 cover if required.
- Recovery would be the new normal; there were likely to be fluctuating peaks in COVID demand which might require the Trust to periodically increase and then decrease its normal workload. Plans had been submitted today as to how WSFT would bring the two week wait cancer activity up to full speed; as referrals increased activity would have to increase. The national guidance on endoscopy had changed to allow an increase activity, with routine endoscopies starting again next week.
- The second phase of the new normal would be too look at all other activity. However, there would be a large number of constraints around this as everything would take much longer with staff wearing PPE. There would also be issues with resources, beds, money etc and this was being factored into the plan as to what the new normal would look like.
- A lot of support had been put in place for staff, including free car parking, accommodation where required, psychiatric support etc.
- Community teams were working alongside care home where possible and testing for staff and residents was now taking place. West Suffolk was in a better positon than east Suffolk due to the positive relationships that were already in place. The national plan had been very pro-active in preparing for the worst in hospitals but regretfully this had not been the same for care homes.
- A daily call took place between the community team, social services and the care home teams. There was a list of care homes with RAG (red, amber, green) rating and those rated as red were helped and supported as required. There was a big testing initiative in care homes but there was an issue with getting information across boundaries. Although care homes had initially been left behind in the preparations the situation had improved greatly and west Suffolk was ahead of many areas and Suffolk County Council was very supportive of the care homes. There were no reports of care homes running out of PPE.
- Differing percentages of false negatives for testing were being reported. This was partly due to issues with swabbing techniques and there was growing evidence around the timing of when swabs were taken following the onset of symptoms, however this was the currently best available test until an antibody test had been developed which would be a better option.

Q What was happening about staff testing; there was a concern about the distance they had to travel to a testing centre?

A Staff could choose from a number of options where they were tested, eg Colchester or Stansted, but the closest was in the ED car park which was managed via and booking system.

20/32 SUMMARY FINANCE & WORKFORCE REPORT

- At the Council of Governors meeting last August it was not clear as to whether the financial target for the year would be achieved. At the time the overspend was attributed to temporary staff and extra sessions due to additional activity. In response to this the finance team had negotiated with the CCG and an additional payment for the activity had been received.
- The CIP had been challenging but £9.1m of savings had been delivered, ie over £200k more than the plan. Many of these savings were recurring which was potentially good for 2020/21.
- The financial recovery plan (FIP) to achieve an additional £1.8m of savings had not been achieved but came in at £1.6m. However, as the Trust had achieved its financial target it should receive all provider sustainability fund (PSF) payments associated with this.
- The cash position was currently good at £2.4m and this was monitored on a daily basis.
- There had been an increase in spend on temporary staff which was due to COVID activity and also a relaxation around controls. The NEDs would be keeping an eye on this moving forward.
- Details of the capital programme were given in the report. It was noted that the emergency department was progressing toward the full business case (FBC).

INVEST IN QUALITY, STAFF AND CLINICAL LEADERSHIP

20/33 TRUST IMPROVEMENT REPORT

- The CQC report had identified 74 items that needed to be addressed; 32 of which were must do and 42 should do.
- Following the quality summit in March which was attended by all key stakeholders WSFT had developed an action plan. An action log had also been produced to show how each item would be implemented and monitored.
- A number of items had been paused due to COVID, however others continued to be addressed. The progress of these would be reviewed regularly by the board and there would also be a periodic review of the actions that had been paused; the next would be in July.
- There was also ongoing oversight and feedback from the CCG and a summary of this would continue to be reported at Council of Governors meetings.

Action: provide update on Trust improvement plan to CoG meetings. **H Beck**

- It was important not to lose focus on quality of care during COVID and the NEDs would continue to challenge on this, whilst recognising that this was a difficult situation. Currently they felt assured that things were not getting lost, even those actions that were being paused. Work was being undertaken to look at how to monitor quality in the current COVID situation and moving forwards.
- Complaints were unable to be investigated in the normal way but the NEDs were assured that they would be looked at eventually. In the meantime, work was ongoing to ensure that any themes or trends were identified and addressed in a timely manner.

Q What about the considerable number of items that had been partially paused; particularly maternity checks on resuscitation equipment?

A The actions that were considered to be important had been fully implemented and would be followed up with weekly audits to provide assurance that this was the case and they were being embedded.

Q Had there been any indication from the CQC as to when they might want to come back in or have any verification of these actions? The governors would like more information on why the NEDs were assured about this; it would be helpful if this could be clarified.

A Decisions about the action plan and delays to actions had not been made in isolation and were being overseen by the CCG, and the CQC was being kept updated on this. The CQC had suspended normal regulatory inspections but there had been some suggestion that in the next few weeks they could start to give some indication of what the programme would look like going forwards. Therefore, it should be assumed that the CQC would want to come back in to test some of these actions.

BUILD A JOINED UP FUTURE

20/34 PATHOLOGY SERVICES

- Last Monday ESNEFT had informed WSFT of their wish to end the network pathology arrangement, ie NEESPS. This had come as a surprise to both WSFT and the regional team, and the reasons for this were not clear.
- A lot of work was already going on to consider the next steps. A number of briefings had taken place with WSFT staff who appeared to be very positive about this.
- Craig Black would be working on the separation and negotiating with ESNEFT.
- It was hoped that this would make WSFT more attractive as an employer and it would also be able to choose who it partnered with around some aspects of pathology, possibly Addenbrooke's or Norfolk & Norwich.
- This would be discussed in more detail by the scrutiny committee and regular updates would be provided to the board and to governor meetings.

Action: Provide update on pathology services to governor meetings. **N Jenkins**

Q What would the financial impact of this be?

A Significant investment would have been required in pathology whether or not WSFT remained in a networked arrangement with ESNEFT. However, WSFT would now have more control over this but careful negotiation was required with ESNEFT. WSFT saw this as an opportunity not a threat.

GOVERNANCE

20/35 PROPOSED CHANGES TO THE CONSTITUTION

- The Council of Governors needed to be in a position during this period to enable it to convene and make decisions virtually; currently the Trust's constitution did not allow for this.
- This paper set out the proposed process to make reasonable changes to the constitution which would allow the Council of Governors to make decisions. It was proposed that there should be a post or email ballot for governors, followed by a recommendation to the board. It was hoped that by the end of this month this would enable a new way of working.

- The Council of Governors agreed that this proposal should be progressed.

Action: progress proposal to amend constitution as set out in this paper **R Jones**

20/36 REPORT FROM ENGAGEMENT COMMITTEE

- The current COVID situation meant that it was very difficult for governors to undertake their engagement role.
- As a result, it was proposed to develop digital communication and it was likely that more of this type of engagement would continue in the future.
- The engagement committee would continue to review technology for interaction not only with governors but also the public.
- The Council of Governors noted the amendments to the Membership Strategy and terms of reference for the engagement committee, both of which reflected the need to develop digital communication.

20/37 LEAD GOVERNOR REPORT

- Liz Steele, on behalf of the governors, thanked the executive team and staff across the organisation for all their work during this difficult time.

20/38 STAFF GOVERNORS REPORT

- It was explained that the new normal would mean that the ability of both the hospital and community services to deliver services would not be the same as previously and this needed to be communicated to the public.
- The move to a new normal would be a challenge and it was not yet fully understood what this would be. However, the COVID situation had enabled staff to look at innovations and implement these more quickly than would have been done otherwise.
- This had also been the case in primary care where transformation in some areas had been marked and rapid.

ITEMS FOR INFORMATION

20/39 DATES FOR COUNCIL OF GOVERNOR MEETINGS FOR 2020

Tuesday 11 August
Tuesday 22 September - Annual members meeting (under review)
Wednesday 11 November

20/40 REFLECTIONS ON MEETING

- A positive meeting, with good use of the chat facility.

20/41 ANY OTHER BUSINESS

- The Chair thanked the NEDs, particularly Louisa Pepper, for chairing the ethics group and also Angus Eaton for his input into this group as a member. She was very grateful to them all for supporting the executive team and their engagement in what was happening in the Trust.
- Rowan Procter would be leaving WSFT at the end of the month and the Chair paid tribute to her for everything she had done for the Trust.

- This was Gary Norgate's last meeting of the Council of Governors; he would be moving into a new role supporting the development of the new hospital. He would be greatly missed as a NED and had been very supportive whilst also challenging when necessary.
- Gary Norgate said that he was sorry to be leaving his role as NED; he had enjoyed working with the governors and thanked them all for their support.

6. 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:	11 August 2020
SUBJECT:	Matters Arising Action Sheet from Council of Governors Meeting of 6 May 2020
AGENDA ITEM:	6
PRESENTED BY:	Sheila Childerhouse, Chair
FOR:	Information

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

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

Ongoing action points

Ref.	Date of Meeting	Item	Action	Action taken	**Lead**	**Target date**	**RAG rating for delivery**
193	11/02/20 Closed meeting	20/05	Arrange for Governwell to give a joint training session for NEDs and governors	Spoken with NHS Providers example programme appended (Appendix B). To be scheduled when social distancing restrictions are lifted, now likely to be after elections. Option to delivery as part of the refresh training early 20201 with newly elected Governors. **Request to approve revised timescale**	S Childerhouse / R Jones	~~31/07/20~~ Feb 2021	Red
194	11/02/20	20/08 item 1	An update on the review of the HR policy framework to be provided to a future meeting.	Included as part of CQC action plan – and being progress through the workforce workstream. A fuller report to be provided at the November meeting. **Request to approve revised timescale**	J Over	~~6/5/20~~ 11/11/20	Red
195	11/02/20	20/08 item 2	Further detail on ward accreditation to be provided to a future meeting.	Ward accreditation programme (as per NHSI) will be supported by a review of nursing quality metrics (including but not limited to Safety thermometer) including data distribution, display and data sharing, use in improvement not just performance and reporting via IQPR and other pathways is planned, led by heads of nursing and supported by Governance. this will link into the ongoing wider review of the IQPR led by the Performance team. **The new Chief Nurse and Deputy Chief Nurse are working their way through our current state and developing a vision of how we will deliver a ward accreditation programme. The pandemic has clearly had an impact on the progression. An extension on this action has been requested and a progress update will be provided at the November meeting. Request to approve revised timescale**	S Wilkinson	~~6/05/20~~ Feb 2021	Red`

Ref.	Date of Meeting	Item	Action	Action taken	**Lead**	**Target date**	**RAG rating for delivery**
206	07/07/20 Closed meeting	20/08	David Wilkes and Rosemary Mason (subject to approval of her appointment) to be asked to present to a Council of Governors meeting.	David Wilkes invited to present to CoG meeting on 11 August 2020. Rosemary Mason to be asked to present to meeting on 11 November 2020	R Jones	11/11/20	Green
207	07/07/20	20/08	Review terms of reference for Nominations Committee following governor elections.	To be actioned through the Nominations Committee (including input from Governors after elections)	R Jones	May 2021	Green

See separate sheet for completed action points

Completed action points

Ref.	Date of Meeting	Item	Action	Action taken	Lead	Target date	RAG rating for delivery
188	06/08/19	19/47	Review how patients with no fixed address are identified to the housing department prior to discharge.	A meeting has recently taken place with the council re WSFT's duty to refer. WSFT has also appointed (on a one-year contract) a health and housing officer who will start as soon as the funding is transferred from the CCG. They will pick up patients in ED and the base wards and liaise directly with the housing department. The CCG funding will also pay for a one bedroom flat in the centre of Bury St Edmunds for patients who require temporary accommodation. Sara Mildmay-White was invited to shadow the discharge team to provide her with assurance that a process is in place. She reported that she had spent a very useful day on 19/02/20 with the discharge team and a member of the county council housing team was now working with WSFT's team. The situation had changed due to COVID and the teams were working together but were missing the support of mental health and drug and alcohol services.	N Jenkins / R Jones S Mildmay-White / G Holmes	19/02/20	Closed
201	06/05/20	20/30	Arrange update for governors on development of new hospital	Briefing provided as part of closed agenda to include discussion of future communication plan for the programme.	R Jones	11/08/20	Closed
205	07/07/20 Closed meeting	20/08	Board to be asked to approve the appointment of Rosemary Mason, taking into account the requirement for a future recruitment process, value for money and how this would fit alongside the responsibilities of the Non-Executive Directors.	Recommendation approved at the Trust Board meeting on 31 July 2020 – appointment as an Associate NED for two year term.	R Jones	31/07/20	Closed
202	06/05/20	20/33	Provide update on Trust improvement plan to CoG meetings.	Agenda item for CoG meeting of 11 August	H Beck	11/08/20	Closed

Ref.	Date of Meeting	Item	Action	Action taken	**Lead**	**Target date**	**RAG rating for delivery**
203	06/05/20	20/34	Provide update on pathology services to governor meetings.	Agenda item for CoG meeting of 11 August	N Jenkins	11/08/20	Closed
204	06/05/20	20/35	Progress proposal to amend constitution	The proposed had been unanimously supported by governors and the board approved the amendments to the Trust Constitution on 29 May 2020. The Constitution has been updated to reflect the agreed changes. Agenda item for CoG meeting of 11 August.	R Jones	11/08/20	Closed

Annex A – ongoing issues log

The Governors are asked to:

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

Issue	Update
1. Community IT	**Recent actions/achievements:** • The project to exit the IT support contract with NEL CSU was put on hold due to the COVID-19 pandemic. This has been restarted in recent weeks, with re-planning of the project to accommodate reduced time frames and need for social distancing etc. • The project is now planned to occur in two stages, which are likely to overlap. The first is to upgrade the network infrastructure at 17 community sites where WSFT will take over 'ownership' of the networks where we don't already. This started in July, and should provide a stable network connection at the main community bases. • The second phase is to replace the physical hardware – computers, monitors etc – and move staff over to WSFT systems, email, files and folders etc. This is likely to start in August and continue into September. • We may need to move beyond the initial contract deadline if circumstances change and we are in discussions with our suppliers and NEL CSU in case that occurs. • The team of engineers required to provide this work has been expanded in order to help with the increased workload in a shorter time frame. • We have brought the community paediatric consultants over to WSFT systems ahead of schedule, providing them with all new laptops and other hardware to facilitate digital dictation and remote working during the COVID lockdown. • The other digital transformation that has occurred as a result of COVID-19 continues. This includes video consultations and video meetings, as well as virtual therapy groups. Virtual pulmonary rehab classes are now running, with FIT (following intensive therapy) and cardiac rehabilitation classes next to roll this out. • The two-way link known as the Health Information Exchange (HIE) between the clinical systems in use, SystmOne and e-Care, is now live with health data being shared between the two, and the wider system across to Cambridge, and mid and south Essex. This provides better access to patient information so that our clinicians can bridge the gap between acute and community services more efficiently. • We are also working across the community as a whole to work with a learning management system, Moodle, to provide online education and resources to patients and professionals.

	Plans for next 3-6 months: • Roll-out of upgraded network infrastructure • Continuation of exit from NEL contract, moving 800+ community staff onto new hardware and support systems. **Communication plan to staff:** • Continuation of regular Community Digital Programme updates and bulletins • Virtual briefing prior to the hardware upgrades in August.
2. Transport	**The new model of service delivery was rolled forwards following an initial three-month extension. However, as with everything, COVID significantly changed the service delivery model so we have been operating in an enhanced way for a number of months. As we plan for recovery post COVID we plan to review the service delivery model with the expectation that the improved levels of service provision are maintained. The numbers of people attending for outpatient appointments has drastically reduced so at the present time it is not possible to evaluate against normal levels. In that context we have seen an improved level of service.** Update provided at CoG meeting of 13 November 2019: E-*Zec has proposed to change the mechanism for managing discharge activity by dedicating vehicles for sole use by the Trust for this purpose. This would increase the level of control for Trust as we would be responsible for the allocation and logistical management of these vehicles. This model is being used successfully in other acute settings and we have engaged with commissioners and providers in Swindon who manage the non-emergency patient transport in this way. It is anticipated that adopting this model will deliver improvements to the contract as a whole.* *This proposal includes an overall uplift in additional road based staff (crew) of 25 across the contract (25% increase in personnel) and an additional 14 vehicles (30% increase) to the Suffolk fleet. Vehicles will be allocated to the Trust on a daily basis to manage discharges accordingly. Whilst the detail is being worked through it is anticipated that this will equate to three vehicles dedicated daily at West Suffolk Monday to Friday, and two vehicles at the weekend.* *Initial conversations with the joint commissioners have been positive although all are in agreement that this must be a system change and equally supported at each acute site. It has been recognised as a positive step which has the potential to significantly improve the performance of NEPTS. The revised model will allow for increased focus and capacity for outpatient appointments, managed and controlled by E-Zec. They will review operations as a whole to allow for potential efficiencies and to support capacity management across the contract outside core hours and when discharge demand is high.*
3. Pathology	**Agenda item**.

Appendix B

GOVERNOR SUPPORT TEAM
29 May 2019

NHSProviders

GOVERNORS & NEDS TRAINING DAY

ROBERT JONES & AGNES HUNT ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST

Wednesday 29 May 2019

13.00	**Welcome and Introductions – Chair/Company Secretary** **Ice breaker** Pairs exercise – What motivated you to become a governor or NED ? Introduce your partner…. ?
13.30	**Governance, the role of the NED and the role of the Governor** • The role of the Board in delivering good corporate governance • Understanding what assurance and accountability is • Governors statutory duties – the collective responsibility of the Council • Differences between NED and governor roles • Know what holding to account means in practice • Getting the right information • The importance of good relationships
14.15	**Coffee break**
14.30	**The importance of listening and effective questions** Practical exercises and feedback
15.45	**Next steps and actions to take forward.**
16.00	**Close**

7. Chair’s report (enclosed)

To receive an update from the Chair

For Reference

Presented by Sheila Childerhouse

REPORT TO:	Council of Governors
MEETING DATE:	11 August 2020
SUBJECT:	Chair's report to Council of Governors
AGENDA ITEM:	7
PRESENTED BY:	Sheila Childerhouse, Chair
FOR:	Information

This has been a most challenging period for the whole of the NHS. We have been fortunate in West Suffolk not to experience a high number of cases of COVID-19. However, even in West Suffolk the impact has meant major changes to the way we work and unfortunately, many delays to routine treatment. I am hugely impressed by the flexibility and commitment that staff have shown in adapting to ensure that patient care is safe and available when needed. There remains an enormous challenge of continuing to treat Covid patients alongside those who have had, and will have, routine treatment delayed while preparing for a winter that is likely to be very tough.

Alongside the changes that we have delivered in patient care we have all had to adapt to how we meet, how we interview and how our wider interaction takes place. The fact that tonight's meeting is on MS teams is just an example of this. It isn't the same but thankfully we are getting more proficient at getting the most out of the virtual way of working.

You will see from my list of meetings (conversations) that we have enabled many of the routine meetings and interactions to take place. My routine meetings with Chief Executive and with other members of the executive have continued alongside the work of the ICS (all of which is taking place remotely).

Since we last met we have appointed a new interim executive chief nurse, Sue Wilkinson, and a new deputy chief nurse, Daniel Spooner. We have also appointed a new non-executive director, David Wilkes, and an associate non-executive executive director Rosemary Mason. They bring a wide set of skills and experience which will of great value to the board - and it is a pleasure to welcome David Wilkes here tonight for his first Council of Governors meeting.

Some of you may also have the opportunity to meet our new chaplain, Rufin, he has already had a great impact on the chaplaincy, made external positive links to other religious leaders and created a warm and welcoming environment in the chapel.

Recommendation - Governors are asked to note the report for information.

Annex A: List of meetings attended

Date	Meetings and events (01/05/20 until 31/07/20)
01/05/2020	NHS East of England Chairs Meeting via MS Teams
05/05/2020	Telephone Conversation with Rev Rufin Emmanuel
05/05/2020	Telephone Conversation with Helen Beck
05/05/2020	Telephone Conversation with Steve Dunn
06/05/2020	Weekly NED Teleconference Call
06/05/2020	MS Teams Meeting with Will Pope and Susannah Howard
06/05/2020	Council of Governors Meeting via MS Teams
07/05/2020	Telephone Conversation with Prospective NED Candidate
07/05/2020	Telephone Conversation with Helen Beck
07/05/2020	Telephone Conversation with Jeremy Over
11/05/2020	Telephone Conversation with Gill Jones, Healthwatch Suffolk
11/05/2020	Suffolk & North East Essex STP Chairs' Group via MS Teams
12/05/2020	MS Teams Meeting with Liz Steele and Florence Bevan
12/05/2020	Telephone Conversation with Kate Vaughton
12/05/2020	Chairs Group Discussion via MS Teams
12/05/2020	Telephone Conversation with Nick Jenkins
12/05/2020	Telephone Conversation with Helen Beck
12/05/2020	Telephone Conversation with Rev Rufin Emmanuel
12/05/2020	Telephone Conversation with Steve Dunn
13/05/2020	Scrutiny Meeting via MS Teams
13/05/2020	Weekly NED Teleconference Call
13/05/2020	Telephone Conversation with Will Pope
14/05/2020	Medical Staff Committee via MS Teams
15/05/2020	Suffolk & North East Essex STP/ICS Partnership Board via MS Teams
18/05/2020	MS Teams Meeting with Prospective NED Candidate
19/05/2020	Telephone Conversation with Craig Black
19/05/2020	Telephone Conversation with Tara Rose
20/05/2020	Weekly NED Teleconference Call
21/05/2020	Telephone Conversation with Angus Eaton
22/05/2020	MS Teams Meeting with Richard Jones
26/05/2020	Telephone Conversation with Steve Dunn
26/05/2020	Telephone Conversation with Helen Beck
27/05/2020	Weekly NED Teleconference Call
29/05/2020	Trust Board Meeting via MS Teams
29/05/2020	Charitable Funds Meeting via MS Teams
01/06/2020	Telephone Conversation with Steve Dunn
02/06/2020	Telephone Conversation with Joe Joyce (The Finegreen Group)
02/06/2020	Telephone Conversation with Helen Beck
03/06/2020	Telephone Conversation with Gary Norgate
03/06/2020	Weekly NED Teleconference Call
03/06/2020	Head of Communications Presentations to Senior Leaders via MS Teams
04/06/2020	Telephone Conversation with Jeremy Over
04/06/2020	Telephone Conversation with Paul Pearson, UNISON
04/06/2020	Mediation Discussion via MS Teams
04/06/2020	Chaplaincy Meeting via MS Teams
05/06/2020	Telephone Conversation with David Harrison, ICS
08/06/2020	Telephone Conversation with Alan Rose
08/06/2020	Telephone Conversation with Will Pope
08/06/2020	Suffolk & North East Essex STP Chairs' Group via MS Teams
09/06/2020	MS Teams Meeting with Liz Steele and Florence Bevan
09/06/2020	Telephone Conversation with Helen Beck
09/06/2020	Telephone Conversation with Steve Dunn
10/06/2020	Scrutiny Meeting via MS Teams
10/06/2020	Weekly NED Teleconference Call

Date	Meetings and events (01/05/20 until 31/07/20)
10/06/2020	MS Teams Meeting with Ed Garratt, Steve Dunn and Will Pope
10/06/2020	MS Teams Induction Meeting with Sue Wilkinson, Interim Chief Executive Nurse
11/06/2020	MS Teams Meeting with Richard Jones
12/06/2020	Suffolk and North East Essex STP/ICS Partnership Board via MS Teams
12/06/2020	SNEE ICS Thinking Differently Together Event via MS Teams
12/06/2020	Telephone Conversation with Jeremy Over
15/06/2020	Telephone Conversation with Sue Smith
16/06/2020	Telephone Conversation with Lucy Hampton
16/06/2020	MS Teams Meeting with Steve Dunn
16/06/2020	Telephone Conversation with Kate Vaughton
16/06/2020	MS Teams Meeting with Prospective NED Candidate
17/06/2020	MS Teams Meeting with Nick Jenkins
17/06/2020	Weekly NED Teleconference Call
17/06/2020	Telephone Conversation with Helen Beck
17/06/2020	MS Teams Meeting with Ed Garratt, Steve Dunn and Will Pope
17/06/2020	MS Teams Meeting with Prospective NED Candidate
18/06/2020	MS Teams Meeting with Prospective NED Candidate
18/06/2020	MS Teams Meeting with Ann Radmore
19/06/2020	Extraordinary Closed Board Meeting via MS Teams
22/06/2020	Telephone Conversation with Nick Jenkins
23/06/2020	MS Teams Meeting with Craig Black
23/06/2020	MS Teams Meeting with Val Dutton
23/06/2020	Telephone Conversation with Will Pope
23/06/2020	Telephone Conversation with Helen Beck
23/06/2020	MS Teams Induction Meeting with John Troup, Interim Head of Communications
23/06/2020	NHS East of England Chairs Meeting via MS Teams
23/06/2020	MS Teams Meeting with Prospective NED Candidate
23/06/2020	MS Teams Meeting with Steve Dunn
24/06/2020	Weekly NED Teleconference Call
24/06/2020	Telephone Conversation with Jeremy Over
24/06/2020	Telephone Conversation with Sue Wilkinson
24/06/2020	MS Teams Meeting with Prospective NED Candidate
25/06/2020	Telephone Conversation with Joe Joyce (The Finegreen Group)
25/06/2020	Telephone Conversation with Liz Steele
25/06/2020	FT Nominations Committee Meeting via MS Teams
26/06/2020	Trust Board Meeting via MS Teams
30/06/2020	MS Teams Meeting with Craig Black
30/06/2020	MS Teams Meeting with Richard Jones and Jeremy Over
30/06/2020	Telephone Conversation with Helen Beck
30/06/2020	NHSE&I Oversight and Support Meeting via MS Teams
30/06/2020	MS Teams Meeting with Steve Dunn
01/07/2020	Telephone Conversation with Louisa Pepper
01/07/2020	Telephone Conversation with Nick Jenkins
01/07/2020	Weekly NED Teleconference Call
01/07/2020	Improvement Board via MS Teams
02/07/2020	NED Interviews via MS Teams
03/07/2020	Telephone Conversation with Richard Davies
06/07/2020	MS Teams Meeting with Susannah Howard
07/07/2020	MS Teams Meeting with Richard Jones
07/07/2020	Telephone Conversation with Gill Jones, Healthwatch Suffolk
07/07/2020	Telephone Conversation with Helen Beck
07/07/2020	MS Teams Meeting with Lucy Hampton
07/07/2020	Suffolk & North East Essex STP Chairs' Group via MS Teams
07/07/2020	MS Teams Meeting with Steve Dunn

Date	Meetings and events (01/05/20 until 31/07/20)
07/07/2020	Closed Council of Governors Meeting via MS Teams
08/07/2020	Scrutiny Meeting via MS Teams
08/07/2020	Weekly NED Teleconference Call
08/07/2020	Chairman's Appraisal via MS Teams
08/07/2020	MS Teams Meeting with Ed Garratt, Steve Dunn and Will Pope
09/07/2020	Telephone Conversation with Kate Vaughton
09/07/2020	Medical Staff Committee via MS Teams
10/07/2020	MS Teams Meeting with Steve Dunn, Helen Beck, Jeremy Over and Alastair Currie
13/07/2020	Introductory Meeting with External Review Team via MS Teams
13/07/2020	Improvement Programme Board via MS Teams
14/07/2020	MS Teams Meeting with Richard Jones
14/07/2020	MS Teams Meeting with Liz Steele and Florence Bevan
14/07/2020	External Review Discussion via MS Teams
14/07/2020	1:1 with Helen Beck
14/07/2020	1:1 with Steve Dunn
15/07/2020	Weekly NED Teleconference Call
15/07/2020	Alan Rose Appraisal via MS Teams
15/07/2020	Louisa Pepper Appraisal via MS Teams
15/07/2020	MS Teams Meeting with SJ Relf, e-Care/GDE Operational Lead
15/07/2020	Telephone Conversation with Jeremy Over
15/07/2020	Telephone Conversation with Liz Steele
20/07/2020	Angus Eaton Appraisal via MS Teams
20/07/2020	External Review Discussion via MS Teams
21/07/2020	MS Teams Meeting with Richard Jones
21/07/2020	MS Teams Meeting with Val Dutton
21/07/2020	Telephone Conversation with Helen Beck
21/07/2020	Richard Davies Appraisal via MS Teams
21/07/2020	MS Teams Meeting with Steve Dunn
22/07/2020	Gary Norgate Appraisal
22/07/2020	MS Teams Meeting with Louisa Pepper
22/07/2020	MS Teams Meeting with SJ Relf and the NEDs
23/07/2020	Weekly NED Teleconference Call
23/07/2020	East of England Regional Roadshow via MS Teams
23/07/2020	MS Teams Meeting with Nick Jenkins
27/07/2020	External Review Meeting
28/07/2020	1:1 with Richard Jones
28/07/2020	1:1 with Helen Beck
28/07/2020	MS Teams Meeting with Alison Wigg, East of England Ambulance Service NED
28/07/2020	1:1 with Steve Dunn
29/07/2020	ICS Thinking Differently Together Event via MS Teams
30/07/2020	Weekly NED Teleconference Call
31/07/2020	Trust Board Meeting via MS Teams
31/07/2020	Audit Committee via MS Teams

8. Chief executive’s report (enclosed)

To note a report on operational and strategic matters

For Reference

Presented by Craig Black

NHS
West Suffolk
NHS Foundation Trust

Council of Governors – 11 August 2020

AGENDA ITEM:	8
PRESENTED BY:	Craig Black, Deputy Chief Executive Officer
PREPARED BY:	Steve Dunn, Chief Executive Officer
DATE PREPARED:	4 August 2020
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.

Happy 72nd birthday NHS in what has been the most challenging year in NHS history. Over the last few months the NHS has stepped up in ways never seen before to work out how to deliver services differently following lockdown, recruit tens of thousands more staff, returners and volunteers and even build hospitals to respond to the COVID-19 global pandemic. But the unprecedented challenge facing the NHS would have been made all but impossible without the help and support of countless individuals and organisations around the country, the key workers, from bus drivers and refuse collectors to care givers and shop workers. And the public too, who embraced the lockdown measures to help protect the NHS and their communities, whether by staying at home, helping their neighbours with the shopping, maintaining social distancing or washing their hands more often. The NHS is grateful to the nation for its efforts – great and small.

Over the last few weeks we have been undertaking a major engagement exercise across the organisation under the banner of '**What works for you'**. There has been an amazing response, with 1,380 staff completing the survey and more than 50 workshops and interviews held so far too. As part of this work, we are also looking at how we can engage with our colleagues that are shielding at home.

What staff have said	What we will explore in the workshops
The importance of genuine **appreciation**.	What can we do to make staff feel really valued and supported in your roles?
The importance of **leadership** and the impact this can have on people when done well.	Discussions around what staff would like to see from leaders - what should they be focused on doing and how should they treat staff?
The impact of strong **team working**.	How can we help staff teams to develop even stronger bonds and feelings of mutual support?

Communications – for some staff the communications throughout the pandemic has worked well, but some of you have struggled.	Discussions around how we can best communicate with staff and their teams. What works for staff and what doesn't?
Returning to normal – some staff have said you are tired and feel cautious about returning to a world beyond COVID – including home working colleagues.	How do we support staff through this next part of the COVID journey? How do we keep the good bits and lose what isn't working? How do we protect staff and their teams?

The information and suggestions gathered from this important work will inform and feed into multiple work streams, including the refresh of our future strategy, our COVID recovery plans, quality improvement, and our focus on wellbeing. It will even influence how we work in the plans for the new hospital.

The engagement that we are undertaking with our staff is an important part of our response to the concerns raised earlier this year by the CQC. The external review's investigation of the issues raised in this report has now recommenced and we are working closely with the team to support this important work and ensure that we are best place to learn and improve from this experience.

Building a culture where everyone feels confident and **safe to speak up and raise concerns** is of the utmost importance across the NHS, and of course to us here at WSFT, and we are looking for our new lead Freedom to Speak Up Guardian to help us achieve this. We are currently seeking expressions of interest and recruiting to the important Guardian role and I wanted to highlight and thank Dr Francesca Crawley who has become our acting lead Freedom to Speak Up Guardian until we recruit to the role. As acting lead, Francesca is available to all staff as an independent and impartial source of advice at any stage of raising a concern. To help her carry out the role she has access to anyone in the organisation, including myself, or if necessary, outside the organisation.

In June, the first staff forum for the newly created **BAME Network** at the Trust took place, with over 30 participants attending virtually over Microsoft Teams. The session, which lasted just over an hour, was led by chair of the network Dr Ayush Sinha. Dr Sinha also gave a presentation to attendees about the importance of the establishment of a BAME network and how the network aims to ensure career opportunities and experiences of work are not predetermined by ethnicity, nationality or race. Myself and other members of the executive team attended, answering a wide array of questions from participants about such as positive working environments as well as addressing any concerns. There was a very positive vibe around the first forum and Dr Sinha as well as deputy chair of the network, Balendra Kumar, have extended a big thank you to everyone who attended to make the opening meeting a success. Forums will take place on a quarterly basis and all BAME and non-BAME staff are welcome to attend. Future events will see different speakers and topics to be addressed with future dates being advertised in Green Sheet.

Happy Eid al-Adha to colleagues and friends. Eid al-Adha ('The Festival of Sacrifice'), is the most important feast of the Muslim calendar. The festival may also be known as Eid al-Kabeer, which means 'The Grand Eid' or Eid el-Lahma ('The Festival of Meat'). It has this more important status as, in religious terms, this Eid lasts for four days, whereas Eid al-Fitr is one day, even though most countries observe about the same number of public holidays for both Eids. This festival is celebrated throughout the Muslim world as a commemoration of Prophet Abraham's willingness to sacrifice everything for God. Eid al-Adha falls on the tenth day of Dhu al-Hijjah, the twelfth and final month in the Islamic calendar.

Members of WSFT's community team received a welcome morale boost in July when Secretary of State for Health and Social Care, **Matt Hancock MP**, made a flying visit to Newmarket. Mr Hancock was making his first visit to his parliamentary constituency since the start of lockdown and had crews from BBC Look East and ITV Anglia in tow. After a whistle-stop tour of Newmarket High Street, the Minister headed up Exning Road to the town's community hospital to thank staff for their sterling efforts during the coronavirus pandemic.

You have no doubt witnessed the **Black Lives Matter movement** which has occupied our television screens in recent weeks. The unlawful killing of George Floyd has shocked people all over the world and seen many more stand together to fight both the legacy and the ongoing reality of injustice, racism and discrimination. The movement is even having an impact very close to us in Suffolk, with protests being held in Ipswich and Bury St Edmunds last weekend. It's clear to see that individuals across this country and all the world are determined to change how black people, and other people of colour, are treated in everyday life. This is a determination that needs our support. What is more, it is clear that COVID-19 has taken a disproportionate toll on our Black, Asian and Minority Ethnic colleagues and this has been a cause of very real anxiety which we have been trying to respond to through our enhanced risk assessments and sensitivity to staff's needs. It seems more than ever before that we need to show leadership and support for those that are disadvantaged as a result of the colour of their skin.

As a Trust, we are exceptionally proud of the diversity of our staff, our volunteers and our patients. We could not do all that we do without the dedication and commitment of all our staff, whatever their background - I sincerely mean this. The NHS belongs to us all and is there for all of us in our time of need. The NHS should role-model the type of society we want and the respect and appreciation of all, whatever the job you do or whatever your background. Our Trust and our NHS belongs and serves communities of all backgrounds, cultures and skin colours. And that's why we need to collectively listen to the experiences of Black, Asian and Minority Ethnic people, because it is clear that we still do not appreciate the challenges they have faced or face, nor supported them to fulfil their potential. It's clear from the protests across the globe that people have not been listened to properly and injustice and discrimination are still rife. All too often we are guilty of making assumptions about other people and not taking the time to truly understand what it is like to walk in their shoes.

As part of our **response to COVID-19** we continue to take a wide range of actions to support patients, carers and our staff. During our COVID response we have continued the work to survey our reinforced autoclaved aerated concrete (RAAC) and address these findings. I want to recognise the support and commitment of our staff to ensure this work continues at a time when operational pressures are already so challenging. Over the last few weeks a team of structural engineers having been carrying out a structural survey of the external RAAC wall planks around the outside walls of this hospital. This part of the project has now been completed and it's time to go inside the hospital and carry out the same structural survey of all the external walls within the hospital's 20+ courtyards. We are currently planning to work our way around the hospital clockwise. This will mean that for the next few weeks the survey team will have to transport scaffolding equipment along the corridors of the ground floor of the hospital at varies times of the day. Our plan will be to try and inform the departments/wards that may be affected by this work in advance, but as this work will sometimes be affected by bad weather we may not be able to in some cases.

I was delighted to Chair our new improvement programme board in July which includes representatives from the clinical commissioning group (CCG) and the regional office. A report from the meeting and a report on the **Trust improvement plan** is included on the agenda.

As previously indicated in April 2020, East Suffolk & North East Essex NHS Foundation Trust (ESNEFT) announced that the current North East Essex & Suffolk Pathology Service (NEESPS) networking arrangement with the Trust will cease no later than 31 October 2020. A joint working group has been set-up between ESNEFT and WSFT to oversee the transition and to work on finding an alternative solution to the current arrangements. Multiple workstreams continue to ascertain how the **future of WSFT pathology networking** is designed. A pathology transformation lead has now been appointed to oversee the dissolution and further develop the transformation of the pathology services at WSFT.

The **Trust and Glemsford Surgery** have embarked on a special project to work together to improve patient care, and have now officially joined as integrated partners in healthcare. From the buildings to the staff, we will support the surgery and work together to create a new, innovative, strong and sustainable healthcare service in Glemsford and the west of Suffolk. Together we will

deliver safe, effective and more joined up models of care, ensuring patients receive the right care, in the right place at the right time. There are a wide array of benefits from this new partnership project, and at the heart of them all is patient care. The traditional barriers between hospitals, GPs and community services will be removed. For example, patient records will be able to be shared between providers. This and other quality improvements from working seamlessly together will allow GPs and our staff to jointly identify and address population health issues. We look forward to working alongside Glemsford Surgery colleagues to reap the benefits of this closer working relationship.

After the success of cataract go live in 2019, the intention was to **go live with glaucoma and medical retina** in May or June this year. There was concern that COVID-19 might derail these plans when lockdown started in March. However, reduced clinical throughput created a perfect opportunity to go live with no further reduction in patient numbers. Thanks to support from the IT projects team and the supplier, ABEHR Digital, the system was configured, tested and went live on 11 June. The scope was expanded and, in addition to glaucoma and medical retina, the go live included general clinics and eye emergencies, meaning that approximately two thirds of the eye treatment centre workload is now in OpenEyes. The benefits are already being seen: streamlined virtual clinics and simple, easily generated correspondence to patients, GPs and optometrists (using OpenEyes, one of our secretaries was able to generate 28 letters in just over 40 minutes). Thank you to everyone who has been involved in this project, including IT, the team at ABEHR and our colleagues in the eye treatment centre for their patience and willingness to embrace new ways of working.

I urge our community to continue to **adhere Government to advice including social distancing and wear masks** to protect themselves, others and allow us to continue to meet the needs of our patients and population.

This is a shorter report than normal but I wanted to take the opportunity to say **thank you** to our community and our amazing staff.

9. Governor issues (enclosed)

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

For Reference

Presented by Liz Steele

REPORT TO:	Council of Governors
MEETING DATE:	11 August 2020
SUBJECT:	Governor issues
AGENDA ITEM:	9
PREPARED BY:	Liz Steele, Lead Governor Richard Jones, Trust Secretary & Head of Governance
PRESENTED BY:	Liz Steele, Lead Governor
FOR:	Approval

Response to feedback from Liz Steele, following informal Governors meeting on 27 July 2020.

1. ***Despite being assured at a previous governors meeting that the practice of discharging elderly patients late at night had been reviewed; especially as a care plan should be in place it is disappointing to discover that this is still happening. Therefore, in future can governors be confident that the appropriate procedures are being followed.***

   We are reviewing available data on this issue, including incidents, complaints and patient flow. This will focus on the discharge of patients from inpatient areas, not patients who have attended the emergency department. We will include any specific cases that Governors are aware of as part of this review.

   ACTION It is proposed that a report be considered at the Engagement Committee and this discussion is then reported to CoG.

2. ***Can governors be assured that staff, unused to working in those areas where patients are most unwell, and who have a higher mortality rate, are supported both during and after their work***

   A staff support psychology service was set up in response to the COVID-19 pandemic and subsequently a business case has been approved to consolidate, enhance and sustain this service in order to meet the ongoing psychological needs of our staff. We know which wards meet this description, and we have pro-actively provided pastoral and psychological support to these teams.

   Stress related sickness is the second highest cause of staff absence and is likely to increase in the immediate aftermath of the first wave of the pandemic. Having a high quality, responsive, in-house staff support team enables us to support staff in acute distress and continue to support them through their recovery and return to work, supporting staff to feel valued and cared-for by the Trust. Improving staff wellbeing has positive impacts on patient safety, staff morale and effectiveness and the ability to access the right support at the right time will reduce the length of time that staff are unwell. Providing the service 'in house' also allows for system and team learning as well as individual interventions. With an inhouse service the Trust is also better able to respond to and address issues that are negatively impacting on staff wellbeing.

   The business case approved the provision of additional staff to enable the staff psychology support team to continue to provide the service as currently configured, to roll out a training and support programme for managers and leaders and embed reflective practice into the culture. The case also supports the delivery of short-term specialist trauma and therapy services for those affected by the

pandemic. Part of the business case approval included evaluation of effectiveness of the service over the next two years.

3. ***We are aware that patient privacy has always been an issue due to the structure of the hospital, so what mitigating factors will be put in place to improve this***

   Lack of single rooms creates privacy, dignity and infection prevention challenges for the Trust. There are procedures in place to manage this within the structural limitations and these are used by the patient flow, infection prevention and clinical teams to balance the needs of patients and their loved ones as best we can. We use the butterfly symbol to identify end of life patients and will always aim to give priority for these patients and families using single rooms, recognising the overriding need to maintain appropriate infection prevention safeguards. Clinical areas also have designated quiet rooms which are used to discuss sensitive issues with patients and families.

   During our COVID response this positive has been exacerbated by our need to continue the work to survey our reinforced autoclaved aerated concrete (RAAC) and address these findings. The support and commitment of staff has been recognised to ensure this work continues at a time when operational pressures are already so challenging. Assessing the RAAC planks and mitigating findings remains the significant priority for the estates and operational teams. However, we continue to do all we can to maintain privacy and dignity within our existing facility.

   Proposal
   That a joint development session is scheduled to provide the Governors with Board members and partners a more details briefing on the plans for the development of a new health and care facility.

4. ***How can we be assured that information provided to/researched by the NEDs is full and accurate (such as the response given to an earlier question, that there is a link between WSFT and Addenbrookes pathology; however, the length of time some of the results take to come back has demonstrated that there is not a full link between sites- which was the answer previously provided). Are the NEDs assured that they have been given/researched the whole picture***

   NEDs to have a reflective discussion with the Governors on this question.

5. ***Can clarification be provided regarding the VAT refund - and not applying/offering this to staff-and what the process was to agreeing the current situation with staff in not passing this on***

   Below is the information sent out to all staff as part of the Staff Briefing on 15 July. The decision not to pass on the change in VAT was considered and approved at the COVID Strategic Meeting on 14 July. This meeting includes a range of senior clinical and non-clinical staff and the approach was fully supported. It is our understanding that the Trust's approach is consistent with other NHS organisations and we have not received adverse feedback from staff.

   ## Reduction in VAT

   As you may be aware, the Chancellor announced last week that he was cutting VAT in the entertainment and hospitality sectors from 20 per cent to five per cent.

   The reduction in VAT, which will run until January 2021, comes into effect today.

   As hospital catering outlets are included in the VAT cut, we have to decide how to implement it across Time Out, the Courtyard Café and our vending machines.

   Income across the trust's catering outlets has dropped by £90,000 per month during the pandemic and this is not forecast to change for the foreseeable future. The change in VAT will save around £5,000 per

month.

Over the last few months we have endeavoured to both provide support and demonstrate appreciation to the thousands of staff who have had to endure changes to normal ways of working and really challenging circumstances across the entire organisation.

Whilst it will never be enough, we have provided free coffee to all staff and free meals to night staff. We have also kept prices across the Trust stable despite some costs increasing.

We will seek to maintain this level of support for as long as we can and are planning to use the change in VAT as a way of prolonging these measures. I hope that you will agree that the prices within our outlets already represent good value and that the support initiatives are worth continuing.

6. ***Can we be assured that the trust is keeping people informed at every stage of their patient journey [within ED]? (e.g. at the front waiting area there is no idea of length of wait [following triage] - this was picked up at an earlier quality walk round). How can the governors be assured that actions discussed are acted upon?***

   The length of wait will vary depending on the patient need so it would not be possible to indicate a single time to cover all patients who are waiting e.g. those waiting for an ENP might be in a shorter queue than those waiting for a doctor. This will be discussed with the ED team more generally about how they keep patients informed and what else we could do.

   ACTION Feedback from this discussion will be shared with Governors.

7. ***We are aware that there has been a huge amount of work cancelled and a subsequent back log, please can we know what the process is, time frame to manage this and how will this be communicated to the public***

   As has been outlined in COVID reports to the Board and summarised in the paper on today's agenda the recovery is expected to take a number of years and we are not yet in a place where we fully understand the true post COVID capacity and demand. There is a significant focus regionally and nationally on this but the work is iterative as guidance changes and demand increases. Post-COVID capacity is less than pre-COVID capacity and hence recovery of backlogs will be extremely challenging for those needing surgical procedures. Outpatient based specialties are already starting to recover. All patients waiting for treatment have been written to individually informing them of how to seek help if their condition changes and harm reviews have been undertaken on all patients exceeding 52 weeks.

Recommendation:

1. To <u>note</u> the response to the issues raised

10. COVID report (enclosed)

To note the summary report

For Reference

Presented by Richard Davies

REPORT TO:	Council of Governors
MEETING DATE:	11 August 2020
SUBJECT:	COVID-19 report
AGENDA ITEM:	Item 9
PREPARED BY:	Helen Beck, Executive Chief Operating Officer
PRESENTED BY:	Richard Davies, Non-Executive Director
FOR:	Information

This report is based on the report received by the Board on 31 July.

This paper provides an update of current levels of Covid and other emergency activity across the Trust as well as indications of diagnostic and elective activity levels and recovery planning. Some highlights around community services have also been included and ahead of a full report at September Board of Directors this paper also provides a summary of actions to support Black Asian and Minority Ethnic Groups across the Trust.

Covid-19 Planning and Response

1. Current Capacity Situation

Critical Care – we continue to manage critical care patients in the main unit and have not needed any additional capacity since the start of July. Plans to use regional surge centres however appear not to be supported by the region and hence should a second wave materialise we may need to reoccupy the second unit. Staffing of these additional beds would have a significant negative impact on our ability to run our elective programme.

General and Acute Beds – isolation capacity remains consistent across wards F12, F7 and G4. At the time of reporting within this bed base we currently have three confirmed Covid patients with a further 17 awaiting a swab result, plus 11 patients with negative swab results but who have been clinically designated as Covid.

Non elective Activity - ED attendances and emergency admissions are increasing but have still not reached pre-Covid levels. Stranded patient number have increased which has a negative impact on patient flow. Further work is underway to address this issue.

2. Phase 2 Activity and Backlog Levels May - July 2020

In line with national guidance we are continuing to step up more urgent clinical services, but despite this our backlogs continue to grow and our usual performance metrics continue to show a deteriorating position.

Summary of RTT backlog:
At the end of June the total waiting list size had increased to 18,267 with 483 patients over 52 weeks and performance at 48.45%. This position will continue to worsen. In terms of first outpatients we have in excess of 6,000 patients waiting for a first appointment, with the biggest numbers being in ENT/Audiology, Ophthalmology, Orthopaedics, Urology and Dermatology.

Summary of Cancer backlog
The number of 104 day waits for cancer treatment continues to be higher than normal at 70 (up from 68 in June). 47 of these are within Colorectal due to Endoscopy delays, but most of these patients now have dates and we are working through this backlog as a priority. All the 104 day waits are being reviewed for clinical harm once they have a diagnosis. The 104 day waits may continue at a higher rate as we are investigating and treating patients with the biggest clinical concerns rather than by waiting times. Within lower GI this will mean investigating those with a FIT+ test first.

There is currently adequate access to main theatres for cancer patients, but this may become a risk as we start to receive higher referrals and diagnose more cancers. We are still only receiving around 70% of our baseline referrals.

MRI, CT, ultrasound and endoscopy investigations would usually be completed in line with the 6 week diagnostic standard. Whilst the CT backlog has increased slightly there have been notable reductions in endoscopy and MRI backlogs as activity restarts in line with our recovery plans. This will have a significantly positive impact on our cancer pathways however as yet we remain some way off the 6 week diagnostic standard.

The diagnostic team are finalising a detailed recovery plan but inclusive of additional resource and insourcing options we do not expect to recover the waiting time standard before the turn of the year.

Recovery Planning
The wider recovery planning continues and we are starting to see an increase in delivered activity. However, as expected, this recovery is slow.

Outpatients - whilst there has been a steady increase in OPD activity since the middle of April the total volume of appointments is significantly below pre-Covid levels. Furthermore, whilst face-to-face OPD clinics have largely 're-opened', with appropriate social distancing measures, there is further scope for virtual clinic adoption. This will be a key workstream in the Phase 3 recovery activity.

Theatres - activity is now increasing following the opening of day surgery unit (DSU) on 13 July and a fourth list in main theatre. It is anticipated that the volume of activity that will be seen in DSU will increase quite rapidly following the initial opening phase. Our recovery remains in line with our anticipated activity plans. Furthermore, we are making good use of the BMI for Breast, Plastics, General Surgery, Pain, T&O and endoscopy and have now added an additional patient to each list as teams adapt to the new COVID procedures.

Clinicians have been conducting harm reviews on patients and we have received additional national guidance around this and will be working to ensure our processes are compliant. Letters have also been sent to patients waiting for surgery to explain the limitations of current services and manage expectations. At a system level we are working with other providers to offer alternative pathways or manage risk through the provision of advice and guidance, therapy support or the provision of aids.

3. Phase 3 Recovery Planning

Our phase 3 recovery plans are being iterated on an ongoing basis with system partners. The most recent submission, on 15 July, made minor adjustments to our elective and diagnostic plans and provided greater detail around Paediatric ED attendances, minor ED attendances, bed occupancy and cancer recovery plans.

Whilst we generally remain on track with these plans there are a number of key constraints which have emerged:

1. Limited capital funding which hinders delivery of enhanced elective recovery in the medium to long term (specifically for the Newmarket elective hub).
2. Reduced ability to access regional surge centres in the event of a local surge in critical care demand (this is subject to further conversation as an emergent theme despite it featuring as a core element of our recovery plan since the first submission).
3. Impact on the elective recovery plan of 2 above (i.e. the impact on delivering the recovery plan through necessary use of additional critical care surge capacity on site).
4. Impact on the elective recovery plan of the ongoing RAAC plank investigation / mitigation plans.
5. Impact of limited on site Covid testing. This has a disproportionate impact on patient flow as it delays discharge in some cases and delays the release of capacity on contact bays where discharges have already occurred.

These constraints / challenges are a significant focus of our future planning effort and more specifically our winter plans. Planning for winter has commenced and will report to the board separately. In the event of a second Covid surge the winter period could be one of the most difficult the NHS has faced for many years, if not ever.

Testing

The lack of on-site testing remains a major challenge. Unfortunately, the cost per test (>£150) has meant we have chosen not to pursue the procurement of the available ePlex analyser. We are still trying to make an appropriate molecular microbiology capital purchase but availability of both analysers and reagents continues to be a challenge.

In June we transferred over to Source Bioscience as our provider for staff and patient PCR testing. This initially improved turnaround times but we have now been informed that their contract with the NHS will not be renewed at the end of July and we are currently sourcing an alternative NHS provider. ESNEFT have supported us with a small amount of testing capacity over the past week along with supplying some Cephid reagents for on-site use from their limited supplies. Unfortunately, as there is no IT link between ESNEFT and WSFT this limits the option to move testing to them on a permanent basis due to the significant transcription involved in the manual process.

On a positive note we are progressing with the validation of some SAMBA point of care testing devices which will give us a limited on site capacity in the near future.

Community Services

Within our paediatric community services we have continued to support those patients on our caseload where there may be safeguarding concerns and we have contributed remotely to safeguarding case conferences.

The paediatric team are also trialling an IT platform called Moodal, as a key development to support parent groups. The team have indicated that this will transform their ability to provide support to parents going forward if the business care is supported.

The adult pulmonary rehab team were successful in a funding bid to Active Suffolk to fund equipment to support virtual rehab classes. Supported by Sarah Judge and the IT team they have become recognised nationally as trailblazers in providing virtual interactive groups.

The autistic spectrum disorder (ASD) diagnostic pathway has been significantly negatively impacted by Covid service restrictions.

Supporting our Black, Asian and Minority Ethnic colleagues

As we have previously reflected on, emerging evidence shows that black and minority ethnic (BME) communities are disproportionately affected by COVID-19, particularly those with comorbidities who are presenting adverse outcomes at a younger age. The reasons for this are not yet fully understood, but the health inequalities present for BME communities have long been recognised.

It is imperative that we are assured as to the effectiveness of our response to this workforce risk, and a full briefing paper developed in partnership with our BAME Staff Network Chair will be presented to the Board of Director in September. This update provides an interim report of progress to date.

<u>National direction and data returns</u>
On 24 June 2020 NHS England wrote to all NHS organisations to promote the crucial importance of staff health risk assessments. This was in response to a national-level concern that NHS staff might not be benefitting from a risk assessment process. The letter rightly set the expectation of “significant progress” being made on this within the following month.

<u>Situation at WSFT</u>
With the support and input of our occupational health team, a staff health risk assessment process has been in place at WSFT since 19 March. This risk assessment tool has been updated throughout the pandemic as the evidence base has developed. As the understanding of the risks became more apparent, our Strategic COVID group determined in late April that completion of the risk assessment should be mandatory for all staff and set a 18 May timeframe for completion. This yielded a response of 90% completion.

The national data collection requirement has provided the opportunity to review our data and ensure that every single member of staff has benefitted from a risk assessment discussion.

The interim position submitted on 17 July was as follows:

Question	Response
1. Have you offered a risk assessment to all staff?	Yes
2. What percentage of your staff have you risk assessed?	95%
3. What percentage of risk assessments have been completed for staff who are known to be 'at risk'?	93%
4. What percentage of risk assessments have been completed for staff who are known to be from a BAME background?	91%

The number of completed assessments is 5,062. The 5% of staff where we have not yet confirmed completion of a risk assessment equates to 268 individuals and these are being followed-up. Of this 268, 63 are known to be of BAME background.

Further assurance will be provided to the Board in September, including the feedback from BAME staff that has been gleaned through the Trust-wide "What Matters to You" staff engagement work – which was completed at the end of July.

11. Quality and performance report (enclosed)

To note the report

For Discussion

Presented by Angus Eaton

REPORT TO:	Council of Governors
MEETING DATE:	11 August 2020
SUBJECT:	Summary quality & performance report
AGENDA ITEM:	11
PREPARED BY:	Helen Beck, Chief Operating Officer Sue Wilkinson, Chief Nurse Richard Jones, Trust Secretary & Head of Governance
PRESENTED BY:	Angus Eaton, Non-Executive Director
FOR:	Information - To update the Council of Governors on quality and operational performance

A revised **quality and performance report** has been reviewed and developed by the Board since March 2020. This reflects the changing landscape and the need to provide meaningful data for the activity taking place. Indicators are reporting in the following areas:

- Access
- COVID-related
- Patient safety
- Patient experience
- Community services
- Acuity measures
- Perfect ward

The highlights from the Board discussion were:

- **Access performance** including the time distribution of patients waiting for treatment (RTT) and the concerning rise in patients waiting more than 52 weeks. It was agreed to develop trajectories with assumptions for key standards to support an assessment of progress against plan
- Increasing **emergency department (ED) attendances**
- Additional **community information** was reviewed, this had been added to the report to ensure greater oversight. National concerns regarding children in care were recognised and this is being reviewed by the team to address the potential unmet need. It was noted that in some circumstances the use of video consultations allows the service to be more responsive but this is not always possible or appropriate
- It was agreed to flag metrics in the report which are **national standards** and which are local.
- **Duty of candour** performance was reviewed and the plans in place to improve performance. It was confirmed that all but one of the verbal duty of candour have been completed for patients with hospital acquired Covid-19
- It was also noted that we have had a **near miss never event**. The detail of the case relating to an anaesthetic block was reviewed with the CCG to provide an independent view of this judgement. A full investigation will be undertaken

- **Acute falls** per thousand bed days has increased, it was seen as reassuring that 89% of patients who fell had a falls care plan in place but this will be maintained as an area for improvement. A range of interventions to support improvement were discussed including: a falls leads starting in the role by end of August, new falls mats being trialled on a number of wards, the falls groups focus on Trust-wide learning from falls with harm
- **Pressure ulcers** in the community is a concern and these incidents are being reviewed in detail. It was recognised that in some cases patients can receive excellent care but pressure ulcers can still develop or deteriorate. Approaches to education and support for patients and famiies is being developed as part of the learning. Following changes in the service during Covid the return of the tissue viability team to their community service is expected to support improvement
- An improvement in the malnutrition universal screening tool (MUST) **nutrition assessments** was welcomed and will continue to be a focus for sustained improvement
- New **complaints** have started to increase in July, but the patient experience team is now fully established to ensure we are able to respond appropriately and ensure trust-wide learning. Communication with patients and relatives was recognised as a theme over recent weeks and this will be the focus of shared learning. Discussion took place on the future provision of the 'clinical help line' service which had been very successful. It was noted that this service had been established from staff that had been redeployed during Covid, and that as clinical services increase these staff are being asked to return to their normal roles. Consideration is being given as to how we can continue to provide this service and the staffing requirement

The quality and performance report will continue to be developed so that at the next Board meeting the report provides more granular details for a wider ranges of indicators.

In addition, more detailed reports were received in July by the Board of Directors regarding:

- **maternity services**
  This included: the maternity dashboard; maternity safety highlight report; local audit / monitoring of compliance with Section 29A letter indicators; and other maternity indicators. Submissions to support the NHS Resolution (NHS risk pooling insurance scheme) maternity incentive scheme was also received and approved.

- **infection prevention assurance framework**.
  The NHSE framework sets out how trusts can assess measures taken in line with current guidance to provide a level of board assurance, including to provide evidence and as an improvement tool to optimise actions and interventions.

  The Trust has undertaken self-assessment against the framework including review of estates and isolation facilities. Initial self-assessment highlighted three areas of non-compliance: ventilation, timely receipt of testing results and isolation. Detailed review has identified three further areas where we cannot confirm full compliance without further audit or review - patient moves, contact tracing, and timely taking of swabs. This does not mean that the trust is necessarily non-compliant but it would benefit from scrutiny before making any declarations and action is being taken to address this.

Recommendation:
To note the report.

12. Summary finance & workforce report (enclosed)

To note the summary report

For Reference

Presented by Alan Rose

REPORT TO:	Council of Governors
MEETING DATE:	11 August 2020
SUBJECT:	Summary Finance & Workforce Report
AGENDA ITEM:	12
PREPARED BY:	Nick Macdonald, Deputy Director of Finance
PRESENTED BY:	Alan Rose, Non-Executive Director
FOR:	Information - update on Financial Performance

EXECUTIVE SUMMARY:

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

- The plan for the year is to break even. This includes receiving all FRF and MRET funding associated with meeting our Financial Improvement Trajectory (FIT – formerly "Control total").
- The Trust has been reimbursed with all costs relating to COVID 19
- Given the unusual nature of the current financial year our focus is on our underlying income and expenditure position in readiness for 2021-22

Income and Expenditure Summary as at June 2020

The reported I&E for June is break even, in line with NHSI guidance. Due to COVID-19 we are receiving a top up payment that includes MRET and FRF and ensures we break even. The value of this for June was £3.4m (£10.2m YTD).

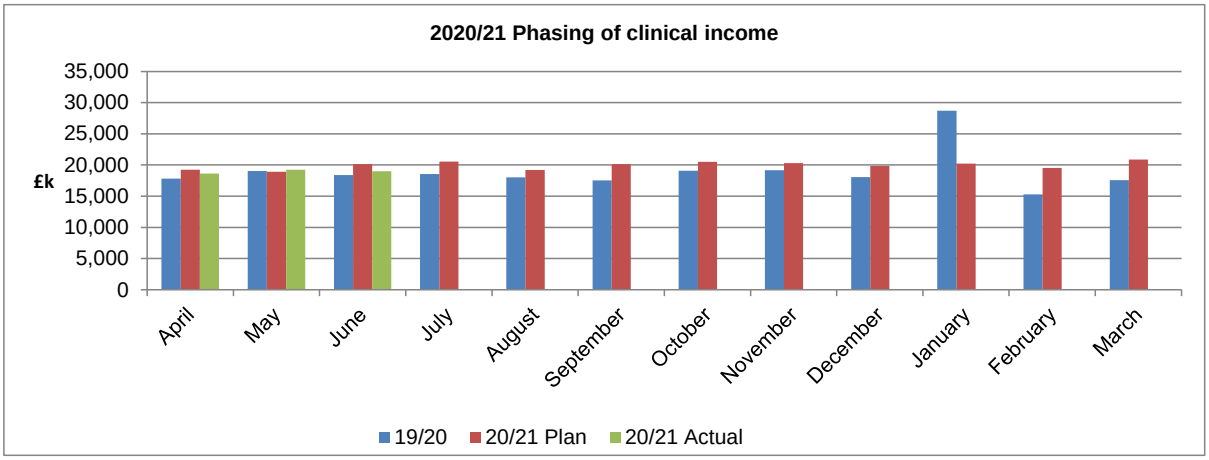
In order to deliver the Trust's control target in 2020-21 we needed to deliver a CIP of £8.7m (3.4%). The plan for the year to June was £2.247m (25.8% of the annual plan) and we achieved £1.148m (13.2%). This represents a shortfall of £1,099k which is recovered within the top up payment.

Performance against I & E plan

SUMMARY INCOME AND EXPENDITURE ACCOUNT - June 2020	June 2020			Year to date			Year end forecast		
	Budget	Actual	Variance F/(A)	Budget	Actual	Variance F/(A)	Budget	Actual	Variance F/(A)
	£m	£m	£m	£m	£m	£m	£m	£m	£m
NHS Contract Income	19.1	18.1	(1.1)	55.3	54.1	(1.2)	227.2	227.6	0.5
Other Income	2.8	3.0	0.1	8.8	9.0	0.2	36.3	37.1	0.8
Total Income	**22.0**	**21.0**	**(1.0)**	**64.1**	**63.2**	**(1.0)**	**263.4**	**264.8**	**1.3**
Pay Costs	15.5	15.6	(0.0)	48.6	48.1	0.5	201.8	206.1	(4.3)
Non-pay Costs	8.4	7.9	0.4	21.3	22.4	(1.1)	91.3	88.3	3.0
Operating Expenditure	**23.9**	**23.5**	**0.4**	**69.9**	**70.5**	**(0.6)**	**293.1**	**294.4**	**(1.3)**
Contingency and Reserves	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
EBITDA excl STF	**(1.9)**	**(2.5)**	**(0.6)**	**(5.8)**	**(7.3)**	**(1.6)**	**(29.7)**	**(29.7)**	**0.0**
Depreciation	0.7	0.6	0.1	2.0	1.8	0.2	8.1	8.1	0.0
Finance costs	0.3	0.3	0.0	1.0	1.0	(0.0)	3.9	4.0	(0.1)
SURPLUS/(DEFICIT)	**(2.9)**	**(3.4)**	**(0.4)**	**(8.8)**	**(10.2)**	**(1.4)**	**(41.7)**	**(41.7)**	**(0.1)**
Provider Sustainability Funding (PSF)									
PSF / FRF/ MRET/ Top Up	2.9	3.4	0.4	8.8	10.2	1.4	41.7	41.7	0.1
SURPLUS/(DEFICIT) incl PSF	**(0.0)**	**(0.0)**	**(0.0)**	**0.0**	**(0.0)**	**(0.0)**	**(0.0)**	**(0.0)**	**0.0**

Performance against Income plan

The chart below summarises the phasing of the clinical income plan for 2020-21, including Suffolk Community Health. This phasing is in line with activity phasing and does not take into account the block payment.

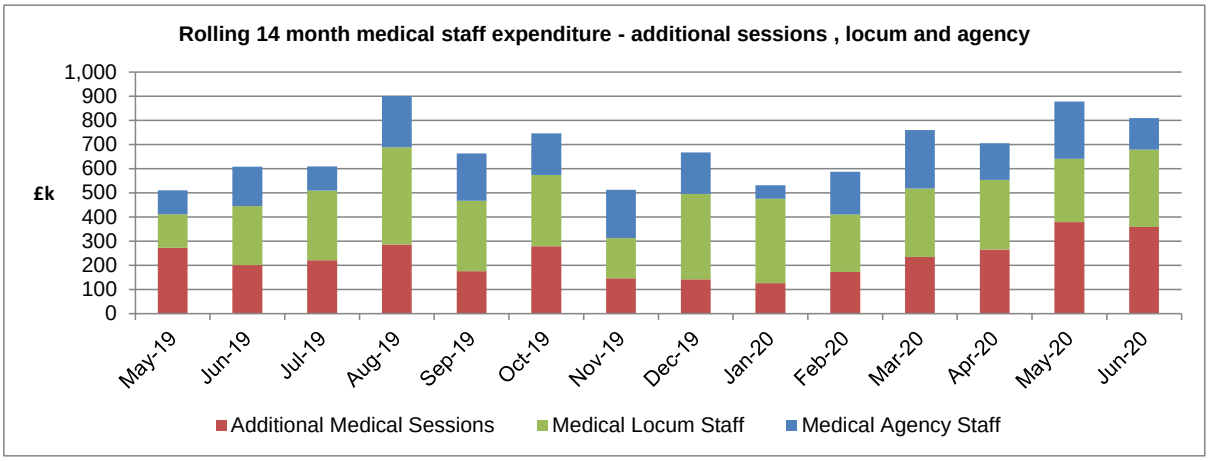


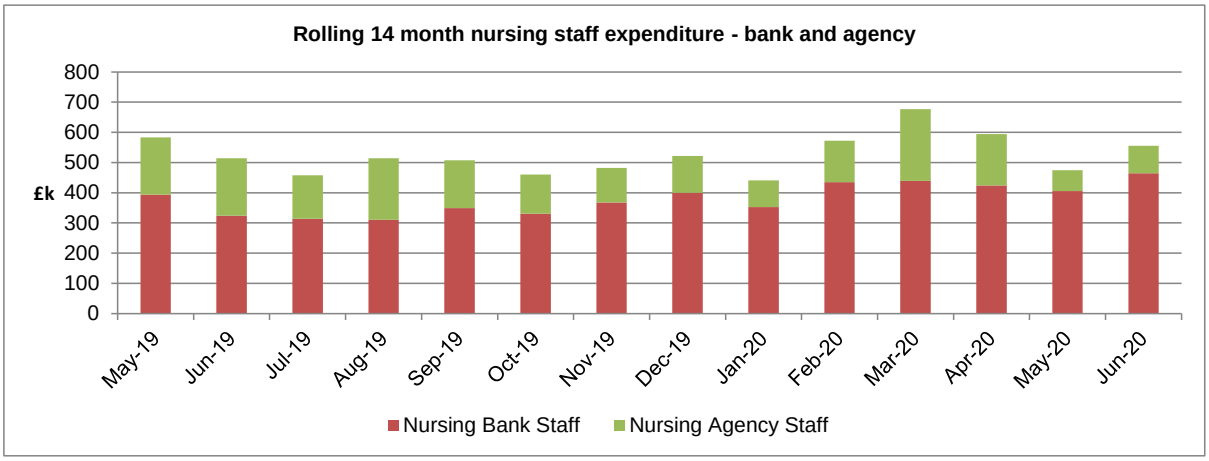
	Current Month			Year to Date		
Income (£000s)	Plan	Actual	Variance	Plan	Actual	Variance
Accident and Emergency	1,028	852	(177)	3,058	2,182	(876)
Other Services	3,337	6,508	3,171	8,989	21,766	12,776
CQUIN	182	127	(55)	532	357	(175)
Elective	2,976	702	(2,274)	8,341	1,622	(6,719)
Non Elective	6,374	6,376	2	19,392	18,532	(860)
Emergency Threshold Adjustment	(335)	(335)	0	(1,021)	(1,021)	0
Outpatients	3,342	1,583	(1,758)	9,312	3,974	(5,338)
Community	2,988	2,988	0	8,964	8,964	0
Total	**19,893**	**18,802**	**(1,091)**	**57,567**	**56,376**	**(1,191)**

Performance against Expenditure plan - Workforce

Monthly Expenditure (£)				
As at June 2020	**Jun-20**	**May-20**	**Jun-19**	**YTD**
	£000's	**£000's**	**£000's**	**£000's**
Budgeted Costs in-month	15,541	17,555	13,436	48,609
Substantive Staff	13,762	15,187	12,678	42,653
Medical Agency Staff	130	237	163	519
Medical Locum Staff	320	262	245	871
Additional Medical Sessions	359	378	200	1,001
Nursing Agency Staff	91	69	191	330
Nursing Bank Staff	464	406	324	1,294
Other Agency Staff	41	52	95	154
Other Bank Staff	201	189	138	589
Overtime	132	200	176	445
On Call	87	65	76	218
Total Temporary Expenditure	1,824	1,858	1,607	5,421
Total Expenditure on Pay	15,587	17,046	14,285	48,074
Variance (F/(A))	(46)	509	(849)	535
Temp. Staff Costs as % of Total Pay	11.7%	10.9%	11.2%	11.3%
memo: Total Agency Spend in-month	262	358	448	1,002

Monthly WTE				
As at June 2020	Jun-20	May-20	Jun-19	YTD
	£000's	£000's	£000's	£000's
Budgeted WTE in-month	4,026.9	4,048.1	3,852.3	12,042.0
Substantive Staff	3,811.0	3,751.2	3,433.6	11,275.3
Medical Agency Staff	16.3	18.7	11.8	57.0
Medical Locum Staff	27.7	18.4	18.3	72.5
Additional Medical Sessions	2.7	6.5	9.2	8.8
Nursing Agency Staff	11.7	9.9	27.6	46.0
Nursing Bank Staff	137.6	115.4	93.2	382.3
Other Agency Staff	8.5	10.0	12.3	32.2
Other Bank Staff	77.7	73.2	60.2	230.1
Overtime	36.4	51.4	49.6	117.8
On Call	8.4	5.1	6.9	19.1
Total Temporary WTE	327.0	308.7	289.1	965.7
Total WTE	4,137.9	4,059.9	3,722.7	12,241.0
Variance (F/(A))	(111.0)	(11.8)	129.6	(199.0)
Temp. Staff WTE as % of Total WTE	7.9%	7.6%	7.8%	7.9%
memo: Total Agency WTE in-month	36.5	38.6	51.7	135.2





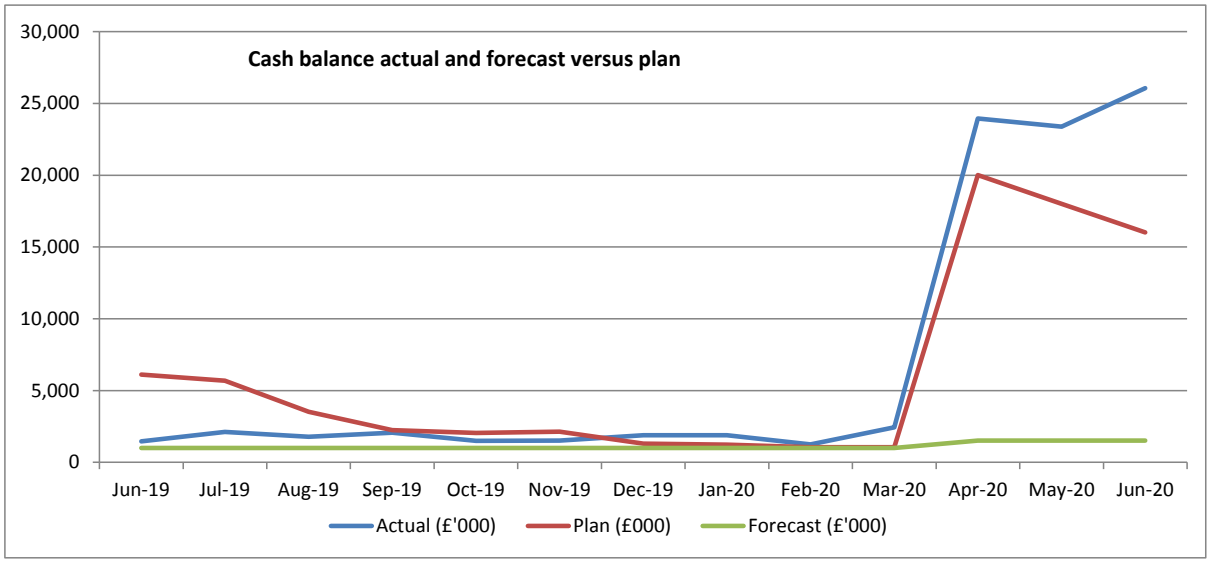
Balance Sheet

STATEMENT OF FINANCIAL POSITION

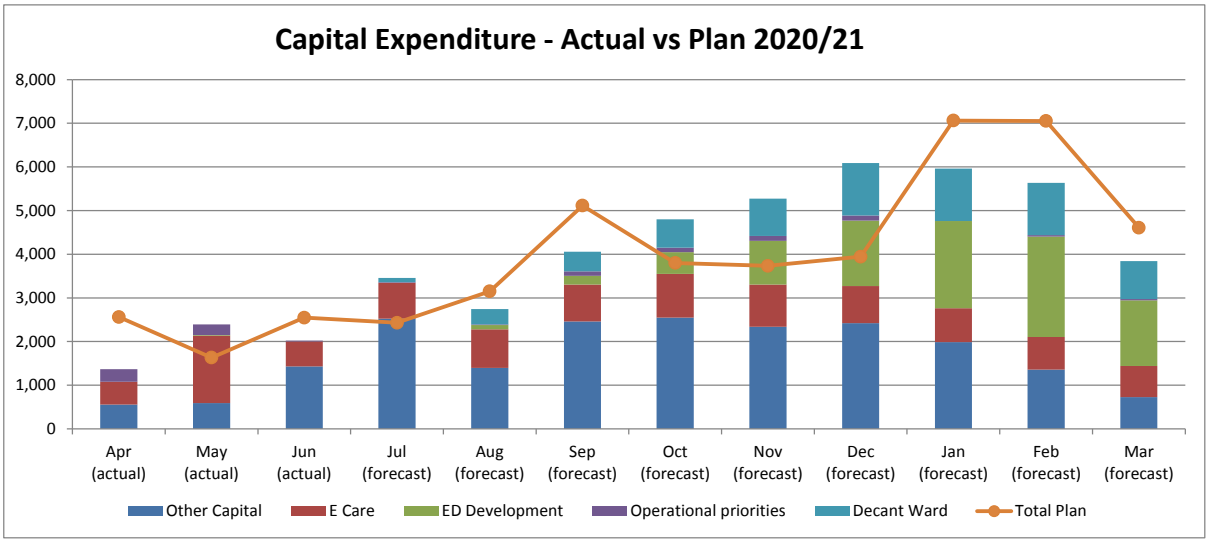
	As at 1 April 2020	Plan 31 March 2021	Plan YTD 30 June 2020	Actual at 30 June 2020	Variance YTD 30 June 2020
	£000	£000	£000	£000	£000
Intangible assets	40,972	48,993	39,204	42,503	3,299
Property, plant and equipment	110,593	147,050	117,751	115,154	(2,597)
Trade and other receivables	5,707	5,707	5,707	5,707	0
Total non-current assets	**157,272**	**201,750**	**162,662**	**163,364**	**702**
Inventories	2,872	3,000	3,000	2,781	(219)
Trade and other receivables	32,342	20,666	20,666	20,972	306
Cash and cash equivalents	2,441	1,510	16,010	26,071	10,061
Total current assets	**37,655**	**25,176**	**39,676**	**49,824**	**10,148**
Trade and other payables	(33,692)	(23,000)	(24,419)	(28,911)	(4,492)
Borrowing repayable within 1 year	(58,529)	(11,364)	(58,249)	(58,891)	(642)
Current Provisions	(67)	(67)	(67)	(67)	0
Other liabilities	(1,933)	(1,000)	(20,000)	(24,026)	(4,026)
Total current liabilities	**(94,221)**	**(35,431)**	**(102,735)**	**(111,895)**	**(9,160)**
Total assets less current liabilities	**100,706**	**191,495**	**99,603**	**101,293**	**1,690**
Borrowings	(52,538)	(59,241)	(53,814)	(53,098)	716
Provisions	(744)	(744)	(744)	(741)	3
Total non-current liabilities	**(53,282)**	**(59,985)**	**(54,558)**	**(53,839)**	**719**
Total assets employed	**47,424**	**131,510**	**45,045**	**47,454**	**2,409**
Financed by					
Public dividend capital	74,065	160,844	74,379	74,065	(314)
Revaluation reserve	6,942	6,942	6,942	6,942	0
Income and expenditure reserve	(33,583)	(36,276)	(36,276)	(33,553)	2,723
Total taxpayers' and others' equity	**47,424**	**131,510**	**45,045**	**47,454**	**2,409**

The cash at bank as at the end of June 2020 is £26.1m.

Cash flow forecast for the year compared to actual



Capital Progress Report



	Apr Actual £'000	May Actual £'000	Jun Actual £'000	Jul Forecast £'000	Aug Forecast £'000	Sep Forecast £'000	Oct Forecast £'000	Nov Forecast £'000	Dec Forecast £'000	Jan Forecast £'000	Feb Forecast £'000	Mar Forecast £'000	Total 2020-21 £'000
E Care	520	1,541	568	819	884	845	1,003	968	851	773	745	716	10,233
ED Development	0	16	0	0	100	200	500	1,000	1,500	2,000	2,300	1,500	9,116
Operational priorities	289	243	24	15	15	100	100	115	115	0	35	30	1,081
Decant ward	0	0	0	100	350	450	650	850	1,200	1,200	1,200	871	6,871
Other Schemes	558	590	1,431	2,525	1,394	2,462	2,546	2,338	2,421	1,989	1,357	726	20,337
Total / Forecast	1,367	2,390	2,023	3,459	2,743	4,057	4,799	5,271	6,087	5,962	5,637	3,843	47,638
Total Plan	2,562	1,632	2,546	2,430	3,151	5,113	3,799	3,734	3,945	7,063	7,053	4,608	47,636

The initial capital budget for the year was approved at the Trust Board Meeting in January as part of the operational plan process. Following a request from NHSI a revised capital plan was prepared and submitted. The figures shown above reflect the changes. Overall the capital programme has a reduction of £1.1m as a result of the review.

The Coronavirus pandemic has had a significant impact on the capital programme both in terms of the items on the capital programme and the timing. The ED scheme is to start later in the year and the capital programme reflects this change. The figures shown are as submitted to NHSI. The forecast is currently in line with the plan. Ecare figures have been updated to reflect the latest position following an initial review of the requirements.

Recommendation:
To note the summary report.

13. New NED introduction (verbal)

To receive an introductory presentation

For Reference

Presented by David Wilkes

14. Trust Improvement plan (enclosed)

To note the report

For Discussion

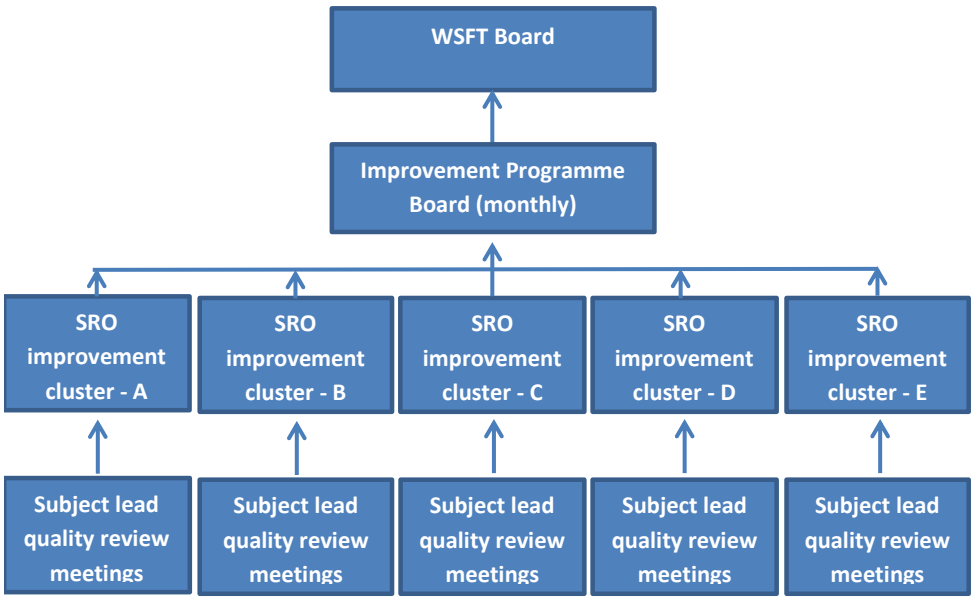
Presented by Sheila Childerhouse

REPORT TO:	Council of Governors
MEETING DATE:	11 August 2020
SUBJECT:	Trust improvement plan
AGENDA ITEM:	Item 14
PREPARED BY:	Sue Wilkinson, Executive Chief Nurse
PRESENTED BY:	Sheila Childerhouse, Chair
FOR:	Information

In order to ensure the Trust is able to effectively learn and improve from the CQC findings as well as other internal and external quality improvement findings a new improvement framework has been developed. The framework will be delivered through structured oversight and internal quality assurance monitoring by:

- ***Subject lead quality review meetings with the SRO Cluster Project Manager*** – these meetings are operational and provide review and challenge with an opportunity to update on progress
- ***Senior responsible office (SRO executive) cluster meetings*** – these meetings are operational and provide senior oversight and challenge as well as an appropriate escalation forum
- ***Improvement programme board*** – a Board-committee whose membership includes non-executives, executives and senior leaders from across the Trust as well as representation from the CCG.

The oversight and quality assurance framework ensures effective delivery of the agreed improvement actions to the defined timescales.



- All plans are held centrally and updated by the PMO to ensure effective version control
- Any changes to plans are subject to Improvement Board approval. There are no unilateral changes to plans outside of this change control process

Through this framework the newly established Improvement Programme Board has met and reviewed the Trust's improvement plan. The latest iteration of this plan was received and approved by the Board of Directors on 31 July 2020. To maintain transparency the plan is also available on the Trust website.

Significant emphasis within the framework has been placed on testing the embeddedness of improvements using the status of action covering Red to Blue as described in the table below.

Status	Description
Red	Action beyond due date
Amber	Action at risk of missing due date
Green	Action on target for delivery by due date
Black	Action implemented, assurance testing ongoing
Blue	Action implemented and assurance evidence that action is embedded with agreed cycle of ongoing assurance

The responsibilities of the Improvement Programme Board include:

- Receiving evidence and approving recommendations to change action status to "Black" (action implemented, assurance testing ongoing). This will need to include evidence of delivery across all relevant divisions
- Receive evidence and approve recommendations to change action status to "Blue" (action implemented and assurance evidence that action is embedded with agreed cycle of ongoing assurance). This will need to include evidence of delivery across all relevant divisions
- Approve the assurance cycle for actions with an agreed "Blue" status and receive evidence that this assurance model is being delivered
- Approve changes to the assurance cycle for individual actions based on the assurance findings. This includes the ability to move an action back to active to further mitigate and improve delivery.

As this framework becomes embedded and action status moves from Black to Blue assurance findings to evidence that improvements are embedded within relevant services will be reported to the Board of Directors and summarised for the Council of Governors. Over the next reporting period it has been agreed to test this methodology by undertaking a 'deep dive' review with the CCG of the maternity actions rated as Black (Action implemented, assurance testing ongoing). Based on the findings these improvements may be moved to business as usual monitoring.

Recommendation

The Council of Governors are asked to note:

1. the report and updated improvement plan
2. that future reports will include a summary of assurance findings to evidence that improvements are embedded within relevant services.

15. Pathology services (enclosed)

To receive an update

For Reference

Presented by Louisa Pepper

REPORT TO:	Council of Governors
MEETING DATE:	11 August 2020
SUBJECT:	Pathology services report
AGENDA ITEM:	Item 15
PREPARED BY:	Nick Jenkins, Executive Medical Director
PRESENTED BY:	Louisa Pepper, Non-executive Director
FOR:	Information

Introduction

In April 2020, ESNEFT (East Suffolk & North East Essex NHS Foundation Trust) announced that the current NEESPS (North East Essex & Suffolk Pathology Service) networking arrangement with WSFT (West Suffolk NHS Foundation Trust) will cease no later than 31st October 2020.

A joint working group has been set-up between ESNEFT and WSFT to oversee the transition and to work on finding an alternative solution to the current arrangements. This paper provides a summary of the work of the Joint Working Group and other pathology updates. A Pathology Transformation Lead has now been appointed to oversee the dissolution of the current networking arrangement and further develop the transformation of the pathology services.

NEESPS Joint Working Group

A number of sub-groups are progressing areas of responsibility:

- **HR** - The agreed 45-day staff consultation commenced on 30th June 2020. A virtual launch was held for all affected employees. Feedback to date has been positive with employees taking up the offer of 1:1 sessions to discuss any concerns or answer any questions they may have. Discussions continue regarding data sharing and information on recruitment activity and vacancies.

- **Contracting** - Work continues on reviewing the current list of contracts and what future alternative arrangements need to be considered. A proposal has been agreed to set aside the existing consortium agreement, a legacy document from TPP, which will allow ESNEFT and WSFT to create a new legal agreement as to the future networking arrangements. Discussions continue regarding: community pathology; community phlebotomy; and transition of Public Health England (PHE) services.

- **Finance Sub-group** – A number of work streams are being undertaken to ensure effective: transition of pay budgets; review of non-pay and supplier expenditure; and income analysis to ensure accurate forecasting. A draft financial principles paper has been issued by WSFT to ESNEFT for comment and discussion.

- **ICT Sub-group** - the sub-group is currently working through each system to ascertain what the current service offering is, the WSFT requirement; both initially after 31.10.2020 and in the longer term and any interdependencies. The contracting group can then align contracts accordingly. ESNEFT are pulling together proposals for information and communication technology (ICT) support to WSFT with costings for WSFT consideration. Exploration of the options for the laboratory information management system (LIMS) and Quality Management System (QMS) are continuing.

- **Business information (BI) Sub-group** - The group assessing the current roles, responsibilities, how they will transfer to WSFT and what capacity constraints there may be. They are considering the complexities of data submission with the dissolution date falling mid-financial year.

- **Clinical Sub-Group** - The Pathology Transformation Manager is aligning how current clinical business as usual is unaffected by the dissolution and how robust and stringent governance will continue. In light of continuing networking in some areas WSFT are also designing how ongoing clinical governance between ESNEFT and WSFT may look.

Identified Opportunities for Transformation

A range of initiatives are being considered to ensure future service sustainability and transformation.

All clinical disciplines have been approached to consider all viable networking opportunities. Clinical leads are being strongly encouraged to develop options appraisals for all possible networking arrangements at discipline level; to include existing public and private opportunities, examples of good practice from within and outside the UK and lessons learnt. This data will be collated, pathology wide synergies identified where possible and discussions will be held with proposed network partners to establish the way forward for the opportunities identified. The Pathology Transformation Manager is leading on this to ensure clinically led, innovative consideration is given to the future. It is important that WSFT seizes this opportunity to innovate, utilising all networks available to us, looking outside of traditional models and pushing forward using our GDE status to work at pace towards the adoption of a true digital pathology service.

A WSFT pathology staff engagement event is proposed for September 2020 to ask for employee input into as to how they see the future of the pathology service.

Recommendation

The Council of Governors are asked to note the report and progress being made.

16. Annual Report & Accounts 2019/20 (on Trust website or hard copy on request)

To receive the Annual Report & Accounts for 2019/20

https://www.wsh.nhs.uk/Corporate-information/Information-we-publish/Annual-reports.aspx

For Reference

Presented by Richard Jones

REPORT TO:	Council of Governors
MEETING DATE:	11 August 2020
SUBJECT:	Governor issues
AGENDA ITEM:	15
PREPARED BY:	Richard Jones, Trust Secretary & Head of Governance
PRESENTED BY:	Richard Jones, Trust Secretary & Head of Governance
FOR:	Information

The Council of Governors is asked to receive the annual report and accounts in public session.

The report was approved by the Board in closed session in June but could not be reported publically until it had been laid before Parliament – this took place on 6 June 2020.

The full document is available via the link below:

https://www.wsh.nhs.uk/Corporate-information/Information-we-publish/Annual-reports.aspx

The intention is still to hold an annual members meeting in September but using MS Teams in order to comply with social distancing requirements. Further details are being finalised but the format will be based on the Chair and Chief Executive providing an introduction followed by a session on COVID-19 response and recovery.

Recommendation:

To receive the annual report and accounts.

17. Annual Audit Letter (enclosed)

To receive the report from BDO, External Auditors

For Reference

Presented by Matthew Weller

WEST SUFFOLK NHS FOUNDATION TRUST

Annual Audit Letter

Year ended 31 March 2020

IDEAS | PEOPLE | TRUST

BDO

EXECUTIVE SUMMARY

Purpose of the Annual Audit Letter

This Annual Audit Letter summarises the key issues arising from the work that we have carried out in respect of the year ended 31 March 2020.

It is addressed to the Trust but is also intended to communicate the key findings we have identified to key external stakeholders and members of the public.

Responsibilities of auditors and the Trust

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

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

- The financial statements and auditable parts of the remuneration and staff report;
- Whether the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

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

BDO LLP

20 July 2020

Audit conclusions

Audit area	Conclusion
Financial statements	Unqualified opinion
Use of resources	Qualified 'except for' opinion in respect of the Trust's arrangements for securing economy, efficiency and effectiveness
Trust accounts consolidation schedules	Consistent with the financial statements
NAO group assurance review	No exceptions reported
Annual Report	Not inconsistent or misleading with the financial statements
Annual Governance statement	Compliant with NHS Improvement's guidance
Remuneration and staff report	Auditable parts found to be properly prepared

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

FINANCIAL STATEMENTS

Audit conclusion

We issued an unqualified audit opinion on the financial statements. This means that we consider that the financial statements give a true and fair view of the financial position and its net expenditure for the year.

An emphasis of matter has been raised in respect of the valuation of land and buildings due to a material uncertainty included in the valuation report by the Trust's valuer and disclosed by the Trust in Note 12.4.

Final materiality

Materiality was calculated at £5.03 million based on a benchmark of 1.75% of gross expenditure.

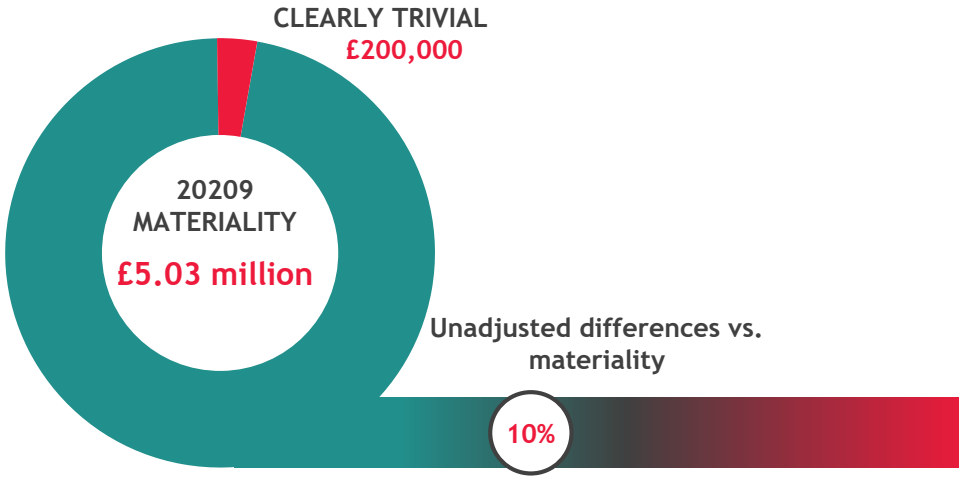
Material misstatements

We did not identify any material misstatements.

Unadjusted audit differences

We identified current year audit differences that, if posted, would decrease the deficit for the year by £481,000.

We reported these audit differences and the Audit Committee confirmed that as the impact was not material, the final published financial statements would not require amendment.



FINANCIAL STATEMENTS

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

Risk description	How the risk was addressed by our audit	Results
Management override of controls Auditing standards presume that management is in a unique position to perpetrate fraud by overriding controls	We carried out the following planned audit procedures: • Reviewed and verified journal entries made in the year, agreeing the journals to supporting documentation. We determined key risk characteristics to filter the population of journals. We used our IT team to assist with the journal extraction; • Reviewed estimates and judgements applied by management in the financial statements to assess their appropriateness and the existence of any systematic bias; and • Reviewed unadjusted audit differences for indications of bias or deliberate misstatement, or where they appear to be solely to deliver the Trust's agreed control account total in order to receive Provider Sustainability Funding.	Our audit of journals did not identify any management override of controls in preparing the financial statements. We reviewed significant estimates made by management in preparing the financial statements and found no evidence of deliberate bias in management estimates. We did not identify any evidence to suggest unadjusted audit differences are indicative of bias or deliberate misstatement by management.

FINANCIAL STATEMENTS

Risk description	How the risk was addressed by our audit	Results
Revenue recognition Auditing standards presume that income recognition presents a fraud risk.	We carried out the following planned audit procedures: • Updated our understanding of the Trust's internal control environment for the significant income streams, including how this operated to prevent loss of income; • Reviewed the outturn contract income against service level agreements for key NHS commissioners and reconciliations of outturn activity with management estimates of forecast final outturn contract income; and • Reviewed the process for resolving discrepancies between the Trust and NHS commissioners through the agreement of balances process and the rationale behind management's estimate of amounts receivable where there were contract disputes.	Our testing did not identify any issues in respect of revenue recognition. There were some non-trivial differences noted between the Trust's reported position for NHS income and the counter-party reported expenditure that we investigated and were satisfied that the Trust has reported balances and transactions accurately in its financial statements.

FINANCIAL STATEMENTS

Risk description	How the risk was addressed by our audit	Results
Expenditure cut-off In public sector bodies there is a risk of fraud related to expenditure.	We carried out the following planned audit procedures: • Checked that expenditure is recognised in the correct accounting period by substantively testing an increased sample of NHS and non-NHS expenditure around year-end.	Our testing did not identify any issues in respect of expenditure cut-off.
Valuation of land and buildings The valuation of land and buildings is a significant risk as it involves a high degree of estimation uncertainty.	We carried out the following planned audit procedures: • Reviewed the instructions provided to the valuer and the valuer's skills and expertise in order to determine if we could rely on the management expert; • Confirmed that the basis of valuation for assets valued in year was appropriate based on their usage; • Reviewed the accuracy and completeness of information provided to the valuer, such as floor areas; • Reviewed assumptions used by the valuer, and movements against relevant indices; and • Followed up valuation movements that appeared unusual.	We confirmed that the property valuations are materially correct and the basis of valuation for assets valued in the year is appropriate. We confirmed that the source data provided to the valuer was in line with our expectations. We concluded that we were able to rely on the valuer (who is considered to be a "management expert"). We noted that the Trust had incorrectly recorded a capital addition as a capital receivable as at 31 March 2019, thus overstating the value of receivables by £481,000. Due to the revaluation exercise performed, the value of property, plant and equipment as at 31 March 2019 was correct with the impact of this error being that the valuation decrease recorded in 2018/19 was understated by £481,000. The Trust has adjusted for this misstatement during the 2019/20 financial year, and as such, the 2019/20 valuation decrease is overstated by £481,000. This error has no impact on the cumulative position of the revaluation reserve.

USE OF RESOURCES

Audit conclusion

We issued a qualified 'except for' use of resources conclusion, referring to the weaknesses in proper arrangements for securing economy, efficiency and effectiveness in respect of the Trust's use of resources.

We set out below the risks that had the greatest effect on our audit strategy.

Risk description	How the risk was addressed by our audit	Results
Sustainable finances Per the month 7 Board report, the Trust was forecasting a £15.7 million deficit in 2019/20, a deterioration in financial performance compared to the original forecast breakeven position.	We carried out the following planned audit procedures: • Reviewed the Trust's in year budget monitoring processes, and the completeness and accuracy of management information reported for decision making purposes. • Reviewed the Trust's medium term financial plan and annual budgets, including the reasonableness of the underlying assumptions made by management and the consideration of risks to sustainable deployment of resources. • Reviewed progress against the Trust's CIP savings targets and arrangements to ensure that future targets are realistic and achievable, including how the Trust works with commissioners and other third parties to develop required savings schemes.	We found that: • The Trust set an original budget for 2019/20 of a £10.2m deficit. If achieved, the Trust would receive Provider Sustainability Funding (PSF), Financial Recovery Funding (FRF) and a Marginal Rate Emergency Tariff (MRET) totalling £10.2m, bringing the Trust to an overall breakeven position. After excluding an impairment of PPE of £7.9m (which was not expected but is allowed to be excluded from financial performance measures), the net effect of capital grants and donations of £105,000, and PSF relating to 2018/19, but not awarded until 2019/20 of £280,000, the Trust achieved a surplus of £102,000, thus improving on the forecast by £102,000. The final outturn for 2019/20 was a deficit of £7.6m, increasing the cumulative deficit to £33.6m (2018/19: £31.3m), after allowing for a transfer to the revaluation reserve and the transfer by absorption of Newmarket Hospital. • During 2019/20, the Trust delivered all of the £8.9m CIP, which played a significant part in the Trust achieving its overall financial plan.

USE OF RESOURCES

Risk description	Results
Sustainable finances (continued)	*(continued from page above)* • The final underlying deficit achieved of £10.4m (after excluding PSF, FRF, MRET and impairments) is an improvement on the prior period equivalent deficit of £13.1m (excluding PSF and impairments). There was also an improvement in operating profitability, achieving an operating deficit of £4.2m compared to an operating deficit of £9.5m in 2018/19. • The planned deficit control total set by NHSI for 2020/21 is £8.9m. If achieved, this would give the Trust access to £8.9m of additional funding, achieving a breakeven position. Delivery of the Trust's current 2020/21 plan requires a further £8.7m of CIP savings, which is less than the £9.1m delivered in 2019/20, but nonetheless still a significant challenge. • Given the current coronavirus pandemic, the Trust is receiving top-up funding which has not historically been received and was not included within this budget. This will be received in the months of April 2020 to July 2020, with an expectation that it will remain in place until October 2020. • Although a breakeven for 2019/20 would be a notably positive achievement, there would remain significant cumulative deficits and borrowing levels to address. As at 31 March 2020, the Trust has £111.1m of borrowing, of which £58.5m is required to be repaid in 2020/21. £46.6m of this balance is planned to be converted into Public Dividend Capital (PDC) and therefore the Department of Health and Social Care (DHSC) will provide the cash to repay this borrowing through issuing PDC. This still leaves £11.9m of other borrowing requiring repayment in 2020/21, which would have a significant impact on cash reserves if paid and is likely to require further (replacement) borrowings to be taken out. The Trust also has a significant capital programme planned for 2020/21 and beyond, which requires £8.5m of cash per the operational plan, with the funding for a further £23.8m of the programme currently unidentified. It is therefore likely that further borrowings will be required in the future. • Notwithstanding the achievements in 2019/20 and the planned breakeven after FRF and MRET for 2020/21, there remain significant issues to be addressed in terms of cumulative deficits, borrowing and cash flows. We therefore concluded that there is insufficient evidence that the Trust's arrangements support, in all significant respects, its ability to achieve planned and sustainable financial stability and modified our opinion in this respect.

REPORTS ISSUED AND FEES

Fees summary

	2019/20 £	2018/19 £
Audit fee		
Trust financial statements and use of resources	45,225	45,225
Non-audit assurance services		
Fees for audit related services		
Quality Report	45	4,295
Total fees	**45,270**	**49,520**

Our fee for non-audit assurance services has been adjusted to reflect that there was no requirement for a Quality Report audit in 2019/20. The fee stated represents a recharge for the costs incurred by BDO on this assurance service before the requirement was removed.

Communication

Reports	Date	To whom
Audit planning report	January 2020	Audit Committee
Audit progress report	April 2020	Audit Committee
Audit completion report	June 2020	Audit Committee
Annual audit letter	July 2020	Audit Committee

FOR MORE INFORMATION:

Rachel Brittain

t: 020 7893 2362
e: rachel.brittain@bdo.co.uk

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

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www.bdo.co.uk

18. Report on constitutional changes (enclosed)

To note the report.

For Reference

Presented by Richard Jones

REPORT TO:	Council of Governors
MEETING DATE:	11 August 2020
SUBJECT:	Report on constitutional changes
AGENDA ITEM:	Item 18
PRESENTED BY:	Richard Jones, Trust Secretary & Head of Governance
FOR:	Information

At the Council of Governors meeting on 6 May 2020 a process to amend the constitution to enable electronic communication by the Council of Governors to support quoracy and decision-making (voting) was agreed.

The following motion and ballot was therefore emailed to governors:

The Motion:
To approve the Proposed Amendments to Annex 7 (Standing Orders for the Practice and Procedure of the Council of Governors) of the Trust's Constitution to allow the Governors at the discretion of the Chairman to:

(1) attend meetings of the Council of Governors by electronic communication methods;

(2) vote and make decisions where not physically present at a meeting (electronically by e-mail voting or by postal voting); and

(3) pass written resolutions.

Email ballot:
Governors were asked to submit their vote by replying to the email and indicating their vote with respect to the Motion.

Result of ballot:
20 governors voted in favour
1 governor voted in favour but beyond the deadline
4 governors did not vote

Along with the Council of Governors ballot the proposed changes were presented to and approved by the Trust Board on 29 May and the constitution has subsequently been amended to reflect these changes.

19. Report from Nominations Committee (enclosed)

To note a report from the Nominations Committee meeting of 25 June 2020

For Reference

Presented by Sheila Childerhouse

REPORT TO:	Council of Governors
MEETING DATE:	11 August 2020
SUBJECT:	Report from Nominations Committee meeting held on 25 June 2020
AGENDA ITEM:	19
PRESENTED BY:	Sheila Childerhouse, Chair
FOR:	Information

This report summarises discussions that took place at the Nominations Committee meeting on 25 June 2020.

- The feedback summary of the 360° appraisal reports for the NEDs were reviewed and discussed. Emergent themes from stakeholder assessments, areas of strength and opportunities to increase impact and effectiveness were agreed for discussion at their appraisal meetings.

- The terms of office for the NEDs were reviewed. The committee considered the reappointment of two NEDs who were approaching the end of their term of office and made recommendations to the closed session of the Council of Governors meeting on 11 August 2020.

20. Report from Engagement Committee (enclosed)

To receive the minutes from the meeting of 21 July 2020

For Reference

Presented by Florence Bevan

REPORT TO:	Council of Governors
MEETING DATE:	11 August 2020
SUBJECT:	Report from Engagement Committee, 21 July 2020
AGENDA ITEM:	20
PREPARED BY:	Georgina Holmes, FT Office Manager
PRESENTED BY:	Florence Bevan, Governor
FOR:	Information and Review

BACKGROUND

This attached minutes (annex A) provide a summary of discussions that took place at the Engagement committee meeting on 21 July 2020. This included feedback from a workshop on the results of the inpatient survey for 2019 which was attended by members of the Patient and Carers Experience Group, where attendees brainstormed ideas, some of which governors may be able to be involved in in the future, (appended to minutes).

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RECOMMENDATION

The Council of Governors is asked to note the minutes of the meeting of 21 July 2020.

DRAFT

MINUTES OF THE COUNCIL OF GOVERNORS ENGAGEMENT COMMITTEE

HELD ON TUESDAY 21 JULY 2020, 4.30pm

Via Microsoft Teams

COMMITTEE MEMBERS			
		Attendance	**Apologies**
Peter Alder	Public Governor	•	
Florence Bevan	Public Governor	•	
June Carpenter	Public Governor	•	
Peta Cook	Staff Governor	•	
Jayne Gilbert	Public Governor (from agenda item 5)	•	
Gordon McKay	Public Governor	•	
Liz Steele	Public Governor (Lead Governor)	•	
In attendance			
Georgina Holmes	FT Office Manager		
Richard Jones	Trust Secretary / Head of Governance		
Cassia Nice	Head of Patient Experience		
Kirsty Rawlings	Outpatients & Health Records Manager (agenda item 3)		

Action

20/19 APOLOGIES

There were no apologies for absence.

20/20 MINUTES OF MEETING HELD ON 21 APRIL 2020

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

- Ref 20/13, Engagement Strategy, it was noted that the lack of opportunity for face to face contact meant that engagement with members and the public was likely to be different in the future, therefore digital communication would need to improve /increase.

20/21 MATTERS ARISING ACTION SHEET

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The actions were reviewed and the following issues raised:

Item 35, Diabetes talk at Haverhill. It was currently not possible to make any plans for this to take place. In future consider videoing presentation, as the Trust would need to think differently about public engagement.

The Annual Members Meeting (AMM) would be in the format of a Teams meeting, recognising that there might be issues for some people in accessing this. People did not need to have the Teams app to access this and it was not necessary to be able to see everyone who was attending the meeting, except the presenter.

An FT newsletter would be sent out in the next couple of weeks including that information about the AMM which could be found on the website.

Item 38, Follow-up with Helen Beck whether it was necessary to include all enclosures again when sending a letter about a rearranged appointment. Kirsty Rawlings explained the process for generating letters via e-Care to Synertec who then sent out the letter with relevant enclosures. If an appointment was re-scheduled Synertec treated this as a new appointment and included all the enclosures again.

A large number of comments had been received in relation to this it was recognised that this was a considerable waste and cost. The team had looked at a number of ways to address but to date a solution had not been found.

Synertec recognised when an appointment was a follow-up appointment and therefore did not include the enclosures again.

Q If Synertec could identify a follow-up appointment was it possible for it to identify a re-scheduled appointment?

A This might be possible and would be discussed with the team.

Action: look at whether it was possible for the system to identify re-arranged appointments in the same way as it could follow-up appointments. **K Rawlings**

Q Confusion was caused with cancellation of appointment letters being received on the same day as follow-up appointment letters, which meant that patients had to call the hospital to clarify when when/if their appointment was taking place.

A This would be followed up.

Action: feedback on issue with cancellation and re-arranged appointment letters being received on the same day. **K Rawlings**

It was noted that more patients were using the patient portal which would help to reduce printing and postage costs.

20/22 EXPERIENCE OF CARE

Cassia Nice gave an update what the patient experience team had been focussing on during COVID.

- Most engagement activities had been paused and number of PALs enquiries and complaints had been very low which meant that the team had been able to focus on other areas.
- The patient experience team was now fully staffed. A new complaints manager had been appointed who was working to reduce the backlog of outstanding complaints and the key performance indicator for this was now green.

Q What proportion of complaints were closed through the first response?

A The majority of complaints were closed with the first response, often through face to face meetings or through zoom calls.

Action: provided first response rate for closure of complaints. **C Nice**

- During COVID the team had focussed on communication and additional staff had been seconded into the team to enable the Trust to provide a seven day week, 8.00am to 8.00pm service. A live webchat had been introduced and it was hoped to continue this indefinitely.
- A relative liaison help line had also been set up which was managed by shielding nurses, therapists and several consultants, all of whom had access to e-Care and received calls from relatives about patients in the hospital. This service was very popular and very positive feedback had been received. Staff had enjoyed being part of this team and found it very rewarding as they were able to contribute and help people while they were shielding.

  There were originally 25 members of staff in the team and on the busiest day they received over 300 calls, today they had received 188 calls.

This was another example of the benefits of e-Care and members of the team had the time to talk to relatives and answer their questions. They had also identified a number of vulnerable people in the community had been able to arrange for them to be visited by carers. The Trust was looking to see how this could continue in the future as shielding staff returned to work.

Q Could volunteers be used for this service?

A It would not be appropriate to use volunteers as this required clinical staff/knowledge to provide information to relatives.

- A Keeping in Touch video call service had also been set up to enable patients and relatives to keep in touch face to face. This had been very successful and would continue for the future.
- There was also a need to understand how patients would feel about not having face to face appointments in the future. Over the coming weeks the team would be receiving feedback on people's experiences as they come back into the hospital and this may provide some ideas for future governor engagement.
- One possibility for governor engagement was with patients about the postponement of elective procedures. It was noted that a lot of these people were in pain and this was having an effect on their daily lives. It was important to keep people informed as much as possible and it was suggested that the Trust could put a short video on its website to explain what was happening and how long people might have to wait.

Action: presentation to Patient Experience committee to be circulated to Engagement Committee members. **C Nice / G Holmes**

20/23 REVIEW OF ENGAGEMENT PLAN

The Engagement plan was reviewed and the following noted:

- Governors to provide input/suggestions for FT Newsletter
- The regional lead governor group was continuing to meet virtually which had been useful for sharing information on how/if other Trusts were engaging with the public during COVID.
- If governors undertook any engagement activities in the hospital, eg quality walkabouts, they would need to complete a risk assessment in the same way as staff were required to. This was to protect governors as well as patients.

20/24 FEEDBACK REPORTS

24.1 Membership numbers

The membership numbers were reviewed and it was noted that the total was ahead of target, ie 6252 vs 6000.

24.2 Report from Patient and Carers Experience Group

The most recent meeting of this group had been a workshop on the inpatient survey for 2019 where attendees brainstormed ideas, some of which governors may be able to be involved in in the future. A copy of these are appended to these minutes (Appendix A).

20/25 ISSUES FOR ESCALATION TO THE COUNCIL OF GOVERNORS

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

20/26 DATES OF MEETINGS FOR 2020

Tuesday 20 October 4.30-6.00pm

Appendix A

Picker inpatient survey 2019 early results

Q14 Were you ever bothered by noise at night from other patients?

What impacts on this that is within your influence?

- Routine, offer patients to turn down lighting then offer hot drink and if necessary offer sleeping tablets.(**2**)
- Advise patients to put phones on to silent as well as turn down TV.
- Turn patient buzzer volume down.
- Screensavers with a message “Please be quiet as patients are sleeping”.
- Offering ear plugs as a last resort.(**3**)
- Staff to get in touch with nurses who specialise in Dementia to resolve situations.
- Look to move dementia patient to side room if appropriate.
- Reduce moving or admitting patients at night time.(**2**)
- Answering call bell in a timely manner.
- Increase volunteer support

What impacts this not within your influence?

- Patients with dementia (**3**)
- Patients who smoke leaving the wards.
- Patients who talk between themselves.
- Resources, not enough side rooms in wards.
- Human factors.
- Recreation/ activity room.

What are you going to take back to your area as a result?

- Staff who are not busy can sit with unsettled patients to put them as ease.(**2**)
- To inform staff problems that may occur so the team is prepared before they start.
- Communicate with staff of patients routines to prevent a disruption.
- Remind staff to minimise movement at night.

Q70 During your hospital stay, were you ever asked to give your views on the quality of your care?

What impacts on this that is within your influence?

- A+E department to provide paper copy on admission.
- Ask for improvement to text messaging service.
- Satisfaction questioners on discharged patients.
- Communication with PALS on information that may be useful.
- To put in place a suggestion box for patients(**2**)
- Create a survey questionnaire to discharger summaries.
- Ensure patient surveys are completed by patients who are able to feed back.
- Providing targets to staff to meet completion of surveys in time.

What impacts this not within your influence?

- Resources and spending.
- Not enough volunteers to support the service.(**2**)
- Training in Meridian.
- Messaging service that's sent to patients.

What are you going to take back to your area as a result?

- To put forward to have more volunteers in the department of subject.
- To improve regular communication to patients as well as to support volunteers to communicate with the patient.

Discharge issues:

Q60 Did a member of staff tell you about any danger signals you should watch for after you went home?

Q61 Did hospital staff take your family or home situation into account when planning your discharge?

Q62 Did the doctors or nurses give your family, friends or carers all the information they needed to help care for you?

Q58 Did a member of staff tell you about medication side effects to watch for when you went home?

What impacts on this that is within your influence?

- Symptoms to look out for in patients before they go home.
- Inform patients of common side effects so the patient is fully informed.
- Ensure patients have access to contact details to the pharmacy so patients. can require more information on certain medication.
- Access for families to discharge co-ordinator.
- On admission establish home situation and support in place.
- Discussion with family members if patient consents.

What impacts this not within your influence?

- Not having a pharmacist to talk to all patients getting polypharmacy/time constraints discharged knowledge/ counselling for all.
- Overload of information.
- Funding for pharmacist/ technician.
- Unrealistic expectations.

What are you going to take back to your area as a result?

- Put forward for Patient and staff education.
- To keep building on communication between families/patients/care home/care agency.
- Put forward for extra support/ process change and staff education.
- Availability of pharmacy information leaflets.

Q18 If you brought your own medication with you to hospital, were you able to take it when you needed to?

What impacts on this that is within your influence?

- Giving patients support in educating them on self-managing.(**2**)
- Empowering nurses to allow their patient to have independence.(**2**)
- Providing clear communication to patient if there are any changes to medication.
- Any changes made to medication to have an accurate documentation on e-care.
- Assessing patient capacity.

What impacts this not within your influence?

- Does the Hospital have a self-medication policy.
- Pharmacy support.
- More nurse prescribers.
- Patient honesty.
- Medical/Clinical condition.
- Patient safety including other patients on the ward (unable to leave medication unlocked).

What are you going to take back to your area as a result?

- To build communication with patients to find out what medication they are taking and a reason for taking the medication.
- To have clear policies put in place for patients and staff then to follow up with audits to make sure the policies are followed.

Q6 How do you feel about the length of time you were on the waiting list before your admission to hospital?

Q9 From the time you arrived at the hospital, did you feel that you had to wait a long time to get a bed on a ward?

What impacts on this that is within your influence?

- Plan discharge as soon as possible on admission.
- Ensure patients are sent to DWA (Discharge waiting area) where appropriate.
- Highlight (Golden Patient)
- Organise TTO's (To take out) transport in advance when a date is known to prevent any delay.

What impacts this not within your influence?

- Patient flow outside of the ward, Social services/ External beds(CAB Delirium beds).
- Awaiting funding or care packages.
- Availability of specialist consultants.
- ITU (Intensive care unit) capacity.
- Managing expectations given to patient from GP.

What are you going to take back to your area as a result?

- Increase awareness of good communication.
- To ensure available bed space by assessing beds in our area.
- Plan for number of admissions in advance to prevent delays.

Q33 Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you?

What impacts on this that is within your influence?

- Improve awareness of different roles of staff.
- Staff being prepared before conversations with patients.
- Implement one to one with a Dr and nurse following ward round to update on current plans.
- Ward manager nurse in charge to have an update from each nurse following handover.
- Good communication equals good team.
- Making sure there is clear documentation especially with following policies and protocols.

What impacts this not within your influence?

- Control of members of staff and access to notes.
- Short staffed as well as having a high turnover of staff.
- When patients are getting transported to different wards.
- Delegation.
- Skill mix.
- The view the patient may have on what they have been told.
- Work load.

What are you going to take back to your area as a result?

- To drive communication between all staff.
- Nursing staff to ensure patients understanding of information.

21. Lead Governor report (enclosed)

To receive a report from the Lead Governor.

For Reference

Presented by Liz Steele

REPORT TO:	Council of Governors
MEETING DATE:	11 August 2020
SUBJECT:	Report from Lead Governor
AGENDA ITEM:	21
PRESENTED BY:	Liz Steele, Lead Governor
FOR:	Information

Since the last Council of Governors meeting I have continued to meet on a monthly basis with Sheila and Florence. This has provided us with the opportunity of raising some of the issues mentioned by governors in their emails. The pandemic has meant that no face to face meetings can take place, although our most recent meeting on 4th August 2020 will be held in Quince House in a suitably distanced environment.

I was happy to be part of the interview process to select a new NED This took place via Teams and lasted all day. We had 5 candidates; in between each interview we had a few minutes break before starting again. At the end of the day we selected one NED and potentially an Associate NED

I have also continued to make contact with other Lead Governors in the Eastern Region. The main topic of conversation is the challenges of the pandemic, video meetings, elections.

I have had the following meetings:

Thursday 21st May	Informal NEDS/Governors meeting
Friday 29th May	Board Meeting
Tuesday 9th June	Florence and I met with Sheila
Thursday 11th June	Shortlisting meeting for NED position
Thursday 25th June	Nominations Committee meeting
Thursday 25th June	Informal Governor/NEDs meeting
Friday 26th June	Board Meeting
Thursday 2nd July	NED Interviews
Wednesday 8th July	Sheila's Appraisal
Friday 10th July	Interview for S.E.G Independent Chair.
Tuesday 14th July	Florence and I meet with Sheila
Tuesday 21st July	Engagement meeting
Thursday 23rd July	Staff Governor Meeting.

We have had regular email updates from Sheila and several governors have submitted questions to our Governor email address, with a summary being sent to all governors on a monthly basis.

There may be opportunities soon to begin Quality Walk about but this is still being worked out. I expect more will be discussed at our meeting.

22. Staff Governors report (verbal)

To receive a report from the Staff Governors

For Reference

Presented by Peta Cook

REPORT TO:	Council of Governors
MEETING DATE:	11 August 2020
SUBJECT:	Report from Staff Governors
AGENDA ITEM:	22
PRESENTED BY:	Peta Cook, Staff Governor
FOR:	Information

Issues raised by staff governors were reviewed at the recent quarterly staff governor meeting which was attended by Peta Cook, Amanda Keighley, Richard Jones, Georgina Holmes, Jeremy Over and Liz Steele.

- Discussions were taking place about resuming Quality Walkabouts which NEDs and governors would be invited to take part in if they felt comfortable with coming back into the hospital. A set of principles and a process had been produced for volunteers which included consideration of the locations they visited in and their own health. It was proposed that governors who wished to take part in any activities within the hospital should be asked to go through the same process as volunteers
  .
- Currently the best way for NEDs to engage with the community was to join virtual meetings. NEDS and executive team members had joined Team handovers in adult services which had been well received. The paediatric team had also offered a date for NEDs to attend a Teams meeting but no response had been received. Currently the majority of these meetings were training based but there could be further opportunities in September. Attending these would help the NEDs understand conversations around 'What Matters to You'. Dates for future opportunities would be circulated to the NEDs.

- Feedback from adult services: lone workers were finding it particularly challenging during COVID as they were missing the daily face to face handover meetings/ discussions etc. Jeremy Over explained that issues facing community staff were discussed at every weekly workforce and staff support meeting. The Trust was actively promoting the clinical psychological support service and staff who had taken advantage of this had found it very beneficial. It was stressed that this was for everyday issues and staff should be encouraged to seek support sooner rather than later. This service was being expanded so that it could support the long-term impact on staff.
  It was suggested that a case study from this service should be published in the Green Sheet to help staff understand the benefits of this service.

- Feedback from paediatric services: currently a large number of staff were working from home and clinics were being used for other activities. Staff were now being encouraged to come into bases on a rota basis so that they got used coming in again and the change in practices, eg cleaning of equipment etc, as some were lacking confidence in returning. This was part of the workforce being supported in coming back into work.

PPE would be a challenge moving forward, particularly when visiting different schools etc, and everything was much more time consuming. There was a very large backlog in community paediatrics and a lot of work was being done on Visionable, one of the positives of which was that staff were able to communicate with parents more.

The WSFT IT department had been very supportive of the community team and this had been commented on by a number of staff. This had been particularly helpful with Visionable and Moodle, an online training package, which would provide a lot more flexibility. Virtual video appointments via Visionable still needed to be improved to make it easier for both parents and therapists.

- The importance of staff wellbeing was discussed and Liz Steele gave an example of the cathedral holding coffee sessions and sherry sessions via Zoom to help people feel included and supported.

23. Annual external audit review (enclosed)

To receive a report and recommendation from the Audit Committee on the Trust's External Auditors BDO

For Reference

Presented by Angus Eaton

Council of Governors – 11 August 2020

Agenda item:	23			
Presented by:	Angus Eaton, Non-executive Director			
Prepared by:	Liana Nicholson, Assistant Director of Finance			
Date prepared:	31 July 2020			
Subject:	External Audit report to Governors from the Audit Committee			
Purpose:		For information	✓	For approval

Executive summary:

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

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

The attached draft report to the Council of Governors outlines the External Auditors performance for the 2019/20 financial year and recommends the continued use of BDO as External Audit provider.

The Audit Committee agreed this report at its meeting on 31 July 2020.

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

Trust ambitions *[Please indicate ambitions relevant to the subject of the report]*	*Deliver personal care*	*Deliver safe care*	*Deliver joined-up care*	*Support a healthy start*	*Support a healthy life*	*Support ageing well*	*Support all our staff*
	✓	✓	✓	✓	✓	✓	✓

Previously considered by:	N/A
Risk and assurance:	BDO is subject to review by the Financial Reporting Council. No issues have been noted from the reviews completed.

Legislation, regulatory, equality, diversity and dignity implications	International Standards of Auditing

Recommendation:

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

The current contract with BDO expires on 31 March 2021, however the Audit Committee recommends that a direct award contract is given for 1 further year (covering 2021/22). After this a re-tendering exercise will be undertaken (starting July 2021).

1. Background

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

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

2. Performance of the External Auditors

The Audit Committee met on the 31 July 2020, at this meeting the performance of the Trust's external auditors was considered, in particular the:

- Timeliness of reporting
- Quality of work
- Audit fees

2.1. Timeliness of reporting

The Audit Committee agreed that the Trust had a good working relationship with BDO and deadlines were always met. BDO responded to queries raised in 2019/20 promptly.

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

2.2. Quality of Work

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

Access to senior members of the Audit Team has been satisfactory during 2019/20. There was a change to the Responsible Individual (RI) during 2019/20 to ensure independence remained with the Trust, and this was a seamless transition.

The Audit Committee also takes comfort on how BDO compares the Trust to other Trusts in specific areas, showing an effective use of benchmarking.

The quality of BDO's audit work is assessed by Financial Reporting Council (FRC) on an annual basis. The last report issued by FRC was in June 2019 and there were no issues highlighted in the report; the results were the same as that in the previous year.

2.3. Audit Fees

The Trust carried out a competitive External Audit tender exercise and BDO were successfully re-appointed as appointed as external auditor for 3 years from 2017/18, with a further 1 year extension awarded for 2020/21. The fees have remained the same throughout the contract.

For the 2019/20 financial year the summary of fees excluding VAT is as follows:

	£'000
Statutory audit fee	45
Quality Report	0
Total	**45**

The fees are the same as those charged in 2018/19 and are in line with the fees proposed during the tender exercise. Note that no work was carried out in 2019/20 in relation to the Quality Report.

3. Recommendation

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

The current contract with BDO expires on 31 March 2021, however the Audit Committee recommends that a direct award contract is given for 1 further year (covering 2021/22). Given that there are other, more pressing issues that the Trust is currently facing, the Committee considered it appropriate to defer the tender exercise for 1 year. NHS Improvement recommends that a re-tender exercise is undertaken at least every 5 years; the previous tender was undertaken 4 years ago and therefore this falls within the guidelines set.

A re-tendering exercise for the external audit service will commence in July 2021 for the 2022/23 financial year.

24. Dates for meetings for 2020:

Tuesday 11 August

Tuesday 22 September - Annual members meeting (plan to hold using Microsoft Teams)

Wednesday 11 November

For Reference

Presented by Sheila Childerhouse

25. 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