

COUNCIL OF GOVERNORS MEETING
Wednesday 11 November 2020, 17.30,
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 Wednesday, **11 November 2020 at 17.30 via Microsoft Teams.**

Sheila Childerhouse, Chair

Agenda

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

17.30 GENERAL BUSINESS		
1.	<p>Public meeting The Council of Governors is invited to <u>note</u> 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."</p>	Sheila Childerhouse
2.	<p>Apologies for absence To <u>receive</u> any apologies for the meeting.</p>	Sheila Childerhouse
3.	<p>Welcome and introductions To <u>welcome</u> Rosemary Mason, associate NED and Sue Wilkinson, interim chief nurse to the meeting and <u>request</u> mobile phones be switched to silent.</p>	Sheila Childerhouse
4.	<p>Declaration of interests for items on the agenda To <u>receive</u> any declarations of interest for items on the agenda</p>	Sheila Childerhouse
5.	<p>Minutes of the previous meeting (enclosed) To <u>note</u> the minutes of the meeting held on 11 August 2020</p>	Sheila Childerhouse
6.	<p>Matters arising action sheet (enclosed) To <u>note</u> updates on actions not covered elsewhere on the agenda</p>	Sheila Childerhouse
7.	<p>Chair's report (enclosed) To <u>receive</u> an update from the Chair</p>	Sheila Childerhouse
8.	<p>Chief executive's report (enclosed) To <u>note</u> a report on operational and strategic matters</p>	Stephen Dunn
9.	<p>Governor issues (enclosed) To <u>note</u> the issues raised and receive any agenda items from Governors for future meetings</p>	Liz Steele

18.15 DELIVER FOR TODAY		
10.	Quality and performance report (enclosed) To <u>note</u> the report	Richard Davies
11.	Summary finance & workforce report (enclosed) To <u>note</u> the summary report	Louisa Pepper
18.40 INVEST IN QUALITY, STAFF AND CLINICAL LEADERSHIP		
12.	New associate non-executive director introduction (verbal) To <u>receive</u> an introductory presentation	Rosemary Mason
13.	WSFT people plan (enclosed) To <u>receive</u> report	Angus Eaton
19.05 BUILD A JOINED-UP FUTURE		
14.	Report from Engagement Committee (enclosed) To <u>receive</u> the minutes from the meeting of 3 November 2020 and consider recommendations for governor engagement	Florence Bevan
19.20 GOVERNANCE		
15.	Lead Governor report (enclosed) To <u>receive</u> a report from the Lead Governor	Liz Steele
16.	Staff Governors report (enclosed) To <u>receive</u> a report from the Staff Governors	Peta Cook
19.25 ITEMS FOR INFORMATION		
17.	Dates for meetings for 2021 Thursday 11 February Wednesday 12 May Thursday 12 August Tuesday 21 September (Annual Members Meeting) Wednesday 17 November	Sheila Childerhouse
18.	Reflections on meeting To consider whether the right balance has been achieved in terms of information received and questions for assurance and the Trust's values and behaviours observed.	Sheila Childerhouse
19.30 CLOSE		

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.”

For Reference

Presented by Sheila Childerhouse

2. Apologies for absence

To receive any apologies for the meeting.

For Reference

Presented by Sheila Childerhouse

3. Welcome and introductions

To welcome Rosemary Mason, associate NED and Sue Wilkinson, interim chief nurse to the meeting and request mobile phones be switched to silent.

For Reference

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 11 August 2020

For Approval

Presented by Sheila Childerhouse

DRAFT

**MINUTES OF THE COUNCIL OF GOVERNORS' MEETING
HELD ON TUESDAY 11 AUGUST 2020 AT 18.00pm
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 Moulton	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			
Craig Black	Executive Director of Resources (<i>agenda item 6</i>)		
Richard Davies	Non-Executive Director (<i>agenda item 4.2 onwards</i>)		
Angus Eaton	Non-Executive Director		
Georgina Holmes	FT Office Manager (<i>minutes</i>)		
Richard Jones	Trust Secretary & Head of Governance		
Louisa Pepper	Non-Executive Director		
Alan Rose	Non-Executive Director		
David Wilkes	Non-Executive Director		

GENERAL BUSINESS

20/42 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.

20/43 APOLOGIES

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

Action

20/44 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting and introduced David Wilkes who was attending his first meeting of the Council of Governors as a Non-Executive Director (NED).

20/45 DECLARATIONS OF INTEREST

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

20/46 MINUTES OF THE COUNCIL OF GOVERNORS MEETING HELD ON 6 MAY 2020

The minutes of the meeting held on 6 May 2020 were approved as a true and accurate record subject to the following amendment:

Page2, 20/28; Second para to read; "Sara Mildmay-White had spent a very useful day with the discharge team, and a member of West Suffolk council housing team was now working with WSFT's team.

20/47 MATTERS ARISING ACTION SHEET

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

- Item 193; arrange for Governwell to give a joint training session for NEDs and governors. The rescheduled timing of this for February 2021, following governor elections, was approved.

Q Pace was a concern; could assurance be provided that Covid was not being used as an excuse for delaying the completion of actions, ie 194; an update on the review of the HR policy framework to be provided to a future meeting (November 20)
195; further detail on ward accreditation to be provided to a future meeting (Feb 21),
207; review terms of reference for Nominations Committee following governor elections (May 21).

A 194 and 195 had been incorporated into the improvement plan. It was proposed to provide an update on 195 to the CoG meeting in November.

ACTION: provide a progress report on ward accreditation to the CoG meeting in November.

**S
Wilkinson**

207; February 2021 would be the first CoG meeting of the newly elected governors, where membership of the nominations committee would be agreed. It was proposed that a draft copy of the amended terms of reference be available for this meeting.

ACTION: draft of amended terms of reference for nominations committee to be considered at the CoG meeting in February.

R Jones

20/48 CHAIR'S REPORT

The Council of Governors received and noted the content of this report.

20/49 CHIEF EXECUTIVE'S REPORT (presented by Craig Black)

- Covid and the response to Covid had consumed the organisation for the last six months and it was now in the process of recovering from the first wave. Staff had put in a terrific effort; it had been very difficult for them to work in PPE for significant lengths of times, particularly in the heat.

- The Trust had supported staff as far as possible, eg by providing free car parking, free hot drinks, free accommodation and free hot meals at night. It also recognised the anxieties of staff in their external lives.
- As a result of Covid patients on the elective waiting list were having to wait longer than the organisation would have liked.
- The route to recovery would be a long, difficult process. Staff had already been working additional hours and were very tired. There was also a lack of capacity and this would be considered in the development of the future health system for West Suffolk.
- An update was provided on the work being undertaken to inspect the structure of the main building and the remedial actions being taken. Evidence was still being found of deterioration in the building which emphasised the need to move at pace on the future facility.

The Trust continued to work with colleagues across the system and the wider region on this issue and contingency plans were being considered.

Q What implications would decanting wards have on the recovery plan?

A Currently space that that was not occupied was being used as a decant facility to enable some of the structural work to be undertaken. This had reduced the capacity of the organisation, together with a reduction in capacity due to social distancing of patients. There were also limitations on the throughput of theatres. Work was starting on the building of a 60 bed decant facility to provide additional capacity in order to enable work on the structure. The CCG, ICS and region were very supportive of this.

Q Had the Trust considered putting a structure around the roof to help relieve the load on it?

A All options had been explored and advice had been taken from structural engineers on ways in which to change the roof from flat to sloping. This work had been ongoing during the last six years.

Q Was the Trust assured that there was sufficient ground surface to manage surface water drainage?

A Surveys had been undertaken and a lot of work had done to ensure that there was sufficient drainage on the site

Q Was the fabric of the building significantly worse than expected?

A Inspections were finding signs of deterioration, particularly in areas which had not been looked at for a long time, ie above suspended ceilings due to asbestos. The real test would be what this looked like in a year's time. It was not known how long the deterioration had taken, ie over 40 years or the last few years.

- The Trust had today received £2.7m of capital funding towards the new emergency department. This would enable a separate Covid facility, although the space created would be flexible.
- A great deal of work was being undertaken in engaging staff in 'What works for you?', incorporating positive changes as a result of Covid, eg working remotely. Nearly 1400 staff had completed the survey and over 50 workshops had taken place during the last few weeks. This would provide valuable information for the way in which the organisation was developed. It was important to make people feel valued and that they had been listened to.

- Interviews had taken place over the last few days for a new Freedom to Speak Up Guardian and it was hoped to appoint very soon. Francesca Crawley was acting as the interim Freedom to Speak Up Guardian until the new individual was in post.

20/50 GOVERNOR ISSUES

- The responses and actions in this report were noted and the following comments made:

Q Re question 1; in particular discharge from the emergency department of elderly patients to an empty house late at night. This continued to be a problem and was likely to result in patients being readmitted very quickly; something should be done to look after these patients. How was this being addressed?

A Each case was looked at individually and most patients wanted to go home as quickly as possible. Currently there were issues with transport at night and also issues about admitting people at the moment. There were currently no reports to PALs or complaints about this type of discharge, therefore it was very important that they were made aware of any cases of this occurring. Governors were asked to report individual concerns through the PALs team or complaints process.

Q Re question 2; despite the progress being made in supporting staff with psychiatric issues, there still appeared to be some pockets where there was a culture of fear about not being able to report problems in case of reprisal. What was being done to address this?

A This was a concern and something that the NEDs was challenging the board about and had also been discussed in detail at the last audit committee meeting, as the organisation was not moving fast enough on this. This issue had also been identified in the staff survey and the executive team were taking it very seriously. It was being worked on and overseen by the improvement programme board.

Q Re question 3; this was to do with the fact that there was no privacy when people came in for a blood test. Could this be looked at as a matter urgency?

There was a similar issue in the emergency department as those in the waiting area could hear what the triage nurse was asking people when they arrived, eg date of birth etc. Could this be in an area with more privacy?

A ACTION: this would be followed up.

R Jones

Q Re question 7; the response to this question did not mention communication to the public. There needed to be joint communication from the CCG, GPs and WSFT about what people should do and the situation with the health service in West Suffolk; was this being considered?

A This was being discussed with the communications team and the proposal was to put out a joint communication through the ICS. Previously during Covid organisations had not been allowed to put out any communication, but this would be followed up with the interim head of communications. The NEDs had consistently raised this issue and would continue to do so.

ACTION: update on communication to the public to come back to the next meeting.

R Jones

Q There appeared to be no proper link between all areas of pathology with WSFT as there were delays in results coming back. What was being done to address this?

- A** There was an issue with communication between Addenbrooke's pathology system and WSFT's pathology system. The connection between these two organisations was explained.

The NEDs requested that in future governors should submit any questions or issues in advance of informal joint CoG/NED meetings so that they could ensure they had all the information to provide the answer.

DELIVER FOR TODAY

20/51 COVID REPORT

- Acute admissions was currently being managed in the main area of the hospital and additional capacity was not required. Capacity for isolation of Covid or suspected Covid patients was also good.
 - The major challenge for the organisation was around recovery and the risk of a potential second wave.
 - Waiting times for elective care were increasing and were likely to continue to get worse before they got better.
 - Access to cancer investigations was improving and waiting lists were reducing, particularly in endoscopy. Access to theatres for cancer patients was currently adequate. However, there was no screening at the moment and there were likely to be cancer patients who had still not been seen which could result in harm to patients who had delayed investigations/treatment.
 - There had been big challenges with theatres but capacity had increased as the Day Surgery Unit was now operational again and the Trust was also using capacity at the BMI. The system was trying to mitigate this through communication with patients on how to manage their symptoms and additional therapy.
 - Recovery was the major challenge and WSFT had now been told that it would not be able to use the surge capacity at Addenbrooke's/Papworth. This meant that it would have to use surge capacity at the Trust which would affect other services.
 - There were also issues around testing with very limited capacity for point of care testing.
 - Community services were making good use of virtual resources, particularly in pulmonary rehabilitation, however there were challenges around this with patients with autistic spectrum disorder (ASD).
 - The Trust was taking the welfare of BAME staff very seriously and had made the completion of Covid risk assessments mandatory for all staff. This was being followed up with those who had not completed a risk assessment.
- Q** The supporting data for the number of staff who had completed risk assessments was very confusing and not transparent. Of the 268 individuals who had not yet completed an assessment, 25% were BAME. How many BAME staff were there; this was very concerning as it did not appear to be relative to the proportion of BAME staff in the Trust?

A ACTION: The answer to this would followed up.

- It was noted that community services were experiencing considerable challenges, particularly around paediatrics and estates, which meant that some children would not be seen. Schools re-opening would also present another challenge.
- It was explained that a piece of work was being undertaken by the wider system on the impact of Covid, including on younger people.

R Jones

20/52 SUMMARY QUALITY & PERFORMANCE REPORT

- The impact of Covid would affect WSFT for many years. There was a danger that the organisation could get pulled down by this and it needed to continue to work on areas of improvement.
- The NEDS was gaining more assurance about quality and performance, which was positive. The board was receiving more granular information on a number of areas that were highlighted by the CQC, ie maternity services with 85 indicators which were very transparent.
- There was a detailed report around infection control which highlighted areas of challenge, ie ventilation, privacy and dignity, contact tracing.
- The complaints team was now at full complement. Response times were improving and there were no overdue responses to complaints.
- There had been excellent feedback on the clinical support line and the Trust should try to continue this service.

Q The report stated that 89% of patients who fell had a falls care plan in place. Could assurance be provided that the falls care plans for patients were effective?

A It was agreed that this report was not worded well and did not provide reassurance.

Q How was the Trust prioritising patients on the waiting list; was this a clinical decision or to reduce the number of people waiting over a certain time?

A This was managed through clinical decision. All patients who had been waiting for a long time were being risk assessed for harm and the priority was to manage patients who needed treatment first.

20/53 SUMMARY FINANCE & WORKFORCE REPORT

- The plan for WSFT and most NHS organisations was to breakeven this year and support was being provided to reimburse Covid related costs. The value of this for WSFT to 30 June was £10.2m.
- The cost improvement plan (CIP) was currently approximately £1m behind plan. It was acknowledged that it had been very difficult for staff to focus on this during Covid, however, the NEDS were concerned about this. Although the Trust was receiving financial support this year this was not likely to continue for next year, therefore recurring savings needed to be identified and achieved as the organisation moved into next year.
- Workforce costs were 60-70% of all expenditure with additional sessions and locums being required as a result of Covid. This highlighted the need for the Trust to continue its recruitment programme, particularly as it moved into winter.
- The cash position was currently good.
- The Trust had a large capital programme. A considerable portion, ie over £10m, related to digital investment which could be transferred to the new health facility.

INVEST IN QUALITY, STAFF AND CLINICAL LEADERSHIP

20/54 NEW NED INTRODUCTION

- The Chair welcomed David Wilkes who gave a short resume of his career which was mainly in the malting industry, where he continued in a non-executive role. He had a lot of experience working in commerce and the charity sector at board level with involvement in strategic developments, transformation change and also cultural development.

- He was particularly interested in end of life care and moving this into the community and had previously been chair of East Anglian Children's Hospice (EACH) and vice chair of St Elizabeth's Hospice in Ipswich. He had recently become a Trustee of St Nicholas Hospice; however, they considered his role as a NED of WSFT to be a conflict of interest so had resigned from this position.
- He had a good understanding of governance and the need to both support and challenge executives and managing risk, focussing on evidence and validation.
- He was very much looking forward to working with the board and governors and considered there to be great opportunities for joint working across the health sector.

20/55 TRUST IMPROVEMENT PLAN

- The Chair and Richard Davies were the NED representatives on this board which was also attended by representatives from the CCG and NHSI. Medical and nursing input would also be extremely important.
- This was a sub-committee of the board but responsibility for improvement still remained with the board. However, operational expertise in the clusters would drive improvement.
- Ownership of the actions needed to be absolutely clear and this was identified in the plan. There were very clear plans and it was recognised that this was not just a tick box exercise.
- It was very important to ensure that any changes became business as usual and this would be monitored through an ongoing cycle of assurance.
- The updated plan would be reported to the board every month.

Q A lot of this appeared to be on the shoulders of the new deputy chief nurse, whereas the medical director did not appear to be so greatly involved, why was this?

A The medical director was working collaboratively and closely on these issues. The lines of responsibility were based on the issues being addressed. Even though people had ultimate responsibility the improvement plan was organisation wide and the whole executive team was engaged in the improvements and were members of the improvement board.

BUILD A JOINED UP FUTURE

20/56 PATHOLOGY SERVICES

- A joint working group had been set up between ESNEFT and WSFT; Richard Davies was a member of this.
- Fiona Berry had taken up the role of pathology transformation lead and all the pathology teams were very engaged and enthusiastic about the future.
- An update was given on the progress of the sub-groups, ie HR, contracting, finance, information and communication technology (ICT), business information, clinical.
- Every single specialty was engaged in this and the quality group also featured in every speciality.
- As part of NED engagement with senior clinicians Louisa Pepper had spent time with key members of the team to understand the issues. The main issue was the estate which was very tired and in need of refurbishment.
- The Trust needed show the pathology team that they were appreciated and valued and the challenges they faced were recognised and understood.

- The aim of the pathology transformation process was to attain accreditation and to move at pace.

Q How could the Trust visibly and audibly praise pathology and enable them to feel valued and part of the WSFT family?

A The department had undertaken interesting and innovative work around developing staff, in particular developing the more junior staff to take on different work. This would help them feel valued.

It was suggested that they could be asked to give a presentation to governors in the future.

Q Would there be a large cost to the Trust as a result of the disaggregation of NEESPS and would the in-house service be more or less expensive?

A It was not expected that there would be significant cost; ENSEFT would bear the cost as it had instigated the separation. With regard to ongoing costs, it had always been recognised that there needed to be investment in pathology including recruitment, as the service had been under staffed for some time.

20/57 ANNUAL REPORT & ACCOUNTS 2019/20

- The Council of Governors received the annual report and accounts for 2019/20 which had been laid before parliament on 6 July.

20/58 ANNUAL AUDIT LETTER

- The annual audit had been completed in line with the deadline and the Trust's auditor, BDO, had issued an unqualified audit opinion.
- The key risks had been the main area of the auditor's focus; details of these and the results were presented to the governors.
- A qualified 'except for' use of resources conclusion had been issued. This was an ongoing issue and a concern of the audit committee due to the amount of borrowing on the Trust's balance sheet.
- It was noted that the Trust also engaged internal auditors to provide assurance.

GOVERNANCE

20/59 REPORT ON CONSTITUTIONAL CHANGES

- The Council of Governors received and noted the content of this report.
- The amendment to the constitution enabled electronic communication by the Council of Governors to support quoracy and decision-making (voting).

20/60 REPORT FROM NOMINATIONS COMMITTEE

- The Council of Governors received and noted the content of this report.

20/61 REPORT FROM ENGAGEMENT COMMITTEE

- This report detailed some of the positive developments as a result of Covid, including the Keep in Touch service for patients and relatives through the use of iPads and the clinical support line for relatives.
- The appendix to this report provided ideas for potential engagement and improving patient experience.

20/62 LEAD GOVERNOR REPORT

- It was noted that when quality walkabouts resumed these would link with the improvement plan. If governors wished to take part in these they would be required to complete a Covid risk assessment.
- Governors were requested to use the generic email address for any questions they wished to submit, ie GovernorQuestion@wsh.nhs.uk, so that these could be included in the monthly summary of questions and responses.

20/63 STAFF GOVERNORS REPORT

- It was noted that NEDs had not received an invitation to attend a community paediatric meeting.
- The support for staff was highlighted; they were being encouraged to access the psychiatric support that was available to them.
- IT in the community was still a challenge but WSFT's IT department had been very helpful and supportive.

20/64 ANNUAL EXTERNAL AUDIT REVIEW

- The Council of Governors received and noted the content of this report and approved the audit committee's recommendation that BDO should remain in appointment as the Trust's External Auditors for one further year.

ITEMS FOR INFORMATION

20/65 DATES FOR COUNCIL OF GOVERNOR MEETINGS FOR 2020

Tuesday 22 September - Annual members meeting
Wednesday 11 November

20/66 REFLECTIONS ON MEETING

- A very full agenda with a number of important items. It was suggested that more time should be given to the important items and the regular reports should be taken as read.

20/67 ANY OTHER BUSINESS

- Annual members meeting; the plan was to use Microsoft Teams for this event. There would be an introduction from the Chair and a resume of the year and plans for the future from the Chief Executive. This would be followed by a reflection on Covid and the challenges and what this would look like going forwards from a Trust and public health perspective.

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 November 2020
SUBJECT:	Matters Arising Action Sheet from Council of Governors Meeting of 11 August 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	<p>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</p> <p>Agreed induction schedule:</p> <ul style="list-style-type: none"> - December/January – executive-led induction sessions including: <ul style="list-style-type: none"> • Welcome and introduction – 7 December 5.30pm (SC & SD) • NHS finances – 12 January 5.30pm (CB) • NHS quality/standards - 18 January 5.30pm (HB & SW) - Late January (tbc) – externally facilitated session introduction to role of governor and expectations - March-April (tbc) - externally facilitated session with NEDs, including role and future working 	S Childerhouse / R Jones	31/07/20 Feb 2021	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.	S Wilkinson	6/05/20 Feb 2021	Red

Ref.	Date of Meeting	Item	Action	Action taken	Lead	Target date	RAG rating for delivery
				<p>11/11/20 update from Sue Wilkinson We are commencing work with the ward managers and matrons to co-produce a ward accreditation programme here at West Suffolk. Whilst doing this Dan and I are working on training and supporting ward managers in preparation for this. We are aiming to have commenced the programme by March 2021. However, all that we are doing with the teams is building the foundations for this.</p>			
207	07/07/20	20/08	Review terms of reference for Nominations Committee following governor elections.	<p>To be actioned through the Nominations Committee (including input from Governors after elections)</p> <p>Amended terms of reference for nominations committee including process for reappointment of Chair and NEDs to be reviewed at the CoG meeting in February. These will be considered by the newly appointed nominations committee and brought back for approval at CoG in May.</p>	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
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.	<p>We are committed to developing a 'just and learning culture' and embedding this in our policies and processes that inform what happens when something goes wrong. This builds on the learning from Mersey Care NHS Trust who have shared with us their transformation from developing such a culture over recent years. This work will include how we revise and modernise our HR policies. A group of ten individuals from West Suffolk are taking part in training during November 2020 to ensure we are equipped with the knowledge and skills to do this effectively – it is as much about how policy is implemented as it is the policies themselves.</p> <p>This work will form part of the people plan reporting to the Board and Council of Governors - suggested that the Trust's people plan is included as an ongoing item in Annex A. Also referenced in the CoG agenda within the CEO report and People plan report.</p>	J Over	6/5/20 11/11/20	Closed
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.	<p>David Wilkes invited to present to CoG meeting on 11 August 2020.</p> <p>AGENDA ITEM - Rosemary Mason presenting on 11 November 2020</p>	G Holmes	11/11/20	Closed
208	11/08/20 Closed meeting	20/14	Arrange briefing session for NEDs and governors on West Suffolk health facility.	Briefing arranged for 20 October 2020.	R Jones	11/11/20	Closed

Ref.	Date of Meeting	Item	Action	Action taken	Lead	Target date	RAG rating for delivery
209	11/08/20	20/50	Follow up lack of privacy for patients when providing personal information on arrival at ED and pathology departments (blood tests).	<p>Following concerns ED now have a 'please wait here' point which keeps patients at a discrete distance from the reception desk while other people are checking in. The GP triage nurse has also been moved from inside the front door to the main reception desk to provide more security.</p> <p>In pathology the initial booking is on screen and this has been improved to provide the patient with the option not to display their personal information but to prompt them based on their allocated number. This has been subsequently tested as being in place.</p>	R Jones	11/11/20	Closed
210	11/08/20	20/50	Provide update on joint communication to public through ICS on the current situation with the health service in West Suffolk.	See attached communications plan. (Appendix B)	J Troup	11/11/20	Closed
211	11/08/20	20/51	Clarify supporting data on the proportion of BAME staff who have completed risk assessments	The figures reported at the previous meeting were interim figures, which have improved since then. The most recent count is 96% of all staff and 95% of BAME staff have been risk assessed. Individuals who remain outstanding for a risk assessment are being followed-up. The process has been embedded in the induction for all new starters. A revised risk assessment tool has been published to keep up to date with the latest evidence and national advice.	J Over	11/11/20	Closed

See Appendix A - ongoing issues

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. Consider adding the following, in terms of engagement and holding to account, as regular agenda items or issues for update as part of this log:
 - Strategy review
 - WSFT people plan
 - Hospital building remediation work
 - Future system programme
 - COVID response and recovery
3. Consider whether any items from the log can be removed.
 - Consider removal of transport from the log

Issue	Update
1. Community IT	<p>Recent actions/achievements:</p> <ul style="list-style-type: none"> • The contract with NEL CSU to provide community IT support has been extended to March 2021 to allow for the longer timescales required following COVID. We chose to extend the contract for a short period rather than fast-track the migration in order to provide a safe and supported transition for staff. • The first community teams have migrated from IT support with NEL CSU to WSFT, with all adult community teams due to migrate by mid-December, and paediatric teams to migrate in Jan/Feb 2021. This will bring them onto WSFT computers, storage of files and folders, emails and support – improving their digital experience but allowing for much greater collaboration with colleagues and inclusion in the Trust. • The planned network upgrades at some of our community sites is continuing smoothly and is due to be completed by end 2020. • Virtual patient consultations continue using Visionable, and Microsoft Teams for virtual groups. We have had particular success with virtual patient groups with pulmonary rehabilitation (long term lung conditions) and cardiac rehabilitation leading the way nationally with how they are running them. This shows how clinical and digital staff can work together closely to find a safe way to provide care when face to face appointments are not appropriate. <p>Plans for next 3-6 months:</p> <ul style="list-style-type: none"> • Continuation of network upgrades and migration of staff from NEL CSU to WSFT IT. • Deployment of Moodle – an online learning management system which will allow us to provide online learning resources to patients and parents. • Further assessment and planning of an auto scheduling solution – this will allow us to match up appropriately trained community staff with patients and geography, providing real time capacity and demand reports. <p>Communication plan to staff:</p> <ul style="list-style-type: none"> • Virtual briefing was held and open to all community staff.

	<ul style="list-style-type: none"> • Fortnightly virtual sessions with community leads to surface non-NEL related issues and successes • Regular meetings with community leads as part of the NEL exit planning. • Weekly updates for the migration in the Green Sheet. <p>Community bulletins are sent out as required.</p>
2. Transport	<p>We continue to receive enhanced services from E-Zec in support of our elective recovery efforts. Broadly service provision continues to be delivered to an improved standard with a reduced number of patient complaints. It is likely that this enhanced service provision will continue well in to the new year.</p> <p>ACTION – consider removal from log and monitoring through normal arrangements</p>
3. Pathology	<p>Agenda item – update on transition included in CEO report. Include plans in future reporting.</p>

ELECTIVE CARE COMMUNICATIONS PLAN

CONTEXT

- Due to the coronavirus pandemic, the way we provide our services has had to change significantly
- This plan outlines how the Communications Team will support the recovery of elective and diagnostic services across WSFT
- The activities within this plan are aligned with the Suffolk and North East Essex (SNEE) Integrated Care System's recovery and winter communications plans
- WSFT faces specific challenges that may hinder elective recovery, most notably the remedial works taking place around the RAAC plank issue
- The trust's communication team is working as part of a wider communications community across SNEE

DESIRED OUTCOMES

- To increase understanding and provide reassurance about how the trust is attempting to return to pre-Covid19 levels of elective activity and restart services paused due to the pandemic
- To communicate with staff about plans to restart services and consider the feedback they have given regarding their experiences of remote and virtual working (eg via our 'What Matters to You?' survey)
- To keep our local population safe and to ensure our local communities are kept informed about how to get the care they need when they need it

CORE MESSAGES

- We are very sorry that patients have had to wait longer than we would ever have liked for their treatment and care because of Covid-19
- We are completely committed to providing the care our patients need
- We will be prioritising the treatment of those patients with the greatest clinical need, followed by those who have been on the waiting list the longest
- If your condition remains the same and you wish to continue with your treatment or procedure, you do not need to do anything - we will contact you directly in due course
- If your condition has improved and you no longer feel you require your planned treatment or procedure - please contact the department involved with your care to let them know

- If your condition has worsened and you need some additional support whilst you wait - please contact the department involved with your care

HOW WE WILL COMMUNICATE/HAVE COMMUNICATED

- The trust is in the process of sending individual letters to the 21,000 people on its waiting lists to reassure them they have not forgotten about and that we will be contacting them with details of when their treatment will take place as soon as we are able to
- Social media messages – these will be centred on encouraging patients who are awaiting treatment not to be frightened of coming to hospital because everything has been done to ensure the site is as safe and Covid-19 secure as possible
- Senior executives from the trust will take every opportunity to reinforce the core messages through radio and television interviews – Steve Dunn recently did this when appearing on BBC Suffolk to give an update on the trust’s structural challenges, and Nick Jenkins together with Thomas Pulimood did the same when they recently appeared on the same station to talk about how they and colleagues had coped with the pandemic and were preparing for the second wave
- Senior executives from the trust will take every opportunity to reinforce the core messages through newspaper/online interviews – eg Steve Dunn’s regular blog in the Bury Free Press (syndicated to other county titles)
- Updates on elective waiting times for primary care colleagues will be posted on the new microsite for GPs that has been developed by Chris Lockwood from the Communications Team in conjunction with James Heathcote
- Internal messaging to trust colleagues regarding the above will be achieved via Staff Briefing and Green Sheet

PLANNED FUTURE ACTIVITY

- Updates on elective waiting times will be posted on the trust’s website, with appropriate signposting for patients via social media
- The Communications Team will continue using case studies (where available) to encourage people to attend appointments
- A number of surgical specialties are developing condition specific advice letters to send to patients on waiting lists

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 November 2020
SUBJECT:	Chair's report to Council of Governors
AGENDA ITEM:	7
PRESENTED BY:	Sheila Childerhouse, Chair
FOR:	Information

When I wrote my last report we were still experiencing the first wave of Covid. Sadly, we are now facing the second wave although as yet we have not seen an exponential increase in the number of Covid patients in our care. It is a really challenging time for staff already tired from a long winter and a really tough summer, faced with a backlog of patients who need treatment and the possibility of a long lasting second wave. I thank staff from the bottom of my heart for the way they continue to deliver high quality and compassionate care to our community. We have had one real positive in the midst of this and that is the fact that we have been successful in getting the funding for the development of the new healthcare campus.

I spoke last time of the novelty of MS Teams, since then we've all become a little more expert but I'm sure like me you miss the human interaction that we took for granted in those far-off days before Covid. Most of my meetings are still virtual but I have tried during the summer to meet with people face to face when it's appropriate, it has been a pleasure!

From recent meetings (Annex A) I would pick out three that I hope illustrate the kind of work that is ongoing.

I was enormously pleased to appoint not one freedom to speak up Guardian but two.

Amanda Bennett comes from a nursing background and is an external candidate. She has demonstrated great enthusiasm and commitment to engaging widely across staff, both in the trust and in the community, in the short time she has been in post. Her colleague James Barrett has not yet taken up his post; he is one of our consultants and although not in post has already started to work positively with Amanda. I hope you will have the opportunity to meet them before too long.

I have met with all the chairs of the best buy hospitals across the Eastern region so that we can learn from each other in relation to best practice of managing our ageing buildings and managing the governance and communications issues around any potential risks. I think we have all found it very helpful, they very much look to us as having a depth of experience and the knowledge of these buildings that is generally beyond what they possess. We will continue to work together and it has become a valuable network.

The work of the ICS continues to develop. It has led an exercise to gather the learning from the first wave of Covid and continues to develop the collaborative relationships across the system. I know that some of you will have attended the session on 16 October which began to develop the thinking about greater engagement with non-executives, lay members, trustees, governors and elected members. If we are to work in a system we absolutely need to have greater engagement from a wider network.

I know that all of you are concerned about the health and well-being of our staff, as are the board. At the end of September I met with Emily Baker who leads on psychological support for staff. We have committed to maintaining that service going forward and indeed have expanded it so there is now a team to respond to staff needs.

One of the relationships which has developed positively during the Covid epidemic has been with our campus colleagues at St Nicholas hospice, our executive team is working collaboratively with them and I now meet regularly with the chair. He now participates in the ICS chairs group, which I chair, and is keen to be part of our thinking on future strategy for the hospital and the campus.

As I write this summary report we are in the midst of our Governor elections. It is with a heavy heart that I know for some Governors this will be their last Council of Governors meeting in the role. We will carve out some time to recognise the huge contribution that you have all made as individuals and a governing-body. We have also carved-up and sent out some cake for us all to share while we take a moment to reflect and recognise this work.

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

Annex A: List of meetings attended

Date	Meetings and events (01/08/20 until 31/10/20)
03/08/2020	Telephone Conversation with Professor Will Pope
03/02/2020	MS Teams Meeting with Suzannah Howard
03/08/2020	MS Teams Meeting with David Wilkes, Non-Executive Director
03/08/2020	MS Teams Meeting with Jeremy Over
04/08/2020	1:1 with Richard Jones
04/08/2020	Meeting with Liz Steele and Florence Bevan
04/08/2020	Meeting with Andrew Dunn
04/08/2020	1:1 with Helen Beck
05/08/2020	MS Teams Meeting with Kate Vaughton
05/08/2020	MS Teams Meeting with WS CCG, NEDs and Lay Members
05/08/2020	Freedom To Speak Up Guardian Interviews
05/08/2020	1:1 with Nick Jenkins
05/08/2020	MS Teams Meeting with Dr Christopher Browning
06/08/2020	MS Teams Meeting with NEDs
06/08/2020	MS Teams Meeting with Craig Black
10/08/2020	Improvement Programme Board via MS Teams
11/08/2020	1:1 with Richard Jones
11/08/2020	Freedom To Speak Up Guardian Interview
11/08/2020	West Yorkshire and Harrogate Health and Care Partnership/Suffolk and North East Essex ICS Round Table Discussion via MS Teams
11/08/2020	1:1 with Rosemary Mason, Associate Non-Executive Director
11/08/2020	Suffolk & North East Essex STP Chairs' Group via MS Teams
11/08/2020	Council of Governors Meeting via MS Teams
12/08/2020	Scrutiny Committee Meeting via MS Teams
12/08/2020	Remuneration Committee Meeting via MS Teams
12/08/2020	MS Teams Meeting with Denise Pora
12/08/2020	Telephone Conversation with Helen Beck
13/08/2020	Weekly NED Teleconference Call
17/08/2020	Meeting Head of Communications Candidates via MS Teams
18/08/2020	ICS System Learning Event via MS Teams
18/08/2020	MS Teams Meeting with Helen Taylor, Chair – ESNEFT
18/08/2020	1:1 with Steve Dunn
19/08/2020	Board Development Workshop Discussion via MS Teams
19/08/2020	Telephone Conversation with Gill Cooksey
20/08/2020	1:1 with Jeremy Over
20/08/2020	Weekly NED Teleconference Call
26/08/2020	Board Development Workshop via MS Teams
01/09/2020	1:1 with Richard Jones
01/09/2020	Telephone Conversation with Patrick Garratt – NHS Providers - Learning Networks Discussion
01/09/2020	Telephone Conversation with Helen Beck
01/09/2020	MS Teams Induction Meeting with Claire Sorenson, Deputy Director of Workforce
02/09/2020	MS Teams Meeting with Dermot O'Riordan
02/09/2020	1:1 with Steve Dunn
03/09/2020	Weekly NED Teleconference Call
04/09/2020	1:1 with Rosemary Mason
04/09/2020	MS Teams Meeting with Lucy Hampton
07/09/2020	1:1 with Steve Dunn
07/09/2020	Telephone Conversation with Alastair Currie, Bevan Brittan
07/09/2020	Telephone Conversation with Craig Black
07/09/2020	5 O'Clock Club via Ms Teams
08/09/2020	1:1 with Richard Jones
08/09/2020	Chairs Group Pre-Meet via MS Teams

Date	Meetings and events (01/08/20 until 31/10/20)
08/09/2020	Virtual Meeting of NHS Providers Chairs and Chief Executives
08/09/2020	Suffolk & North East Essex STP Chairs' Group via MS Teams
08/09/2020	1:1 with Steve Dunn
09/09/2020	Scrutiny Committee Meeting via MS Teams
09/09/2020	NHS East of England Leaders and Chairs Event via MS Teams
09/09/2020	MS Teams Meeting with Gary Norgate
09/09/2020	Telephone Conversation with Louisa Pepper
10/09/2020	Weekly NED Teleconference Call
10/09/2020	SNEE Discussion via MS Teams
10/09/2020	Chaplaincy Engagement Meeting via MS Teams
10/09/2020	Telephone Conversation with Helen Beck
21/09/2020	1:1 with Steve Dunn
21/09/2020	Senior Medical Leadership Team via MS Teams
22/09/2020	1:1 with Richard Jones
22/09/2020	MS Teams Induction Meeting with James Goffin, Interim Communications Manager
22/09/2020	1:1 with Steve Dunn
22/09/2020	MS Teams Meeting with John Troup
22/09/2020	Telephone Conversation with Alan Rose
22/09/2020	Telephone Conversation with Helen Beck
22/09/2020	Meeting with Liz Steele and Florence Bevan
22/09/2020	MS Teams Meeting with Jeremy Over
22/09/2020	Annual Members Meeting via MS Teams
23/09/2020	MS Teams Meeting with David Wilkes
23/09/2020	MS Teams Meeting with Rosemary Mason
23/09/2020	Telephone Conversation with Louisa Pepper
23/09/2020	MS Teams Meeting with Charles Simpson, Chair – St Nicholas Hospice
24/09/2020	Telephone Conversation with Will Pope
24/09/2020	Weekly NED Teleconference Call
25/09/2020	MS Teams Meeting with Jeremy Over
25/09/2020	Meeting with Steve Dunn and Angus Eaton
28/09/2020	NED Meeting via MS Teams
29/09/2020	1:1 with Steve Dunn
29/09/2020	1:1 with Richard Jones
29/09/2020	Meeting with Sarah Howard, Independent Chair of Suffolk Alliance
29/09/2020	Meeting with Emily Baker, Consultant Clinical Psychologist
29/09/2020	Telephone Conversation with Helen Beck
29/09/2020	MS Teams Induction Meeting with Dr Samantha Clayton, Anaesthetics & ICU Consultant
29/09/2020	MS Teams Meeting Will Pope
30/09/2020	Meeting with Ayush Sinha, BAME Chair
30/09/2020	Telephone Conversation with Ann Radmore
30/09/2020	MS Teams Meeting re Strategy and Future Systems Programme
30/09/2020	MS Teams Meeting with SJ Relf
01/10/2020	Weekly NED Teleconference Call
01/10/2020	Virtual Learning Visit: Citizens Panels - Surrey Heartlands Health and Care Partnership – via MS Teams
01/10/2020	MS Teams Meeting with Alastair Currie
01/10/2020	Telephone Conversation with Steve Dunn
02/10/2020	Trust Board Meeting via MS Teams
02/10/2020	Quality & Risk Committee via MS Teams
02/10/2020	Strategy Review - Engagement & Briefing Session via MS Teams
05/10/2020	MS Teams Meeting with Ann Radmore
06/10/2020	1:1 with Richard Jones
06/10/2020	MS Teams Meeting with Paul Pearson, UNISON
06/10/2020	Telephone Conversation with Helen Beck

Date	Meetings and events (01/08/20 until 31/10/20)
06/10/2020	1:1 with Steve Dunn
06/10/2020	MS Teams Meeting with Richard Jones, Alan Rose, Angus Eaton & David Wilkes
06/10/2020	MS Teams Meeting with Gary Norgate
06/10/2020	Suffolk & North East Essex STP Chairs' Group via MS Teams
06/10/2020	MS Teams Meeting with James Goffin, John Troup, Steve Dunn & Richard Jones
07/10/2020	MS Teams Meeting with Alison Wigg, East of England Ambulance Service NED
07/10/2020	Virtual Learning Visit: Citizens Panels (Devon Virtual Voices) - Devon STP via MS Teams
07/10/2020	Telephone Conversation with Alan Rose
08/10/2020	Weekly NED Teleconference Call
08/10/2020	Remuneration Committee via MS Teams
09/10/2020	Suffolk and North East Essex STP/ICS Partnership Board via MS Teams
09/10/2020	NHS England and NHS Improvement Regional Roadshow via MS Teams
09/10/2020	ICS System Transformation: Thinking Differently about... System Leadership via MS Teams
12/10/2020	Improvement Programme Board via MS Teams
13/10/2020	1:1 with Richard Jones
13/10/2020	1:1 with Sue Wilkinson
13/10/2020	Meeting with Liz Steele and Florence Bevan
13/10/2020	1:1 with Steve Dunn
13/10/2020	Meeting with Chairs of James Paget University Hospitals NHS Foundation Trust, The Queen Elizabeth Hospital Kings Lynn NHS Foundation Trust and North West Anglia NHS Foundation Trust via MS Teams
13/10/2020	1:1 with Rosemary Mason
13/10/2020	Future System Programme Discussion via MS Teams
14/10/2020	Scrutiny Committee via MS Teams
14/10/2020	MS Teams Meeting with Linda Glasby, Enable East
14/10/2020	MS Teams Induction Meeting with Dr May Stancliffe, Consultant Oncologist
14/10/2020	Telephone Conversation with Jeremy Over
15/10/2020	Weekly NED Teleconference Call
15/10/2020	Telephone Conversation with Angus Eaton
16/10/2020	NHS Confederation Workshop via MS Teams
19/10/2020	ICS System Transformation: King's Fund - How are we now working across our Alliances and ICS? Via MS Teams
20/10/2020	1:1 with Steve Dunn
20/10/2020	MS Teams Meeting with Helen Taylor, Chair - ESNEFT
20/10/2020	MS Teams Induction Meeting with Amanda Bennett (FTSU Guardian)
20/10/2020	MS Teams Induction Meeting with Dr Ian Lord, Consultant in General Surgery/Colorectal
20/10/2020	1:1 with Richard Jones
20/10/2020	MS Teams Meeting with Ann Radmore
20/10/2020	Telephone Conversation with Helen Beck
20/10/2020	MS Teams Briefing on new Health Facility
22/10/2020	Weekly NED Teleconference Call
27/10/2020	1:1 with Richard Jones
27/10/2020	MS Teams Meeting with David Wilkes
27/10/2020	1:1 with Steve Dunn
27/10/2020	MS Teams Meeting with John Troup
27/10/2020	Telephone Conversation with Helen Beck
27/10/2020	MS Teams Meeting with Sarah Howard
29/10/2020	Weekly NED Teleconference Call

8. Chief executive's report (enclosed)

To note a report on operational and strategic matters

For Reference

Presented by Stephen Dunn

Council of Governors – 11 November 2020

AGENDA ITEM:	8
PRESENTED BY:	Steve Dunn, Chief Executive Officer
PREPARED BY:	Steve Dunn, Chief Executive Officer
DATE PREPARED:	2 November 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.

I am sure like most I watched with a heavy heart the Government announcement at the weekend that with **rapidly rising COVID case numbers across the whole of the UK** we will once again enter a national lockdown. It is clear that COVID-19 has not gone away, that numbers of infections are increasing and that we must do all we can to help avoid a really bad second wave. There is a huge amount of work we are doing to plan and prepare for winter, COVID-19 and recovery. And of course we are better prepared than for the first wave, with more reliable supplies of personal protective equipment (PPE), better treatment options and increased testing available. But it will be no doubt be a tough winter for our staff, our community and our economy. I want to emphasise my sincere **thanks to all our staff** for all they do and have done. We do appreciate your continued dedication and commitment during challenging times.

Recognising this we have already increased our **staff support psychology service** with additional staff starting in the coming month. The team was initially set up to support people during the early phase of the pandemic and those who had been redeployed, exposed to traumatic situations or were struggling with the impact of working in healthcare during a pandemic. But we have funded additional posts and the service can now provide support for the next two years, and increased access for staff not based on the hospital site. The new team members are due to start in the next month. so the service should be more widely accessible as we go into winter. The support is available for any issues impacting on staff wellbeing at work, not just for COVID-related problems. This is part of an additional package of support that we are putting in place in response to the *What Matters to You* feedback.

We have been able to add extra **Newmarket beds to provide flexibility in fight against Covid-19**. Fourteen new beds, new nursing staff, and a new portering team have joined existing hospital and community services at the Newmarket hub. The 14 news beds have been gradually coming on stream since building work at the Exning Road site was completed in mid-May, with more than 15 new nurses and healthcare assistants recruited to care for patients. A new portering team has also introduced to help medical staff focus on patient care. It brings the total number of beds on the hospital's Rosemary Ward to 33. The beds will be used flexibly for a range of patients who do not

need the more intensive levels of care available at West Suffolk Hospital.

But we also want to be **transparent with our public** around some of the challenges we face and the difficult decisions that are being made. We are committed to talking about the realities of where we are with recovery and what this means for our patients, for example, such as the increase in waiting lists and waiting times. Our elective care communication plan is shared in the Council of Governors pack and sets out a range of measures we are taking to ensure we communicate effectively with our patients and public. But while we will do everything we can to step up as much routine activity as we can, a challenging second wave might mean that once again we might need to redeploy staff to respond to the challenges we will face impacting on our waiting lists and times.

This is why it is so important that our public helps. I know we keep repeating how important it is that we all **wash our hands, cover our face, and stay two metres apart** but it does work and it will help. I also know that it can sometimes feel like an effort to stick with this guidance – but it will keep you safe and helps to prevent the transmission of Covid-19. And if you are eligible protect yourself with the flu vaccine.

We also know it has been a difficult period for our pathology laboratory with many changes and many different owners, as well as COVID-19 to deal with. On behalf of the board and our Governors I would like to personally and **warmly welcome back** to West Suffolk NHS Foundation Trust and the West Suffolk family **over 100 pathology services staff** from both ESNEFT and Public Health England (PHE). Going forward we really do want to make changes for the better and improve the lab environment and ways of working. The key focus for the transformation of WSFT pathology services will be working towards full accreditation, recruitment, updating equipment and designing solutions to ensure sustainability in line with the future system programme. There are also lots of exciting projects which are being worked through including digital pathology, mobile phlebotomy and a full review of send-away tests. Nick and Claire Sorenson (Jeremy's Deputy), and I walked around the lab on Monday and it's clear that the morale of staff is high. We talked about our commitment to engage and support our pathology team. And I want to thank Fiona Berry, Karl Love and Linda Johnstone and the path lab and HR teams for successfully guiding us through this home coming.

In addition to the items already highlighted key areas of focus of the Trust's senior leadership team are reflected on the Council of Governors agenda. Key items on the agenda include the **quality and performance report** which includes a report from the most recent improvement programme board, including a link to the latest **Trust improvement plan**.

The Council of Governors agenda also includes the important work to support and develop our staff as outlined in our **people plan**, including the work of the Guardian of Safe Working, Freedom to Speak Up Guardians and BAME network. Last Wednesday I did a walkabout with Amanda Bennett our new Freedom to Speak Up Guardian, and we discussed with staff right across the trust what speaking up means to them and some of those thoughts were summarised in Green Sheet. But at its core many staff talked about feeling safe in raising concerns. I'd also like to thank radiologist Dr James Barratt who also starts this month as a Freedom to Speak Up Guardian.

In September our 5 O'clock Club virtual session focused on creating a Just Culture with Amanda Oates, the Director of Workforce at **Mersey Care**. It was inspiring and gave us lots of pointers and lessons on how we can move towards a just and restorative and more open culture where staff feel able and empowered to speak up. I want to convey that I am personally committed and curious to learn and adopt the Mersey Care philosophy, and have been reading the book by Sidney Dekker on Just Culture and doing a lot of thinking about this.

What is this likely to mean, though, practically? It means going forward that we are going to seek to **pursue a restorative approach**, to hear people's stories and try to listen and hear all sides when things have gone wrong and own up to mistakes. This is about a change in culture across our organisation and I want to lead by example on this. So, I will be part of a group of ten of us who will benefit from some training with Mersey Care and Northumbria University this month. We also want to make sure any current HR processes at West Suffolk are on the right track. So, we are temporarily pausing all current conduct, grievance and bullying and harassment investigations to

check that all restorative options have been explored.

The next 5 O'clock Club meeting on Thursday 19th November, which all staff, board members and governors are welcome to attend, also continues this theme. Our next speaker will be Dr Chris Turner who leads the **Civility Saves Lives** (CSL) movement. CSL are raising the impact that respect, professional courtesy and valuing each other has in healthcare. They are seeking to raise awareness of the negative impact that rudeness (incivility) can have in healthcare, so that we can all understand the impact of our behaviours. This is all part of our journey to positively change and enhance our culture following on from our CQC report earlier in the year.

Talking of incivility some of you may have seen the distressing coverage in the media over the weekend about a doctor in our emergency department who was subjected to racial abuse. You may have seen my comments on social media and that I was deeply upset by this. We have such a diverse workforce that goes the extra mile for local people and they should be thanked and supported not victimised and abused. **Racism must not be tolerated** and has no place in our society or our Trust. I also want to thank our brilliant Suffolk Constabulary who supported our hardworking staff and acted quickly to arrest the woman, making it clear their zero tolerance for racism. We have a great working and supportive relationship with our local police force and we really appreciate that.

Compare this with the heart-warming story from Roxie Walsh, one of our amazing community nurses who was having trouble paying for some petrol and food with the app on her phone after finishing work. She went outside the shop to try and sort out the problem when a lady came out and said: "Don't worry about it love. It's all paid for". Touched by the gesture Roxie told her story on Facebook asking if anyone knew who the kind-hearted stranger was. Staff from the Trust identified that it was Critical Care nurse Emi Tillett. Emi replied on Facebook "I'm glad I was able to help you. You're very welcome and community nurses are very much unsung heroes". To me Emi's thoughtfulness epitomises the staff we have in our organisation, as well as also underscores the appreciation for our community professionals that exists right across the Trust.

The Trust was also recently confirmed as one of 40 across the country to receive funding for new build projects from the Government's Health Infrastructure Programme. This is amazing news for local people who deserve to be treated in a twenty first century facility. I am also equally really delighted to confirm that the Trust has completed the purchase of Hardwick Manor. The home and its surrounding grounds are among four sites currently being considered as **potential future locations for a new West Suffolk Hospital**. The existing hospital buildings on Hardwick Lane were built in 1974 and have already long exceeded their intended 30-year life span. WSFT has invested heavily in their upkeep over recent years, but the time will soon come when they are no longer fit for purpose.

It is well known that our hospital was among thousands of buildings constructed in the 1970s using reinforced autoclaved aerated concrete (RAAC) planks. As a result, we have had to carry out an **extensive programme of inspections and running repairs** at our current site to ensure the safety of patients and staff. We have been open and transparent about the structural challenges our current site poses and our desire to move to a new, purpose-built location as soon as possible. This is why the decision to replace our main hospital site is such good news for local people. In the meantime, we have partnered with Attain to develop options for how we can continue to offer services to our patients while creating the capacity needed on the hospital site to undertake the necessary remediation work. As this work progresses we will engage with Governors on the findings and communication.

To reiterate, however, Hardwick Manor is one of four sites currently undergoing detailed analysis and surveys to determine their suitability as potential locations for our new hospital and health and care facility. That work is ongoing and is due to complete in November, but in advance of its completion, a unique opportunity arose to acquire Hardwick Manor. I must stress that this does not make it any more or less likely to be chosen as our preferred location for the new hospital. However, it was prudent to purchase the site when it became available in order to keep all our options fully open. Whichever location we settle upon for our new build will be subject to the usual rigorous

planning and public consultation processes. I also want to reassure our local community that we are committed to engaging with as many of them as possible in our plans for the new hospital. We want to ensure that what we provide is a perfect fit for the current and future health needs of the people of west Suffolk.

As plans to build the new health and care facility get underway I want to introduce you to all those involved in the development of the plans. This project is no mean feat and in order to develop the plans, co-ordinate the production of the clinical model and oversee the final build a project team, known as the **Future System team**, have been appointed. The team includes familiar and new faces which you will see across the site:

- Dr Gary Norgate, programme director
- Dr Helena Jopling, associate medical director
- James Butcher, senior operational lead
- Mark Manning, head of nursing
- Tracy Morgan, clinical workstream programme manager
- Caroline Giles, project management office lead
- Louise Kendall, administration support
- Emma Jones, communications and engagement lead
- Zoe Selmes, finance lead.

Jacqui Grimwood, Mike Bone and Claire Sorenson are leading the estates, IT and workforce components of the programme respectively. The approach being used to develop the clinical model is called co-production, using the input of staff, patients and system partners to develop the model together. The clinical services currently housed in the main hospital building have been split into 12 co-production workstreams, each with their own lead. The co-production leads have the task of forming planning groups to bring in the views and ideas of all the people who have an interest or viewpoint in each service.

As **our Governors** you have an important role in representing your public, staff and partner constituencies in this development. The role that Governors have in supporting engagement and sharing their views on this work is critical and sits alongside their responsibility to hold the Board to account for delivery. I recognise that there have been some concerns about this and how we engage and value you as Governors more widely, so I look forward to seeing how Governors are integrated into the future system programme as well as other key areas of work described in this report and hearing from you about how this has gone. I would like to thank all of our Governors for their commitment and hard work. The role you have is already challenging but much of what you usual do has been doubly difficult this year as a result of COVID restrictions. You have responded as only you can embracing technology and working to support the Trust and never lose sight of your role in holding the Board to account. THANK YOU!

Linked to the future system work our strategy: Our patients, Our hospital, Our future, together is at the end of its life and we are starting process to **review and update our strategy**. The title alone shows how much the trust has changed since the document was written five years ago. Between us all we now work across two hospital sites, countywide community services, a GP practice and a reablement unit in a care home. Therefore, we need a new strategy to reflect how things have changed, and to describe everything we plan to achieve over the coming five years. At its highest level, the new strategy will enable us to:

- make the quality and safety improvements
- create a culture of empowerment that prioritises staff wellbeing
- adapt to COVID-19 and help us to recover from the impacts of the pandemic's first wave
- continue to digitise services
- look after our current estates and inform the design of the new facility that will replace the main hospital
- promote further integration with our local councils, primary care colleagues, the voluntary sector and other partner organisations

- educate and train the workforce of the future, and
- increase our contribution to research and development.

There is much more to be done beyond this and. like the future systems programme, we are using a new approach to this development in terms of listening and coproduction. For example, we are engaging with our teams and departments to consider the following questions:

1. What are you proud of achieving over the last five years and what would you like showcased?
2. What are your plans for the next five years and what are you hoping to improve?
3. Do the vision, priorities and ambitions we adopted in the last strategy still feel relevant and right, and is anything missing, or anything that you think is out of date?

Several Governors who attended the session on 2 October also contributed to this work by reviewing and ranking priorities from the trust-wide workstreams. Once again we will be working with you to help shape the content and ensure readability.

It is also an exciting time for our **community colleagues across the county** as the move to WSFT IT support has finally begun. The first teams moved across to their new IT support last month. The IT engineers have been working hard to prepare for this and spent time on site at the wheelchair services base at Chantry Clinic in Ipswich, the Disability Resource Centre in Bury St Edmunds and in the main hospital, moving staff over from the previous provider's hardware and emails to new WSFT IT kit, emails and support. Over the next months we will be moving the rest of our community services to WSFT IT, spending time at each site and with each team to ensure it all goes smoothly. We have already had positive feedback from our community colleagues.

Our **patient portal online access services** for patients are also expanding, with new text services and greater access to records. We launched a pilot of our Patient Portal initially for just rheumatology patients, but have been gradually expanding the scheme. It is now available to any patient aged over 16 that has been a patient at the West Suffolk Hospital or used outpatient services at one of our community sites. People can now also sign up online without having to visit the hospital to show identity documents, after we added new digital identity checks.

Earlier this year the West Suffolk Alliance started its journey to implement and embed **quality improvement methods to drive improvements** in population outcomes which centre on leader, staff and user engagement. Since April the quality improvement (QI) team has been working to up the pace, and accelerate and extend adoption of QI into the integrated health and care partnership developed with and between primary care, mental health, local government and the voluntary and community sector. In order to achieve this, the West Suffolk Alliance has entered into a partnership with the Institute of Healthcare Improvement (IHI). The IHI is a non-profit organisation that was founded to improve healthcare worldwide by providing tools and resources to partner organisations through training sessions, conferences, and advisory services. The IHI takes a unique approach along with a vast amount of experience of working with health systems, countries, and other organisations to improve quality, safety and value in healthcare. Last month the team was delighted to host a three-day virtual foundational learning conference between the IHI and senior leaders and staff from the Alliance. The IHI team met with individuals and groups in the community to learn more about the work of the Alliance and the organisations and individuals who are contributing to its success.

Finally, I just want to highlight how proud we are that the **high quality of food at West Suffolk Hospital** was recognised in a national report led by Great British Bake Off judge Prue Leith. The celebrity chef has worked with NHS leaders to identify the best catering at hospitals and how to improve it in the future, and our food is mentioned as one of just two dozen best practice sites nationally. The report makes a number of recommendations around the quality and availability of food. It also says catering services should be a priority for new hospital building schemes such as ours. This though would never have been in doubt. Our on site, in-house catering team are a crucial part of the West Suffolk team providing nutritious food to both patients and staff and we are incredibly proud of the team!

In September we celebrated **25 years of My WiSH Charity**. In recent years, the charity has raised over one million pounds annually for our trust to improve patient care and support our staff. Having helped fund major projects such as the development of the Rainbow Ward and the new cardiac centre, My WiSH Charity has been an incredible part of our trust for a quarter of a century and I'm sure I speak for us all when I say a huge thank you to those who help and support this work that plays such an important part in support the care and services we provide.

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 November 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 October 2020.

1. *What is the Board's policy regarding informing the Governors of serious incidents or coroners cases, especially those that are likely to end up in the public domain?*

Response from John Troup, acting head of communications

As things stand at the moment, the Communications Team would notify governors in advance of any publicity around a particular inquest. The trigger for notification would be a media request for a statement from the trust, which would then prompt our team to send a briefing note to the governors, including our reactive statement.

The reason this has become an issue is the decision by the Eastern Daily Press to run a story about the recent inquest into the death of Karen Winn without contacting the trust for a comment. They were not present at the inquest (nor were any other journalists). As a result we were unaware an article was going to be published, and therefore had no reason to think a briefing would be helpful.

Going forward we will proactively review inquests and other media enquiries to highlight when a briefing for governors is appropriate.

ACTION Feedback will be sought from Governors on the effectiveness of these new arrangements reviewed at the next meeting.

2. *In light of the recent coroner's report, how can we be assured that e-Care alerts are effective.*

An update will be provided in the next quarterly learning report regarding e-Care alerts and their effectiveness.

ACTION – the findings of the quarterly learning report regarding e-Care alerts to be included in the quality & performance report to the next Council of Governors meeting.

3. *When does the board expect to see the normal suite of quality indicators again? What are the opportunities for Governors to suggest what quality indicators are reported to us and the Board?*

Engagement with the Board is ongoing to establish a new reporting framework which incorporates the principle of trend reporting by implementing statistical process control (SPC) charts –

Governors may recall a presentation at a past meeting on use of SPC charts. The aim being to provide a focus on high performing or underperforming areas to the Board for discussion rather than a large suite of indicators which can make assurance and challenge difficult. The new framework will see a shorter, more targeted report presented to the Board however all the indicators will be monitored in the background. Any areas of performance which trigger a statistical variation (e.g. a prolonged period of change - positive or negative) will be included in the Board report. In theory, the content of the Board report could change each month however in practice there will be a number of indicators which will remain constant with a few other indicators that change more frequently.

Taking account the new approach, it is proposed that the agenda item for the Board on performance is separated into sections A and B – section A would be the regular performance report (as described above) and section B being an area of focus where more detailed information is provided – more recently this was used to provide a more detailed overview of maternity performance. The use and topic for section B would be determined by the Board, with the opportunity for Governors to feed their views into future items for this section through their discussions with the non-executive directors. There will also be a role for relevant committees to identify topics for escalation into the report.

ACTION It is recommended that an action is captured to include review of quality reporting to the Council of Governors as part of the training and development programme for 2021. This will include consideration of the new approach to quality and performance reporting from a Governors' perspective.

4. *Can we be assured that that the Trust's overall quality of care has not been affected by concentration on Covid or issues arising out of the CQC report? I.e. are we maintaining quality across all domains and departments?*

Response from Sue Wilkinson, executive chief nurse:

The focus of our efforts to respond to COVID and delivery improvements to address the CQC concerns has been absolutely to maintain and improve quality performance. In terms of COVID this has included creating an environment that is as safe as possible for our patients, staff and visitors. I hope that the focus and work undertaken in both of these areas has allowed us to deliver safe and high quality care; the reporting of quality and performance indicators to the Board provides visibility and assurance on this but there can be no doubt that there is more we must do to ensure improvements are delivered and sustained and that we have in place robust processes to test and provide assurance that these improvements are embedded as business as usual.

We continue, through the COVID response to monitor and respond to our quality indicators and report these to the Board. The areas of focus within the Trust's improvement plan are directly linked to the areas of quality that we need to address and therefore this work is coordinated to support the shared goal of delivery and improving the quality of care we provide.

The current development of the quality and performance report to the Board will provide greater assurance in this area and I am also due to report to the Governors in February on the work we are doing to implement a new ward accreditation programme. This programme will be based on national best practice and ensure the effective review of nursing quality indicators.

5. *Can we be assured that the Trust is using new ways of working and technology to minimise the need for patients to physically attend the hospital?*

There is information around this the various board papers this month particularly the Alliance and transformation report – key elements are provided below.

2.6 Telehealth - Telehealth has expanded from the test of concept to now provide 20 remote monitoring devices across a variety of community services (community matrons, COPD, Heart failure, Cardiac rehabilitation). There is also work to review the end to end respiratory pathway for COPD to include an early supported discharge option.

This has been part of the ICS digital bid and it is anticipated that after the March 2021 contract end this can continue in a business as usual format.

GPs also have a greater range of digital options including video conferencing for practices to consult patients, and equipment and licenses which allow them to access records more flexibly. (see report for examples of case studies)

2.7 Virtual Clinics - We have been working with clinicians across community and acute services to switch to virtual consultations where appropriate. This includes video and telephone appointments. The following provides some statistics for July which provides a baseline for virtual outpatient activity. This narrative also describes ongoing actions to support clinicians to work virtually, and in particular for video calls.

2.7.1. Acute - In July there were 38,519 booked appointments across all specialties (including therapies). The following shows the breakdown for how many of these clinics were completed virtually:

Total clinics booked in July	Video call	Telephone call
38,519	472 (1.24%)	12,608 (32.73%)

This shows overall performance of c34% for number of clinics that are being implemented virtually rather than face to face.

2.7.2. Our uptake for video consultations is still quite low in the acute. We will be relaunching the programme in October; with the learning we have had from rapid implementation during Covid-19 with a view to increasing this. This will include reviewing how we use the system, training and at the elbow support for clinicians while learning to use.

2.7.3. For the specific high-volume specialties identified in the spreadsheet the figures for usage in July are:

	No clinics booked	Video	Telephone	% video	% telephone
General surgery	837		83	0.00%	9.92%
Urology	1513		460	0.00%	30.40%
Ophthalmology	3712		96	0.00%	2.59%
Gynae	1329		43	0.00%	3.24%
T&O	2618	5	829	0.19%	31.67%
ENT	1655	5	697	0.30%	42.11%
Dermatology	1983	9	315	0.45%	15.89%
TOTALS	13647	19	2523	0.14%	18.49%

2.7.4. In addition, 1032 video consultations have been delivered across community services.

6. What steps is the Trust taking to communicate with patients regarding changes due to Covid, for example likely waiting times for surgery and new ways of conducting outpatient consultations? Are we assured that the information being presented to patients for example on the Trust website is complete and accurate?

Communication plan appended to the matters arising sheet (item 6). Commitment also set out in the CEO's report to the Board and Council of Governors.

7. Given the attention of the senior management to issues affecting the hospital such as the CQC report, Covid, and structural challenges it is possible that a disconnect may arise between the hospital and the community. Are the executives assured that they are engaged with community services as much as with the acute trust.

The level of support felt and sense of belonging amongst our Community staff was one of the themes that arose from the *What Matters to You* staff feedback work that took place in the summer and has been captured in our *People Plan* that we have developed from what staff have to say. Our plan includes increasing the number of planned executive visits to community sites to ensure that we build on this engagement. We have also had positive feedback from leaders in our Community services being involved in our COVID workforce and staff support forum, chaired by the executive director of workforce, so that issues can be raised in an effective and timely way.

8. Can we be assured that the need for physical distancing, web based meetings and a lack of physical presence of Governors and NEDs in the hospital, has not led to the trust becoming “closed off to scrutiny”

The extended difficulty in providing our normal involvement and scrutiny has been difficult for Board members and Governors. With this likely to continue a number of options are currently being considered and tested in community services.

- Staff team meeting drop ins – we are testing this approach for executives and non-execs to attend existing staff MS Team meetings, to listen and have brief discussion. The initial trial is with the community paediatric team, potentially further opportunities to be advertised via managers email group / Green Sheet.
- Virtual quality walkabouts – we are looking at options for how this could be achieved primarily for hospital clinical areas. This could include the use of the ward-based 'Keeping in Touch' iPads to enable governors/non-execs to take part remotely and talk to staff and patients about their experiences.
- Open House drop in virtual sessions for-all staff. These are likely to be quick verbal updates on single issues with an emphasis on seeing people, not slides and followed by Q&A session.
- Review of other media and communication options e.g. Flipgrid which supports short video thank yous.
- Extension of the MS Teams Live Events used at the annual members meeting to widen access to the public and press e.g. public Board meeting.

It is suggested that we work with Governors to consider how they could be engaged and consider alternatives to provide transparency while we comply with the Government's social distancing restrictions. This was considered at the Engagement Meeting on 3 November.

Recommendation:

1. To note the response to the issues raised and follow-up actions identified

10. Quality and performance report (enclosed)

To note the report

For Reference

Presented by Richard Davies

REPORT TO:	Council of Governors
MEETING DATE:	11 November 2020
SUBJECT:	Summary quality & performance report
AGENDA ITEM:	10
PREPARED BY:	Helen Beck, Chief Operating Officer Sue Wilkinson, Chief Nurse Richard Jones, Trust Secretary & Head of Governance
PRESENTED BY:	Richard Davies, Non-Executive Director
FOR:	Information - To update the Council of Governors on quality and operational performance

This paper provides an update on the key areas of **quality performance, operational work and quality improvement**.

Quality indicators

Performance against key quality indicators is summarised below.

Incident reporting

The number of patient safety incidents reported in September rose however the number of those resulting in harm fell. There was also a fall in the number of incidents reported categorised as relating to a COVID patient. The incidents reported per 1,000 bed days remained comparable to recent months.

September saw a higher number of incidents requiring a Duty of Candour conversation than recent months (28 incidents compared to an average of 19 in the preceding 12 months). This was mainly as a consequence of increased numbers of pressure ulcers reported (see separate narrative). Despite this, the percentage completed within the 10 working day requirement rose to 75% in the month, the highest compliance since March 20. At the date of this submission there were still 2 cases awaiting a verbal Duty of Candour conversation and 3 where the follow up letter have not yet been sent - these are being actively followed up within the divisions.

Falls

Falls per 1000 bed days have reduced in September. However, this is not considered a positive trend at this point. The falls practitioner which was put back out to advert has been successfully recruited to with an internal candidate. As this post holder commences they will focus on reviewing incidence to identify themes, trends and proactive measures to address contributory factors to patient falls. There remains a high prevalence of cognitively impaired patients who are at risk of falling; business cases are being prepared for a dementia support service and for replacement falls equipment.

Pressure Ulcers

September saw a rise in the number of Hospital Acquired Pressure ulcers (HAPU) since May 2020. This in part will be due to patient activity returning to normal but the picture is concerning. The highest incidence this month is on G8 (Stroke), whose vacancy rate is 16%, which will mean some reliance on temporary staffing. The Trust is currently collaborating with the senior nursing teams and specialist teams to create a harm free care collaborative that will focus on using QI methodology to focus on ward based improvements. Improvement initiatives include: patient

information pictorial resource for category 3 Pressure Ulcers, to encourage patients and carers to understand when to seek clinical advice. - A webinar to increase clinician confidence in tackling non-concordance.- Digital learning and ward-based, opportunist teaching in the WSH wards for clinicians is being well received. Within the acute inpatient areas staff report that continued reduced visiting may have impacted upon the motivation of patients to eat, drink and reposition regularly – however these are all monitored closely by risk assessment. Of note, Critical Care have reported only 14 Category 2 Pressure Ulcers since March of which 12 were either device related or contributed to by patient positioning (proning); whilst all pressure ulcers are a regrettable occurrence, given the high levels of ITU activity in recent months, this is a testament to high quality care.

Nutrition

There has been a slight improvement overall in compliance with nutrition risk assessment during September, with paediatrics making some significant improvements. The nutrition improvement group continues to focus on maintaining this performance but is also reviewing the quality of these assessments, as well as, reviewing the implementation and effectiveness of the care plans, promoting compliance with actual weights on admission and reviewing protected mealtimes. An audit will be conducted in November to review compliance with this process following a change in mealtime delivery to the wards several months ago.

Compliments and Complaints

The table below demonstrates the incidence of complaints and compliments for this period. There has not been an increase in complaints compared with the previous months. This month's themes mainly refer to staff attitude and also an increase in complaints from patients on muscular-skeletal pathways with delays in treatment/diagnosis. The complaints team are working proactively to ensure that complaints are responded to quickly and have reduced active complaints from 120 (in March 2020) to 50. Positively, patient compliments have increased this month and is the highest number received in the last six months.

	Compliments	Complaints
April 2020	14	8
May 2020	14	9
June 2020	8	3
July 2020	7	21
August 2020	18	21
September	20	20

Community 18 week performance

In September three services had patients waiting over 18 weeks: Paediatric speech and language therapy (SLT), Heart Failure and Wheelchairs. Paediatric SLT and wheelchairs were both exceeding the wait times prior to COVID, these two services have support from the CCG both in understanding demand and increasing resources. Heart Failure patients were in the shielding category so unavailable for assessment for April and May. The total number of referrals waiting over 14 weeks across ALL services has decreased from 83 in August to 74 in September.

Community activity

The total activity for community services has returned to pre-COVID levels although the ratio of face-to-face and other means of contact (telephone, video and email) has altered. The integrated network teams (INTs) activity is still based in face-to-face but some other services have moved to telephone contacts successfully.

Maternity Services

Red Flag events

NICE Safe midwifery staffing for maternity settings 2015 defines Red Flag events as negative events that are immediate signs that something is wrong and action is needed now to stop the situation getting worse. Action includes escalation to the senior midwife in charge of the service

and the response include allocating additional staff to the ward or unit. Appendix 4 illustrates red flag events as described by NICE. Red Flags are captured on Datix and highlighted and mitigated as required at the daily Maternity Safety Huddle

- There was 1 Red flag in September – closure of the unit due to high volume and acuity of women. The unit shut for just under 24 hours. In this time four women were redirected to the Norfolk and Norwich for their care.

Midwife to Birth ratio

In September 2020 the Midwife to Birth ratio was 1:31 this is the upper limit of a safe ratio, Birthrate+ recommend a Midwife to Birth ratio of 1:27.7. Safe staffing was further challenged by schools reopening and a number of staff having to isolate due to children being sent home with proposed Covid 19 symptoms, or provide childcare for children that were isolating.

Operational work

This work includes: planning for phase three recovery and progress against agreed trajectories, planning for winter including the potential of a second spike of Covid admissions, EU exit planning and community engagement in services updates.

Phase 3 Recovery

There is a significant amount of focus on delivery of the phase 3 recovery plan from both clinical and operational teams. Despite the ongoing loss of the elective surgical ward (F4) through October due to the structural repair work we have opened all main and DSU theatres and there has been significant improvement in our elective activity. The Trust has delivered 96% of last year's elective plan in the week ending 25 October and up to 81% overall for the month. F4 is scheduled to be opened again early November and no further ward closures are currently planned. 52 week waits are now 1,778 but the rate of increase is slowing reflecting detailed focus at patient level.

Outpatient (first and follow ups) and diagnostics (CT and MRI) are also performing well against the targets. A relocatable CT scanner has been secured and set up behind the day surgery unit and a mobile MRI scanner is expected to be located at Sudbury and be operational from the beginning of December, to enable us to deliver activity to clear diagnostic backlogs and recover the 6 week diagnostic standard.

There are detailed plans in place for all specialties supported by weekly confirm and challenge sessions with divisional leads. There has been further focus on endoscopy and day case surgery in the past ten days and we expect to see significant improvements in both from the beginning of November.

Winter planning including Covid activity

At the time of writing Covid activity is being managed through wards F7 and F12 with plans in place to convert ward F10 to Covid activity when demand requires. We are entering the final stages of winter planning.

The trust plan will see a total of **511** general and acute beds available on site against an expected requirement for **588** based upon 92% bed occupancy. The gap is mitigated in full by additional community beds, spot purchased care capacity and an option to use additional capacity on site which is still to be confirmed. However, Covid demand is uncertain – our assessment is based on 13% contingency which equates to 38 beds. We are expecting to be asked to revise our model to account for 20% contingency to manage Covid demand given the numbers of patients being seen elsewhere.

These plans assume the roof decant programme does not commence before 1 April 2021 and whilst there are no further ward closures planned currently, any change to this situation will negatively impact on our ability to deliver all of the anticipated activity as described in the plan. Detailed staffing plans have been developed and are progressing well to support the opening of additional winter escalation capacity when refurbishment of G9 completes in December.

EU Exit Planning

An EU Exit end of transition period workshop is scheduled to take place on Wednesday 4th November. A verbal update of key points can be provided at the Council of Governors.

Community Services Updates

Community services now have a co-produced plan in place to support resilience over winter. To underpin this work, we have commissioned Rethink Partners to undertake a focussed piece of work to engage our community teams and help us to gain a better understanding of their perspective. The work will ask teams “What do your patients need?” and “What do you need to deliver that?”. A feedback workshop is planned for early December and the final report is due prior to Christmas.

To support the community health care teams and provide resilience over winter, we have employed four full time agency nurses, and are currently looking to secure two more to ensure each locality has an additional flexible RN, they will support until April next year. In addition, we are preparing a test and learn with Homelink, a hospital from home service who will deliver doppler clinics to enable the teams to catch up on the backlog and be able to deliver a timely service moving forward.

To support Phase 3 recovery, we have in place crisis response within 2 hour of referral and reablement response with 3 days of referral. We are currently working on data dashboard to visually track KPIs, data points to monitor demand and capacity

We are also working with the Hospice to develop a locality community model to better support end of life care at home.

Quality improvement

The Improvement programme board meeting, held in October, considered the following:

- Reports from senior responsible officer (SRO) cluster groups. This included approval of issues escalated from the groups and proposed changes to the improvement plan
- Review the updated improvement plan - the version received was updated based on the approved changes from the cluster groups
- Consideration of additional items to be added to the improvement plan – none were identified at the meeting but it was agreed to develop a simple process to support this going forward

An additional five plans were moved from Complete (Black) to business as usual (Blue) at October meeting based on the reporting update following the co-produced Maternity Review in September undertaken with the CCG and NHSE/I.

A copy of the improvement plan is available on the Trust’s website:

<https://www.wsh.nhs.uk/Corporate-information/Our-quality/Our-quality.aspx>

Recommendation:

To note the report.

11. Summary finance & workforce report (enclosed)

To note the summary report

For Reference

Presented by Louisa Pepper

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

EXECUTIVE SUMMARY:

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

- The 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”).
- We anticipate receiving all FRF and MRET funding associated with meeting the FIT
- We have either received or accrued income for all costs relating to COVID-19
- Our focus is on our underlying income and expenditure position in readiness for 2021-22

Income and Expenditure Summary as at September 2020

The reported I&E for September is break even, in line with NHSI guidance. Due to COVID-19 we are receiving top up payments that includes MRET and FRF. This ensures we break even YTD. The ‘top up’ for September is £4.1m (£22.6m YTD).

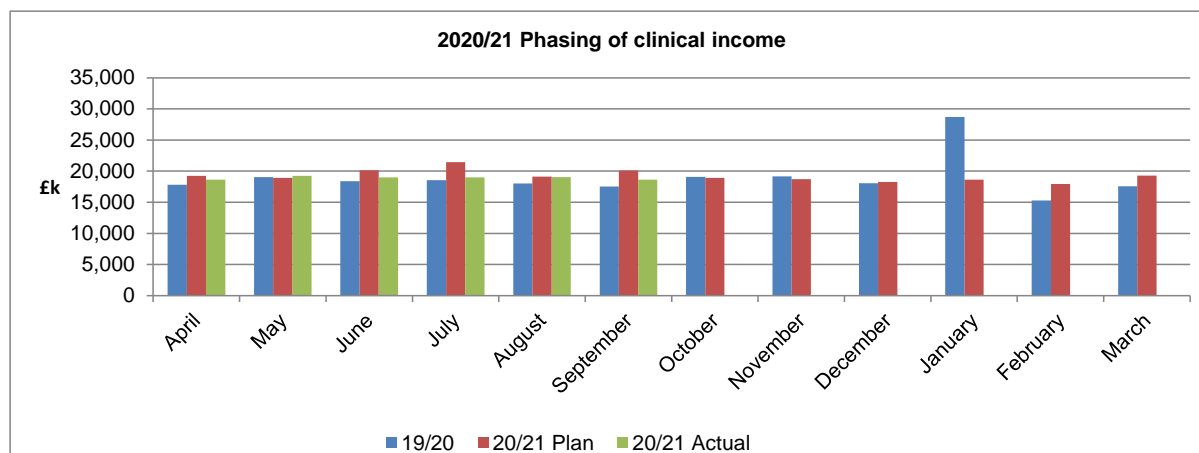
During September we submitted a revised activity plan (referred to as Phase 3). However, discussions over COVID related funding are ongoing and whilst there is uncertainty over COVID related expenditure and associated income our income and expenditure plan remains unchanged.

Performance against I & E plan

SUMMARY INCOME AND EXPENDITURE ACCOUNT - September 2020	September 2020			Year to date			Year end forecast		
	Budget £m	Actual £m	Variance F/(A) £m	Budget £m	Actual £m	Variance F/(A) £m	Budget £m	Actual £m	Variance F/(A) £m
NHS Contract Income	19.1	17.8	(1.3)	113.0	108.0	(5.0)	218.5	215.5	(3.0)
Other Income	3.0	1.8	(1.2)	17.8	16.3	(1.6)	36.2	27.1	(9.1)
Total Income	22.1	19.6	(2.5)	130.9	124.3	(6.6)	254.7	242.6	(12.1)
Pay Costs	15.6	15.1	0.5	95.8	99.5	(3.8)	191.4	190.4	1.0
Non-pay Costs	9.8	7.7	2.1	49.8	41.9	7.9	94.0	83.3	10.6
Operating Expenditure	25.5	22.8	2.6	145.6	141.4	4.2	285.3	273.7	11.6
Contingency and Reserves	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
EBITDA excl STF	(3.3)	(3.2)	0.1	(14.7)	(17.1)	(2.4)	(30.7)	(31.1)	(0.4)
Depreciation	0.7	0.6	0.1	4.0	3.6	0.4	8.1	8.1	0.0
Finance costs	0.3	0.3	0.0	2.0	1.9	0.1	3.9	3.7	0.2
SURPLUS/(DEFICIT)	(4.3)	(4.1)	0.2	(20.7)	(22.6)	(1.9)	(42.7)	(42.9)	(0.2)
Provider Sustainability Funding (PSF)									
PSF / FRF/ MRET/ Top Up	4.3	4.1	(0.2)	20.7	22.6	1.9	42.7	42.9	0.2
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.

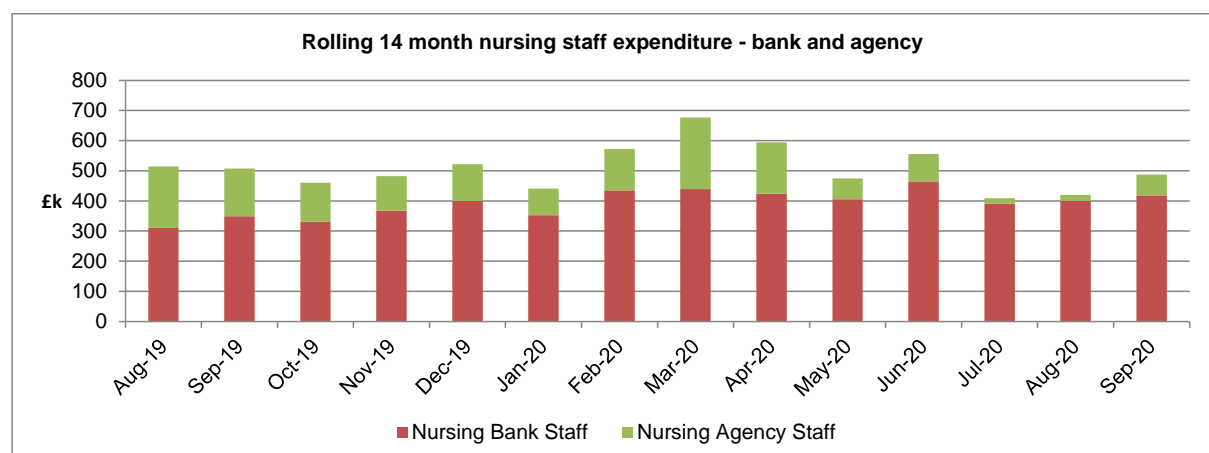
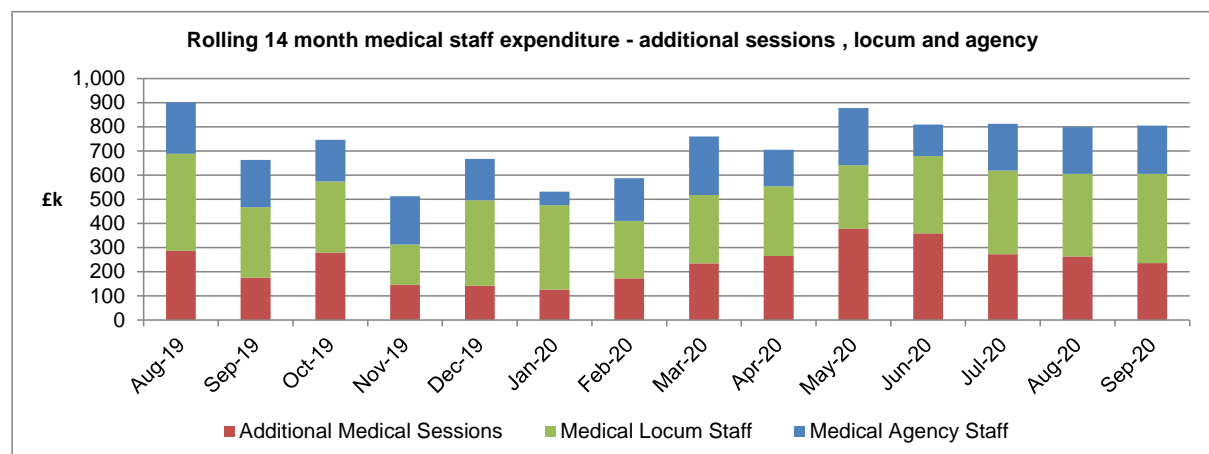


Income (£000s)	Current Month			Year to Date		
	Plan	Actual	Variance	Plan	Actual	Variance
Accident and Emergency	1,004	946	(58)	6,173	5,026	(1,147)
Other Services	3,517	3,868	351	20,857	37,037	16,180
CQUIN	0	0	0	0	0	0
Elective	2,959	1,894	(1,065)	17,020	5,805	(11,216)
Non Elective	6,384	6,717	333	38,875	38,115	(560)
Emergency Threshold Adjustment	(335)	(335)	0	(2,033)	(2,033)	0
Outpatients	3,342	2,500	(841)	18,902	10,857	(8,245)
Community	2,988	2,988	0	17,928	17,928	0
Total	19,859	18,580	(1,279)	117,523	112,535	(4,988)

Performance against Expenditure plan - Workforce

Monthly Expenditure (£)				
As at September 2020	Sep-20	Aug-20	Sep-19	YTD
	£000's	£000's	£000's	£000's
Budgeted Costs in-month	15,657	15,985	14,175	95,771
Substantive Staff	13,333	16,993	13,173	89,082
Medical Agency Staff	200	194	196	1,106
Medical Locum Staff	369	342	291	1,929
Additional Medical Sessions	236	263	176	1,772
Nursing Agency Staff	69	20	158	436
Nursing Bank Staff	418	400	350	2,504
Other Agency Staff	81	(10)	79	268
Other Bank Staff	237	201	144	1,247
Overtime	82	76	107	699
On Call	102	82	82	488
Total Temporary Expenditure	1,794	1,568	1,583	10,448
Total Expenditure on Pay	15,128	18,561	14,756	99,530
Variance (F/(A))	530	(2,576)	(580)	(3,760)
Temp. Staff Costs as % of Total Pay	11.9%	8.4%	10.7%	10.5%
memo: Total Agency Spend in-month	350	204	433	1,810

Monthly WTE				
As at September 2020	Sep-20	Aug-20	Sep-19	YTD
	£000's	£000's	£000's	£000's
Budgeted WTE in-month	4,071.2	4,069.6	3,871.2	25,499.4
Substantive Staff	3,745.4	3,781.3	3,550.7	22,593.9
Medical Agency Staff	13.3	15.2	11.9	103.7
Medical Locum Staff	28.0	33.7	29.3	167.4
Additional Medical Sessions	6.3	7.7	3.0	31.5
Nursing Agency Staff	16.8	7.2	22.4	91.3
Nursing Bank Staff	123.5	121.1	108.1	754.2
Other Agency Staff	10.1	8.8	18.9	56.2
Other Bank Staff	98.1	82.9	63.1	494.7
Overtime	23.1	21.6	31.3	190.7
On Call	6.8	7.3	7.6	40.9
Total Temporary WTE	326.0	305.7	295.4	1,930.6
Total WTE	4,071.4	4,087.0	3,846.1	24,524.5
Variance (F/(A))	(0.1)	(17.4)	25.1	974.9
Temp. Staff WTE as % of Total WTE	8.0%	7.5%	7.7%	7.9%
memo: Total Agency WTE in-month	40.2	31.3	53.1	251.2

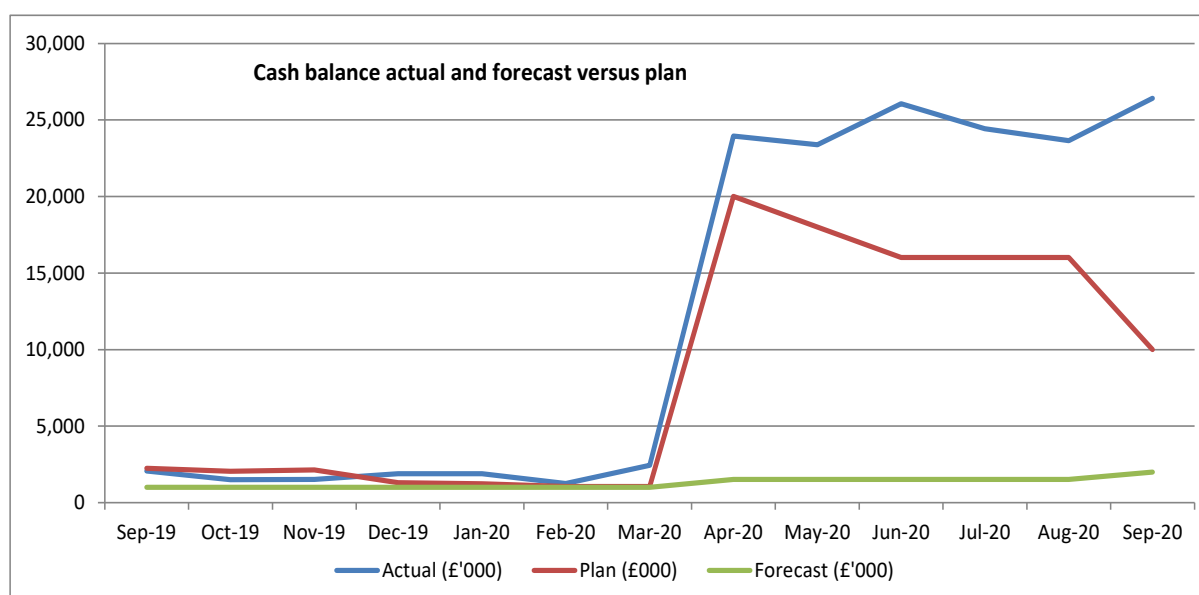


Balance Sheet

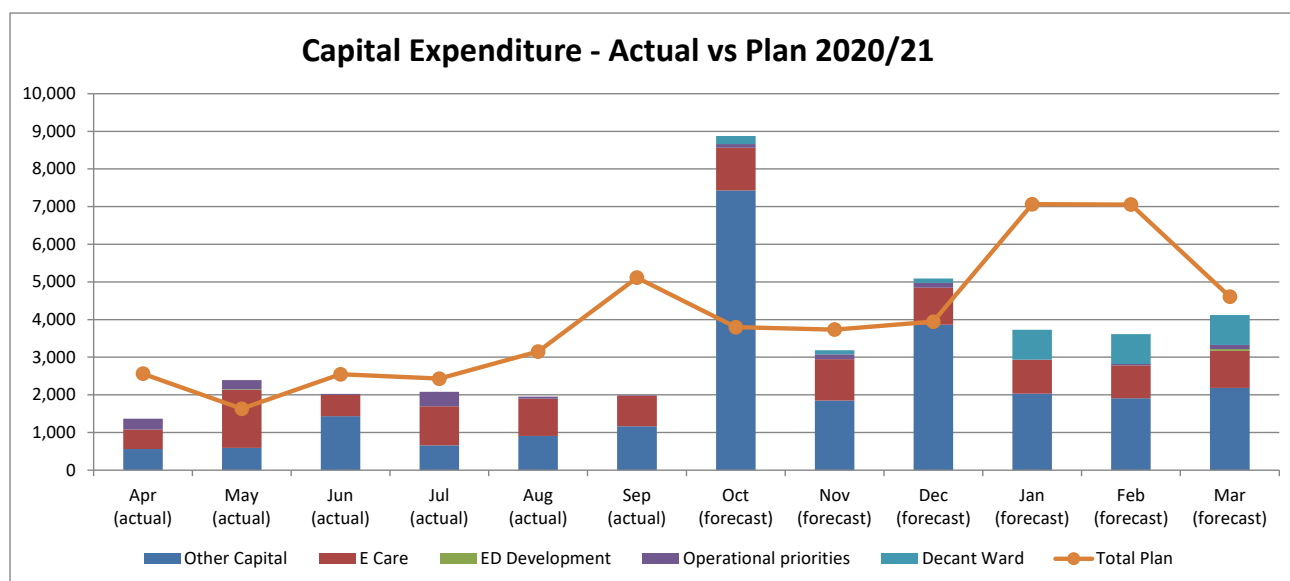
	As at 1 April 2020	Plan 31 March 2021	Plan YTD 30 September 2020	Actual at 30 September 2020	Variance YTD 30 September 2020
	£000	£000	£000	£000	£000
Intangible assets	40,972	48,993	41,380	42,565	1,185
Property, plant and equipment	110,593	148,457	120,695	117,317	(3,378)
Trade and other receivables	5,707	5,707	5,707	5,707	0
Total non-current assets	157,272	203,157	167,782	165,589	(2,193)
Inventories	2,872	3,000	3,000	3,027	27
Trade and other receivables	32,342	20,666	18,701	18,657	(44)
Cash and cash equivalents	2,441	1,510	10,010	26,421	16,411
Total current assets	37,655	25,176	31,711	48,105	16,394
Trade and other payables	(33,692)	(23,000)	(23,000)	(32,388)	(9,388)
Borrowing repayable within 1 year	(58,529)	(2,000)	(2,000)	(2,004)	(4)
Current Provisions	(67)	(67)	(67)	(60)	7
Other liabilities	(1,933)	(25,000)	(30,000)	(21,913)	8,087
Total current liabilities	(94,221)	(50,067)	(55,067)	(56,365)	(1,298)
Total assets less current liabilities	100,706	178,266	144,426	157,329	12,903
Borrowings	(52,538)	(45,000)	(45,000)	(54,143)	(9,143)
Provisions	(744)	(744)	(744)	(744)	0
Total non-current liabilities	(53,282)	(45,744)	(45,744)	(54,887)	(9,143)
Total assets employed	47,424	132,522	98,682	102,442	3,760
Financed by					
Public dividend capital	74,065	161,856	128,016	129,053	1,037
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	132,522	98,682	102,442	3,760

The cash at bank as at the end of September 2020 is £26.4m.

Cash flow forecast for the year compared to actual



Capital Progress Report



	Apr Actual	May Actual	Jun Actual	Jul Actual	Aug Actual	Sep Actual	Oct Forecast	Nov Forecast	Dec Forecast	Jan Forecast	Feb Forecast	Mar Forecast	Total 2020-21
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
E Care	520	1,541	568	1,037	988	813	1,134	1,099	982	904	876	985	11,447
ED Development	0	16	0	0	0	0	0	0	0	0	0	45	61
Operational priorities	289	243	24	382	52	11	100	130	130	0	35	109	1,505
Decant ward	0	0	0	0	0	0	212	112	112	794	794	794	2,818
Other Schemes	558	590	1,431	661	911	1,165	7,428	1,847	3,865	2,032	1,908	2,185	24,581
Total / Forecast	1,367	2,390	2,023	2,080	1,951	1,989	8,874	3,188	5,089	3,730	3,613	4,118	40,412
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. The capital programme is under constant review and there have been a number of amendments made since it was approved.

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 now being deferred to 2020/21 and the decant ward has been delayed these are the main reasons for the reduction in the forecast capital expenditure figure. However, expenditure on the new hospital has been forecast. The prime focus of the programme has been to support the Coronavirus response with significant expenditure on medical equipment, building works and IT including greater provision of home working. 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.

The cost of the Capital Project for Theatre 1 has been amended since it was originally approved in 2018/19. The latest budget that was approved by the Board was for £925k. At the Capital Strategy Group meeting in October, the Estates Department presented a case for an increase in budgeted costs of £600k to enable the project to be completed. This was approved by the Capital Strategy Group. £300k is required for 2020/21 and £300k for 2021/22. Due to the value of this increase in budget, it was requested that the Board was notified of this.

Recommendation:

To note the summary report.

12. New NED introduction (verbal)

To receive an introductory presentation

For Reference

Presented by Rosemary Mason

13. WSFT people plan (enclosed)

To receive the report

For Reference

Presented by Angus Eaton

What Matters to our Staff: Our WSFT People Plan October 2020



Introduction

- The NHS needs more people, working differently, in a compassionate and inclusive culture
- For West Suffolk we think this is best achieved by bringing together one plan that incorporates all of our priorities and actions
- It is informed by:
 - Our ‘What Matters to You’ programme (survey and discovery workshops)
 - A survey of medical staff led by our Better Working Lives Group
 - Learning from our staff psychological support service
 - The national NHS People Plan
 - How other organisations have grown a just and learning culture
 - The progress as we embed the recommendations of our Jan 2020 CQC report

What Matters to our staff

- The experience of working during a pandemic has transformed the lives of all our staff – at work and at home
- We wanted to know what matters to them as we look ahead, learning from their experiences over the past six months
- We did this through learning from:
 - A survey for all of our staff (1,400 responses)
 - A supplementary survey of our medical staff (250 responses)
 - Discovery workshops to listen to our staff experiences and wishes (60 sessions)
 - Non-attributable feedback from our staff psychological support team (over 300 staff interactions)
- The teams leading this work presented this feedback to the Board structured around 5 overarching themes

What Matters to our staff – 5 themes

1. The importance of great line managers
2. Creating an empowered culture
3. Building relationships and belonging
4. Appreciating all of our staff
5. The future and recovery

“We are the NHS” - The NHS People Plan

- In July the NHS for England published its People Plan for the remainder of the 2020/21 year, and beyond
- It sets out actions to support transformation across the whole NHS, for individual NHS employers, local systems and national NHS bodies
- Its four priority themes are:
 - Looking after our people
 - Belonging in the NHS
 - New ways of working and delivering care
 - Growing for the future
- At the heart of the plan is the ‘People Promise’ – what we all should be able to say about working in the NHS, if we can’t already, by 2024
- The actions highlighted within the plan can be aligned to our What Matters to You themes



A Just and Learning Culture

- We want to learn from other NHS organisations who have grown their culture and the practical steps they have taken
- At our 5 o'clock club session in September we heard from Mersey Care NHS Trust about how they have transformed their response to incidents and people management concerns by adopting a just and learning culture, focusing on restorative justice
- Just cultures that are restorative as opposed to retributive, are becoming increasingly recognised for their contribution in dealing with adverse events and serious incidents, managing employee relations, developing high performing teams and enabling the delivery of safe and continuous care
- The culture of our organisation was reflected in the What Matters to You feedback, including how we empower and support people

Continuing to learn from our CQC report

- We responded to our CQC report published earlier this year by developing a Quality Improvement plan that incorporates the recommendations made in relation to culture and staff support
- These were:
 - *The trust must take definitive steps to improve the culture, openness and transparency throughout the organisation and reduce inconsistencies in culture and leadership. To include working relationships and engagement of consultant staff across all services*
 - *The trust must ensure the culture supports the delivery of high quality sustainable care, where staff are actively encouraged to speak up raise concerns and clinicians are engaged and encouraged to collaborate in improving the quality of care.*
- Specific actions to respond to these recommendations are overseen by our Improvement Programme Board
- We will continue to sustain and embed these improvements and these actions will be incorporated into this wider WSFT People Plan

Our WSFT People Plan – taking action

- What Matters to You provides a clear framework for our WSFT People Plan, based on the feedback of over 2,000 of our staff
- The national NHS People Plan includes a wide range of initiatives that, in general, map to our 5 WMTY themes
- In common with the national People Plan, it makes sense to identify a plan for the next six months
- We need to strike the right balance between a stretching plan but one that is deliverable
- We want to prioritise the things that staff talked about, as well as identifying those actions in the national plan that will have the most positive impact at WSFT
- The next 5 slides provide a summary of what we will work on, together

WMTY1: The importance of great line managers

Why it matters: We saw and heard lots of examples of great line managers and how they kept their staff informed and supported during COVID. The positive impact a good manager can have on staff and the value they bring is clear. We want to help every line manager to be great

What we will work on:

- 1) Promote the value of great line management
- 2) Support and develop existing and future WSFT line managers
- 3) How we ensure all consultant medical staff have a designated line manager and benefit from that
- 4) Focus on how line managers can make flexible working the norm for all staff

Leadership behaviours to support this work:

- Demonstrate a compassionate and inclusive style of leadership and management
- Build an inspiring shared purpose for the team/s you lead
- Always be open to feedback to inform personal development
- Support the individual needs of staff to make flexible working the norm

What happens next:

- 1) Promote the value of great line management
 - Define what good looks like for WSFT – including from perspective of staff members
 - Listen to what support managers need and feed into our plans
- 2) Support & develop existing & future WSFT line managers
 - Review our training and development offer for line managers
 - Promote 360 tools available to enable feedback
 - Use the staff survey to support individual line manager development
 - Introduce the HR business partner role to WSFT, to coach and support managers and divisional teams

- 3) Line management support for consultant & SAS-grade medical staff
 - Agree with clinical directors and medical staff committee how this is put in place for all senior medical colleagues
 - Provide support and development for those taking on these roles
 - Undertake the Medical Engagement Survey
- 4) Focus on how line managers make flexible working the norm for all staff
 - Review Flexible Working policy in line with NHS People Plan and enhance carer's leave
 - Normalise conversations about flexible working for individual staff, including at induction

WMTY2: Creating an empowered culture

Why it matters: You have told us it can feel like a 'top down' culture in the organisation currently, where subject matter experts feel unable to influence what we do. This is not how we want the organisation to feel

What we will work on:

- 1) Develop a Just and Learning Culture
- 2) Support every member of staff to feel safe and secure to speak up and raise concerns
- 3) Strengthen our quality and safety leadership and governance

The leadership behaviours that support this:

- Always be curious to learn and improve
- Listening to staff and hearing their stories
- Actively encourage staff to speak up
- Show respect for and empowerment of subject matter experts
- Celebrate innovation

What happens next:

- 1) Develop a Just & Learning Culture
 - Learn lessons from Mersey Care through 5 o'clock club leadership event
 - Train a core team to lead our work on this
 - Pause current HR cases to check all restorative options have been considered
 - Improve our HR policies and incident review processes to ensure they facilitate a just and learning approach
 - Support managers to develop the skills needed to respond with a just and learning perspective when something goes wrong

- 2) Support every member of staff to feel safe to speak up and raise concerns
 - Appoint new Freedom to Speak Up Guardians
 - Implement separate action plan as part of our Trust Improvement plan (by Dec '20)
- 3) Strengthen our quality and safety leadership and governance
 - Implement new structure, systems and processes, co-produced with our subject matter experts and divisional teams
 - Recruit to new posts in divisions to support teams to deliver on quality and safety

WMTY3: Build relationships & belonging at WSFT

Why it matters: We want WSFT to feel inclusive for everyone, especially for BAME colleagues– including making sure our leadership reflects our diversity. What Matters to You also showed that we need to do much more to bring acute and community together so that we create a single organisation and culture. There are still clear divides between these two parts of WSFT.

What we will work on:

- 1) Continue to make WSFT an inclusive place to work
- 2) Ensure our leadership reflects our diversity
- 3) Support for and engagement with our community staff
- 4) Zero tolerance of bullying, harassment and violence in the workplace

The leadership behaviours that support this:

- Demonstrate inclusive leadership, ensuring every single person feels valued
- Build empathy, to gain understanding of what it's like in someone else's shoes
- Do not walk past and ignore behaviours that contradict the values of West Suffolk and the wider NHS

What happens next:

- 1) Make WSFT an inclusive place to work
 - Promote and take forward our equality, diversity & inclusion action plan
 - Ensure our staff networks feed into Trust decision making
 - Review our recruitment and promotion practices
- 2) Ensure our leadership reflects our diversity
 - Support BAME and staff with a disability to access and benefit from leadership development programmes
 - Publish progress against the Model Employer goals

- 3) Support for and engagement with our community staff
 - Listening and feedback programme (Oct '20)
 - Promote understanding of our community services across the other parts of WSFT
- 4) Zero tolerance of bullying, harassment and violence
 - Build on our 2019 action plan through implementing national work around bullying and harassment and violence, to be published in March 2021 and Dec 2020 respectively

WMTY4: Appreciating all of our staff

Why it matters: You told us that we need to do more to make you feel appreciated, particularly for staff that are not working on the front line. You told us how much you appreciated the extra things we did to look after you during COVID. However not everyone was aware that they could access these things – and some staff felt excluded. We also need to do more to help our colleagues that are and have been shielding at home.

What we will work on:

- 1) Prioritise staff safety in relation to COVID / Winter 20/21
- 2) Strengthen support for our staff's physical and mental well-being
- 3) Provide practical support to demonstrate appreciation for staff
- 4) Promote and support our volunteers

The leadership behaviours that support this:

- Promote the importance of staff health, safety and well-being at work and how it fundamentally benefits patient care
- Enable all team members to access help and support when they need it
- Recognise and value the contribution that every team member makes

What happens next:

- 1) Prioritise staff safety in relation to COVID / Winter 20/21
 - Ensure risk assessment processes remain up to date
 - Provide advice and education around PPE that remains as simple as possible
 - Flu vaccination programme from Oct 2020
- 2) Strengthen support for our staff's physical and mental well-being
 - Implement our staff wellbeing plan for 2019-2021
 - Dedicated project to enhance support for staff in stressful times project
 - Grow & learn from our Psychological Wellbeing service

- 3) Practical support to demonstrate our appreciation for staff and the pressures they face
 - Identify more physical space for staff to take a break
 - Maintain free car parking for those that have access
- 4) Promote and support our volunteers
 - Implement a plan to support their safe return to their roles
 - Consider new volunteering roles learning from national work of Helpforce
 - Review and implement the National Learning Hub for Volunteering, launched by H.E.E

WMTY5: The future and recovery

Why it matters: You have told us that you are fearful of recovery and how we will return to old levels of activity when we have social distancing and PPE to factor in. And you have told us you are tired. You have also told us you would like to keep home working (for those that are able to do so)

What we will work on:

- 1) Support staff as we recover services
- 2) Recruitment and education plans for our future workforce
- 3) Support home working
- 4) Continue the listening that started with What Matters to You

The leadership behaviours that support this:

- Pro-actively seek to understand the issues, challenges and priorities affecting staff – everyone’s voice counts
- Genuinely consult and communicate with staff and teams in developing plans for future
- Positively collaborate in system-wide work

What happens next:

- 1) Support staff as we recover services
 - Clear communication of how services are being restored, what is changing and why
 - Involve staff in decisions around redeployment and changes to work arrangements
- 2) Recruitment and education plans for our future workforce
 - Strengthen our workforce planning process, in support of our clinical divisions
 - Ensure that recruitment and education plans reflect the needs and risks identified through workforce planning
 - Play our part in workforce planning across the ICS, including opportunity for our staff to support ‘surge’

- 3) Support home working
 - Update our policy and guidance for home workers
 - Ensure access to technology
 - Provide guidance for managers who are managing teams working remotely
- 4) Continue the listening that started with What Matters to You
 - Support a team of facilitators to deliver a regular programme of What Matters to You staff sessions
 - Share progress of implementing our People Plan with staff

REPORT TO:	Council of Governors
MEETING DATE:	11 November 2020
SUBJECT:	People plan report
AGENDA ITEM:	13
PREPARED BY:	Jeremy Over, Executive Director of Workforce and Communications
PRESENTED BY:	Angus Eaton, Non-Executive Director
FOR:	Information - To update the Council of Governors on our people plan

In September, to strengthen the Board’s focus on how we support our people, grow our culture and develop leadership at all levels, the Board received its first People & OD Highlight Report. This was developed further in October to reflect more of the work that is ongoing and bring together various reports that the Board has routinely received into one place.

This report brings before the Council of Governors our West Suffolk ‘People Plan’, setting out the approach and priorities for how we will support our people and develop our culture over the coming months.

Our West Suffolk People Plan – ‘What Matters’ to our staff

The Plan has been developed over the last month, drawn directly from the ‘bottom-up’ feedback from staff through our ‘What Matters to You’ (WMTY) programme and the learning from supporting staff through our enhanced staff psychological wellbeing service, and from the national People Plan and learning from Mersey Care’s cultural transformation through adopting a ‘just and learning culture’.

The plan is attached as appendix A. It has been deliberately structured around the five themes that were identified from the What Matters to You work, to ensure it is absolutely grounded in what staff told us during the summer.

‘Being’ is as important as ‘doing’ in relation to how the culture of an organisation is developed. In other words, it is important to define the right behaviours as well as actions. As such each of the five themes recognises the importance of leadership behaviours and identifies these. They have been drawn from staff feedback through WMTY, as well as the CQC well-led framework and the national NHS People Plan.

The Council of Governors is asked to receive the plan and agree to receive updates on progress.

Recommendation:

To receive the plan and agree to receive updates on progress.

**14. Report from Engagement Committee
(enclosed)**

**To receive the minutes from the meeting
of 3 November 2020**

For Approval

Presented by Florence Bevan

REPORT TO:	Council of Governors
MEETING DATE:	11 November 2020
SUBJECT:	Report from Engagement Committee, 3 November 2020
AGENDA ITEM:	14
PREPARED BY:	Georgina Holmes, FT Office Manager
PRESENTED BY:	Florence Bevan, Governor
FOR:	Information and Approval

BACKGROUND

This attached minutes (Annex A) provide a summary of discussions that took place at the Engagement committee meeting on 3 November 2020. This included feedback a discussion around future systems engagement and update on the strategic review.

A discussion also took place around the need for different ways of engaging with patients, members and the public as a result of ongoing COVID restrictions. It was proposed to include a members survey in the next FT newsletter to find out how they would like be engaged.

RECOMMENDATION

The following issues were identified for escalation; the Council of Governors is asked to:

- a) Note and approve proposals for future system engagement with governors.
- b) Note and approve the following areas as the **key focus for future engagement activities**:
 - i. **Strategy review** - Governor volunteers to act as ‘readers’ for the draft strategy to be sought after the elections (draft to be available mid-December)
 - ii. **Hospital building remediation work** – a session to consider this further to be scheduled (timing linked to support-work being undertaken by Attain). Referenced in Chief Executive’s report.
 - iii. **Future system programme** – engagement activities to be developed and communicated to all governors.
- c) Ask Governors to offer suggestions either at the meeting or by email for different ways of **engaging with members and the public**.

Please note:

- the proposal to include a survey in the members newsletter to seek members views
- the intention to run a medicine for members events using MS Teams Live, similar to the approach used for the annual members meeting.

DRAFT

MINUTES OF THE COUNCIL OF GOVERNORS ENGAGEMENT COMMITTEE

HELD ON TUESDAY 3 NOVEMBER 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		
Helena Jopling			
Cassia Nice	Head of Patient Experience		

Action

20/27 APOLOGIES

Apologies for absence were received from Peta Cook. Kirsty Rawlings had also sent her apologies.

20/28 MINUTES OF MEETING HELD ON 21 JULY 2020

The minutes of the above meeting were agreed as a true and accurate record. The appended picker inpatient survey results were noted; these could be of value for governor engagement over the next few months.

20/29 MATTERS ARISING ACTION SHEET

The ongoing actions were reviewed and the following issues raised:

Item 35; Diabetes talk at Haverhill. Restrictions relating to Covid were likely to be in place for some time, therefore there was a need to consider creating virtual opportunities for engagement. It was proposed that this presentation should be given via MS Teams Live which had been used successfully for the AMM; however recognised that the presentation should be shorter than the AMM.

Item 41; Consider updating questionnaire for Courtyard Cafe with themed rather than general questions. It was proposed to consider different projects/themes to help structure and develop questions for future engagement surveys.

The completed actions were reviewed and the following noted:

Items 45 & 46; appointment, cancellation and follow-up appointment letters. It was agreed that these actions could be closed.

DRAFT

Item 47; provide first response rate for closure of complaints. Complaint response performance had improved considerably due to recruitment of additional resource to the patient experience team and the appointment of a complaints manager.

The success of the relative liaison helpline was noted and it was suggested that this should be put forward as an exemplar, eg through NHS Providers newsletter, which was a good way of sharing ideas that worked with other organisations.

20/30 FUTURE SYSTEMS ENGAGEMENT

The notes on discussions that had taken place at the informal governors meeting had been circulated.

It was noted that one of the comments received from a governor was that “so many people seem to want to get involved there could be endless discussion, consultation and little outcome. The WSFT appears to have a unique opportunity and I hate to think delay and confusion might blight its cause - small is beautiful when it comes to decisions”. The committee considered this to be a very valid point.

The proposals and comments were discussed and the following agreed:

- Rather than a separate ‘focus’ group of governors, the engagement committee was already in place and should be used as a channel for two-way feedback. If a separate governor group was set up to focus on future system plans this could take the focus away from other activities that require governor engagement e.g. strategy review.
- It was noted that the proposed lay future system representatives would be members of the Voice group. Recognising that the chair of the engagement committee is also a member of the VOICE group this would enable two-way feedback with the future system lay members. It was noted that both the Voice group and engagement committee would also need to continue to lead their other engagement activities.
- Engagement updates would be scheduled for the engagement committee with the future system team. This would allow:
 1. the future system team to highlight areas of focus that the programme would benefit from in terms of targeted governor engagement
 2. the engagement committee to collate and share the relevant feedback that it has been received through its engagement activities.
- The reports from the committee would ensure that the Council of Governors is fully aware of this work and able to contribute through communication and invitations to take part in engagement activities and events
- These engagement updates would be supported by a communication strategy which would be put in place through a dedicated communications lead who would be joining the future system team next week. This would help to ensure that governors are appropriately kept informed.
- It was emphasised that separate assurance reporting to the Council of Governors must be maintained. This would not be the responsibility of the engagement committee but should be done on a regular basis through agreed timing of reports and briefings – this will be agreed by the Council of Governors and set out in the appendix to the matters arising sheet, ie ongoing issues log.
- The engagement committee should ensure that engagement activities for all governors provided the right focus on the future system work as well as other activities. It was agreed that the proposed approach to future system governor engagement should be used for other projects or programmes.
- The terms of reference for the engagement committee needed to be clear so that governors understood what this involved.

Cassia Nice explained that an engagement policy was being developed which could include what was involved in being a member of the engagement committee.

- It was proposed that Cassia Nice should attend a Council of Governors meeting to talk about engagement work and what this would look like.

ACTION: attend Council of Governors to brief governors on plans for future engagement.

C Nice

Strategic Review

- Helena Jopling explained that she was also involved in the strategic review and the original plan was for her to provide an update to this meeting.
- A number of governors had attended the presentation at the quality and risk committee on 2 October where she had talked about the proposed structure for the development of the strategy. One of the tasks had been to find out if the original three priorities and seven ambitions were still considered to be appropriate. Board and Trust Executive Group members had been asked to prioritise work streams in the 2020 draft strategy.
- The feedback from this exercise had resulted in changes being made to the draft of the strategy. This had then been sent out to a cross section of readers for feedback, which had been fairly positive. It was very important that this document was written in a language, without jargon, which could be easily understood by the majority of the population.
- When comments on the initial drafting had been received the updated draft would then be available for governors to comment on. It was anticipated that this would be mid-December. Governors' comments would then be taken into account in the final draft.

ACTION: identify governors to act as readers for the draft strategy

F Bevan

20/31 EXPERIENCE OF CARE

- Florence Bevan reported that other hospitals were engaging with GP patient groups and suggested that this could be an opportunity for this committee. Glemsford surgery could be a good test for this. Voice members had also discussed how they could link with this group.
- It was suggested that the engagement committee link with this patient group and feedback issues in the same way as the Courtyard Café; this could be possible even with social distancing. This would need to be discussed with the Alliance so that activities were not duplicated. Glemsford Practice was agreed as a good starting point for this work.

ACTION: identify contacts to support link with primary care patient groups

G Holmes

- Cassia Nice said that it was very difficult to think of ways of engaging in the current Covid environment and asked if governors had any suggestions. Currently no feedback was being gathered from patients who were being seen virtually; therefore patients were not being given the opportunity to feedback that they previously had.
- Wards were encouraged to give inpatient surveys to patients as they were discharged and had a target of at least a 30% return rate. This was an ongoing piece of work.
- It was planned to implement SMS as a way of sending surveys to patients. This would involve a business case to justify the costs versus the postal service.

DRAFT

- It was suggested that governors should consider how to follow up feedback from virtual outpatient appointments. It would be helpful if they could support and encourage the completion of SMS surveys.

20/32 REVIEW OF ENGAGEMENT PLAN

The Engagement plan was reviewed and the following noted:

- An FT newsletter would be sent out in the new year with details of the new governing body. This could be used for engagement and feedback on the future system and the revised strategy. It was proposed that this should include a survey on how members would like to be engaged or give feedback; this would help to improve and increase the ability to engage with members and the public.

ACTION: develop survey on patient/public feedback to be included in next FT newsletter

C Nice

- Follow up the diabetes event as a virtual presentation which could be recorded and put on the website. Information on this to be included in FT newsletter.

ACTION: speak to diabetes team re date for presentation

G Holmes

20/33 FEEDBACK REPORTS

33.1 Membership numbers

The membership numbers were reviewed and it was noted that the total was ahead of target, ie 6,362 vs 6,000. The increase in numbers was mainly due to the transfer of staff who had left the Trust to public members.

20/34 ISSUES FOR ESCALATION TO THE COUNCIL OF GOVERNORS

34.1 Proposals for future system engagement with governors, using as a model for governor engagement for other projects or programmes..

34.2 Request for volunteer readers for the draft strategy (mid-December).

34.3 Request ideas from governors for different ways of engaging with patients, members and the public. Note the proposal to include a survey in the newsletter for this.

20/35 DATES OF MEETINGS FOR 2021

To be confirmed following confirmation of dates for Council of Governor meetings.

ACTION: confirm dates for Engagement Committee meetings for 2021.

G Holmes

15. 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 November 2020
SUBJECT:	Report from Lead Governor
AGENDA ITEM:	15
PRESENTED BY:	Liz Steele, Lead Governor
FOR:	Information

Firstly, I would like to say a huge thank you to all of you for coping with the strange arrangements. I would particularly like to thank all those governors who will not be standing again this time. You have been governors during many challenging times, you have seen many changes of staff and leadership. Now you see the hospital moving forward to have a new building and concept, an item that has never been very far from the board room. I personally would like to thank you for your support and guidance. It is such a shame that we cannot go out and celebrate but hopefully one day!

The continuing pandemic and restrictions imposed has meant that, as a governing body, we have had to meet via technology. This means that we no longer are able to have those informal 'chat catch ups' at the beginning of a meeting or after a Board Meeting. This has focussed my thoughts on how we must maintain the important role that we have. We have been elected as Public/staff Governors to represent the public/staff, or we have been chosen as partner governors to maintain communication with outside organisations. The recent meeting, we had to update us on the progress of the new hospital, raised many comments. Following on from that the Informal Governors meeting gave us an opportunity to air our concerns and look at the way forward. Florence and I met with Sheila, Steve and Richard this morning to be frank and honest. As a consequence, the Engagement Committee, who are meeting later today, have received a paper to discuss options as a way forward. There will be additional conversations between people to address the concerns of you all so that as the election produces new governors, and some existing governors, we can make sure we resume the role effectively. The existing arrangements of using technology instead of face to face is with us for some time so we must adapt so that we can be part of all the future big steps.

The A.G.M being a webinar meant that we could not mingle with the public, but I think that it was thankfully received by those who dialled in. Many organisations have simply cancelled large events.

Florence and I have met with Sheila monthly, initially via Teams but the last three meetings we have met in a suitably distanced room. During these meetings we are able to raise any of the issues that you have raised even if an answer is being sought via the governor question email.

Florence and I have attended an ICS Workshop. This was divided into two sessions and the final one contained a break-out room for the Western Area. This was useful as I was able to raise the role of governors within the very complex ICS structure. It was also attended by our N.E.D.s.

The Governors and N.E.D s informal meeting was a very useful meeting with many of our concerns/questions then being raised at the Executive Board Meeting the following day.

I hope that despite the challenging conditions we find ourselves in, we will continue with the role that we were elected to. We will stay safe and well and care for each other.

16. Staff Governors report (enclosed)

To receive a report from the Staff

Governors

For Reference

Presented by Peta Cook

REPORT TO:	Council of Governors
MEETING DATE:	11 November 2020
SUBJECT:	Report from Staff Governors
AGENDA ITEM:	16
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, Martin Wood, Richard Jones, Georgina Holmes and Jeremy Over.

1. NEDs would be joining the paediatric speech and language meeting on 17 November (via Teams). There was still a feeling that there was a lack of visibility of senior managers in the community, regardless of Covid, both on a formal and informal basis.

Jeremy Over explained that a programme was being put together for executive director visits in the community

2. There was some concern that staff were still expected to meet KPIs and they would like assurance that the executive team understood the challenges that the ongoing pandemic continued to present. It was not just a case of changing to virtual appointments, staff were doing what they could to get back to normal but it would not be possible to meet all KPIs within the expected timeframe. Group work with parents and children was no longer possible which meant that waiting times were increasing.

Staff were also having to manage personal issues relating to Covid, alongside managing their day jobs; this required additional capacity to support these staff. It was very important for all staff to support one another and line management was also important in providing support to staff. It was not clear who line managed consultants and this was an issue that came out of What Matters to You.

3. It was recognised that governors felt they had been left out of the process for the new healthcare facility and it was also noted that more staff would like to be involved in this process. Feedback from staff on the new healthcare facility had generally been very positive and there had already been some opportunities for staff to be involved; Teams meetings had been a very good way of doing this. It would be important to manage expectations and be realistic so that people understood that they wouldn't get everything on their wish list for the new facility.

It was explained that ways of talking to and listening to divisions and teams in the hospital and community were being considered. NED attendance at the paediatric S&L meeting in November would be a test for this. It was also proposed to hold virtual drop-in sessions on particular subjects/topics and this could include the new healthcare facility.

This should help to improve the physical and virtual visibility of the executive team and NEDs and help staff to feel that they were being communicated with.

The positiveness of new projects etc needed to be enhanced and also the positive changes that had been made as a result of Covid, both for patients and staff.

4. It was agreed that staff governor meetings had been very beneficial and informative. These were attended by representatives from the acute and community sectors which had helped both services have a greater understanding of how each area worked and the differences in their ways of working.

17. Dates for meetings for 2021:

Thursday 11 February

Wednesday 12 May

Thursday 12 August

Tuesday 21 September (Annual Members Meeting)

Wednesday 17 November

For Reference

Presented by Sheila Childerhouse

18. 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