COUNCIL OF GOVERNORS MEETING

Tuesday 11 February, 18.00, Northgate Room, 2nd Floor, Quince House, West Suffolk Hospital

AGENDA

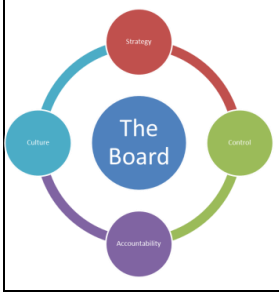
Council of Governors Meeting

There will be a meeting of the **COUNCIL OF GOVERNORS** of West Suffolk NHS Foundation Trust on Tuesday, **11 February 2020 at 18.00** in the Northgate Room, Quince House, West Suffolk Hospital

Sheila Childerhouse, Chair

Agenda

General duties/Statutory role



(a) To hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors.
(b) To represent the interests of the members of the corporation as a whole and the interests of the public.

The Council's focus in holding the Board to account is on strategy, control, accountability and culture.

18.00	**GENERAL BUSINESS**	
1.	**Apologies for absence** To receive any apologies for the meeting: June Carpenter, Justine Corney, Andrew Hassan, Robin Howe, Sara Mildmay-White	Sheila Childerhouse
2.	**Welcome and introductions** To request mobile phones be switched to silent. To welcome and introduce Jeremy Over	Sheila Childerhouse
3.	**Declaration of interests for items on the agenda** To receive any declarations of interest for items on the agenda	Sheila Childerhouse
4.	**Minutes of the previous meeting** (enclosed) To approve the minutes of the meeting held on 13 November 2020	Sheila Childerhouse
5.	**Matters arising action sheet** (enclosed) To note updates on actions not covered elsewhere on the agenda	Sheila Childerhouse
6.	**Chair's report** (enclosed) To receive an update from the Chair	Sheila Childerhouse
7.	**Chief executive's report** (enclosed) To note a report on operational and strategic matters	Stephen Dunn
8.	**Governor issues** (enclosed) To note the issues raised and receive any agenda items from Governors for future meetings	Liz Steele
18.45	**DELIVER FOR TODAY**	
9.	**Summary quality & performance report** (enclosed) To note the summary report	Alan Rose
10.	**Summary finance & workforce report** (enclosed) To note the summary report	Gary Norgate

19.10	**INVEST IN QUALITY, STAFF AND CLINICAL LEADERSHIP**	
11.	**Annual quality report and operational plan** (enclosed) To approve the quality indicator to be tested by the external auditors and invite nominations from governors to act as readers for the annual quality report and operational plan	Richard Jones
12.	**CQC Report** (accessed via web link) To note the report and receive feedback from discussion in closed session https://www.cqc.org.uk/sites/default/files/new_reports/AAAJ6919.pdf	Sheila Childerhouse
13.	**Governor review results** (enclosed) To approve the report recommendations	Sheila Childerhouse
19.25	**BUILD A JOINED UP FUTURE**	
14.	**Alliance update** (enclosed) To note the report	Sheila Childerhouse
15.	**Primary care vertical integration** *(*enclosed*)* To receive a report and note planned development	Richard Davies
19.40	**GOVERNANCE**	
16.	**Report from Nominations Committee** (enclosed) i) To receive a report from the meeting of 23 January 2020 (verbal) ii) To approve the appraisal process for the Chair and Non-Executive Directors and seek a minimum of six volunteers to participate in this process (enclosed) iii) To approve the revised job description and person specification for the Chair and Non-Executive Directors (enclosed)	Sheila Childerhouse Richard Jones Richard Jones
17.	**Report from Engagement Committee** (enclosed) To receive the minutes of the meeting of 21 January 2020	Florence Bevan
18.	**Register of interests** (enclosed) To review the register of governors' interests	Richard Jones
19.	**Lead Governor report** (enclosed) To receive a report from the Lead Governor.	Liz Steele
20.	**Staff Governors report** (enclosed) To receive a report from the Staff Governors	Amanda Keighley
20.00	**ITEMS FOR INFORMATION**	
21.	**Dates for meetings for 2020** Wednesday 6 May Tuesday 11 August Tuesday 22 September - Annual members meeting (Apex) Wednesday 11 November	Sheila Childerhouse
22.	**Reflections on meeting** To consider whether the right balance has been achieved in terms of information received and questions for assurance and the Trust's values and behaviours observed.	Sheila Childerhouse
20.00	**CLOSE**	

Maximising impact at meetings

(taken from NHS Providers training session January 2020)

- Everyone's contribution is valued and is important
- There will be opportunities for questions
- Be respectful - turn off mobiles, don't engage in private conversations, pass notes etc.
- Speak clearly and make your points constructive
- Do not interrupt when others are speaking
- Accept the diversity of opinions and views presented
- Not to have a political debate about policies regarding the NHS

1. Apologies for absence

To receive any apologies for the meeting: June Carpenter, Justine Corney, Andrew Hassan, Robin Howe, Sara Mildmay-White

For Reference

Presented by Sheila Childerhouse

2. Welcome and introductions

To request mobile phones be switched to silent.

To welcome and introduce Jeremy Over

For Reference

Presented by Sheila Childerhouse

3. Declaration of interests for items on the agenda

To receive any declarations of interest for items on the agenda

For Reference

Presented by Sheila Childerhouse

4. Minutes of the previous meeting (enclosed)

To approve the minutes of the meeting held on 13 November 2019

For Approval

Presented by Sheila Childerhouse

DRAFT

MINUTES OF THE COUNCIL OF GOVERNORS' MEETING
HELD ON WEDNESDAY 13 NOVEMBER AT 5.30pm
IN THE NORTHGATE ROOM AT WEST SUFFOLK NHS FOUNDATION TRUST

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

Action

GENERAL BUSINESS

19/63 APOLOGIES

Apologies for absence were noted as above.

19/64 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting. She thanked the governors who had met with the CQC and also those who had taken part in the various governor engagement activities during the past year.

It was explained that Vinod Shenoy had agreed to join the Council of Governors as a staff governor. The governors looked forward to welcoming and working with him.

19/65 DECLARATIONS OF INTEREST

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

19/66 MINUTES OF THE COUNCIL OF GOVERNORS MEETING HELD ON 13 MAY 2019

The minutes of the meeting held on 6 August 2019 were approved as a true and accurate record subject to the following amendment:

Page 5, item 19/47(6); first sentence to be amended to read; "Sara Mildmay-White was very disappointed to read that some of these individuals were presenting to the housing team …."

19/67 MATTERS ARISING ACTION SHEET

The ongoing actions were reviewed and the following issues raised:-

Item 188, Review how patients with no fixed address are identified to the housing department prior to discharge. Sara Mildmay-White said that she was very pleased to see all the work that was being undertaken; she would liaise with Georgina Holmes about a date for shadowing the discharge team. **S Mildmay-White / G Holmes**

Joe Pajak thanked Richard Jones for the ongoing issues log (Annex A).

Annex A, item 2; transport. Adrian Osborne referred to the minutes of the previous meeting and that he would like to take the Chair on her offer to meet with him to discuss transport for Sudbury residents. This would be discussed outside the meeting.

The completed actions were reviewed and there were no issues

19/68 CHAIR'S REPORT

The Chair said that the appointment of Will Pope as independent chair of Suffolk and North East Essex integrated care system (ICS) was a very good appointment and he had a great deal of experience.

She referred to 'one clinical community' which was a very exciting initiative and gave different professions and individuals the opportunity to work together and make a difference to patients.

19/69 CHIEF EXECUTIVE'S REPORT

The Chief Executive explained that the key challenge was the Trust's financial position, which was mainly due to the large amount of activity and the need to open escalation capacity and employ temporary and bank staff to staff these. This increase in activity was a challenge and WSFT needed to work with its alliance, ICS and CCG partners to help to reduce demand on the hospital and look at different ways of working. A number of schemes to help reduce demand were already in place. He referred to the frailty at the front door pilot.

The announcement of funding for a new hospital was very good news.

Sarah Judge had been appointed as community information officer to help address the IT issues in the community. This would be brought back in-house later next year.

A letter had been received from the national medical director saying that WSFT's hip fracture care was amongst the top ten in the county. It was explained that WSFT was actually top in the country.

He reiterated the Chair's thanks to governors for their support during the CQC's visit, which had been a very rigorous and comprehensive assessment. Initial feedback from the CQC had been reported in the Green Sheet. As the well as the good things they had identified there were some areas that they wanted to focus on eg maternity and a number of issues raised by staff groups.

Joe Pajak asked about future plans and the government's announcement of £100m for 40 hospitals and if this would be shared equally. The Chief Executive explained that six schemes were in the process of business case approval and 34 organisations were being encouraged to develop detailed business cases for a new hospital or redevelopment of their existing hospital. WSFT was one of the 34 and it was assumed that it would receive £2-3m to help develop a business case for submission to the department of health. He felt that it was a major step forward that the Trust was being encouraged and supported to focus on this and the structural issue with the roof should also assist in moving this forward.

The executive team were now looking at how to put a robust governance structure in place with an appropriate project team and project structure. They were looking at what was required both within the hospital and in the community and whether it should be on the existing site or the site that had been identified in Westley. All this needed to be worked through and also confirmation as to how much money would be available for a new hospital. He explained that it would be more than £400m which had originally been suggested.

He referred to the communication yesterday about the estates issue and explained that there had been a long term programme of maintenance which included a lot of work on the roof. The alert had been received in May that there had been an incident in Essex where one out of 400,000 reinforced concrete planks had collapsed. This was the first known incidence of this As a result WSFT had initiated an inspection of the 15,000 planks in its structure and there was now an ongoing inspection programme in place. He stressed that safety was the Trust's priority and if necessary it would take any action required.

He referred to the timing of Brexit which depended on the outcome of the forthcoming general election. There was a possibility that the end of January could be the next milestone. The national lead for Brexit considered this to be more of a risk than the previous two dates as it was in the most challenging month for the health system. Therefore Trusts were being asked not to lose focus on Brexit during the election period.

Joe Pajak asked about the length of time it would take for the completion of a new hospital. The Chief Executive thought that this would be within five to ten years; he explained that the main issue was the time it took for the production and approval of the business case.

19/70 GOVERNOR ISSUES

It was noted that the informal governors meeting took place on 28 October, not 23 July as stated in this report.

Item 1 Strategy for care of the elderly across all departments

The Chair explained that she had requested that there should be quality walkabout around the frailty unit. It was noted that a presentation of this area to the Quality & Risk Committee had been rescheduled to 27 March 2020.

The Council of Governors noted the responses to the issues raised and approved scheduling an update on the discharge engagement findings to the meeting in February 2020.

The recommendation that governors should consider watching the TED video 'How your power silences truth' by Megan Reitz was also noted.

DELIVER FOR TODAY

19/71 SUMMARY FINANCE & WORKFORCE REPORT

Angus Eaton explained that the hospital had treated 86,000 patients this year compared to 78,000 last year, ie a 10% increase. The Trust was in a far stronger position this year with regard to staffing and had more whole time equivalents (wte) than last year in the hospital and community. It had invested in more permanent staff which was part of the strategy to reduce expenditure on bank and agency staff. However, due to demand it still needed to employ some bank and agency staff. As a result the Trust had spent more on staff this year than last year, which had been partly planned for.

This had had a consequence on the financial position and the deficit at the end of September was £5.4m, which was a variance of £3.9m. Craig Black and his team had reforecast that there would be a deficit of between £10m-£15m by the end of the year if this level of expenditure continued. As the Trust had originally committed to achieving breakeven and achieving its cost improvement programme (CIP) it would now receive less Provider Sustainability Funding (PSF) which meant that the deficit was likely to be approximately £15m. The board continued to focus on this and an additional £1.8m of CIPs had been identified above the £8.6m already planned for.

He stressed that as a principle the organisation would not compromise safety of patients. Therefore some additional cost saving initiatives that had been identified would not be implemented as they could have an effect on patient safety.

The Trust's capital programme had had to be reduced by 20% at the request of the wider system and this had been re-planned for and prioritised.

The other key issue was cash which was currently at £2.1m. The critical level was £1m and discussions were taking place with the CCG to ensure it maintained liquidity, ie £1m in the bank.

Andrew Hassan referred to CIPs and asked about potential income streams that could make up the deficit. Angus Eaton explained that WSFT was on a block contract which meant that it did not receive additional income as demand increased. However there were some elements where there was some flexibility but income was currently at approximately £2m below projection.

Craig Black reported that since the last board meeting the department of health had agreed to allocate more capital to organisations. The Trust was also having regular discussions with the CCG as it got nearer to the year end to see if there was any flexibility to work as a system, as it was doing more activity than forecast in the block contract. The CCG were looking at increasing the value of the block contract as it moved nearer the year end, which could improve WSFT's financial situation.

Alan Rose explained that the NEDs were uncomfortable about failing the financial target and finishing the year with a £10m-£15m deficit. The Chief Executive stressed that the whole organisation was uncomfortable about this. He explained that this was not as a result of lack of cost control or focus but due to the increase in demand.

Sara Mildmay-White asked if a block contract was the right thing for WSFT or if there as an alternative. Craig Black explained that this had been discussed with the board and although its deficit would decrease if it moved to a contract based on volume of activity the CCG's deficit would increase. Therefore productive discussions were about how to jointly produce a health system which was sustainable with collective resources.

Andrew Hassan agreed and said that integrated work was very interesting; he gave an example which had cost the CCG more but resulted in an increase in spending on social care.

19/72 SUMMARY QUALITY & PERFORMANCE REPORT

Gary Norgate explained that the board papers were very transparent. The move to statistical process control (SPC) charts was a good step forward and helped to identify where meaningful trends were emerging and should be the focus of the board and would be the focus of his presentation today. Timelines still needed to be improved in the SPC reports and this had been requested on a number of occasions. There was also a need to understand when an indicator was red for a long time if the correct target/trajectory had been set and was achievable.

He explained that although there were some statistics that had not improved, WSFT was often in the upper quartile of national performance.

The target for discharge summaries had not been achieved for a long time; these were now performing well in elective but not in non-elective. Training and education had been given on the importance of these and improvements were slowly being seen. This would continue to be monitored.

Pressure ulcers were starting to deteriorate and a lot of actions were being undertaken to address this. This included an integrated tissue viability team and also a very ambitious 5% reduction target by the end of the year.

Another area of concern was complaints which were reviewed at closed board meetings. Alan Rose was the NED lead for complaints and reviewed these regularly. There had been a deterioration in time taken to respond to complaints and this was being addressed by introducing new resources which should help to improve performance over the next few months.

Referral to treatment times (RTT) had been an ongoing issue and had been the subject of a deep dive by the scrutiny committee. October performance had remained the same as September; there had been two 52 week breaches which meant that there had been a total of five for the year to date. One of the issues was capacity and the Trust had looked at both insourcing and outsourcing work, but to date it had not been able to identify appropriate outsourcing. However, a suitable orthopaedic department had been recently been identified and it was hoped to outsource 200-300 patients.

There had also been a deep dive at the scrutiny committee on the 62 day cancer standard and a joint workshop had taken place with ESNEFT. Endoscopy capacity had been poor but it was expected to see an improvement by the end of November.

Sickness absence was good overall although there had been some issues in the community and these were being looked into.

Appraisals were steadily improving and were now at nearly 83%. Mandatory training was at 88% and was continuing to improve. It was also expected to see an improvement in duty of candour by quarter four.

Children in care assessments within 28 days and completion of initial assessments within 15 days had been an ongoing issue. There were a number of reasons why appointments were not being attended and work was being undertaken to address this.

Liz Steele said that she was very pleased to note that WSFT continued to utilise nurses from the base and asked if this could be extended to doctors.

It was explained that historically WSFT had taken doctors from Lakenheath and over the last few years it had considered how they could assist in some specialties, eg ENT, general surgery and orthopaedics. However, it was harder for people get registration with the Nursing and Midwifery Council (NMC) but nurses from the base had been utilised as unregistered nurses. This would continue to be supported and encouraged and the Trust would continue to work closely with the base.

Joe Pajak referred to the 5% reduction target for pressure ulcers and asked if this was challenging enough over the year. Gary Norgate explained that it was not always possible to prevent pressure ulcers and a number of initiatives had been put in place to prevent them wherever possible. This was regularly reviewed by the board and scrutiny committee. Richard Davies explained that there was a need to understand how many pressure ulcers were attributable to the hospital and how many came in from the community; Rowan Procter was providing clarity on this for the next board meeting. The integrated tissue viability team was also very important in preventing pressure ulcers in the community. Liz Steele explained that people at end of life often chose not to be moved which could result in a pressure ulcer, but it was important to respect people's wishes.

Peta Cook referred to mandatory training and appraisals and explained that there were issues in the community around IT and also the relevance of some of the mandatory training for community staff. She also referred to quality walkabouts and that these were very hospital centric. She reported that Louisa Pepper taking part in back to the floor in the community had been very well received and other board members undertaking back to the floor in the community would help community staff to feel integrated. Gary Norgate confirmed that his next quality walkabout and back to the floor were in the community and the next Trust board meeting was taking place at Newmarket hospital. Louisa Pepper said that her back to the floor in paediatrics had been very good and helped to clarify reasons for issues, eg around children in care.

INVEST IN QUALITY, STAFF AND CLINICAL LEADERSHIP

19/73 WINTER PLANNING

Alan Rose explained that Helen Beck and her team had been working on plans for this winter since last winter and a regular update was given at board meetings. Despite the demand that the hospital had been experiencing throughout the year the NEDs were more assured about the plans this winter than they had been in the past. He outlined the four areas of improvement that had been implemented, partly as a result of lessons learned and also the team getting better.

There was a more detailed bed model which currently allowed for a 4% increase in demand versus last year, but this could be adjusted if demand increased, eg 6% or higher. This showed that there would be a need for an escalation ward from December and surge capacity in January. The escalation ward enable the number of beds to be increased from 400 to 450, with surge capacity for an additional 30 beds, taking the total to 480.

There was a specific plan for paediatrics. The Trust did not have flexibility of an escalation ward in this area but there would be more staff available on-call during the winter period. If necessary some elective date could possibly be delayed.

There were also more nurses in the hospital and community. The Trust had recruited a large number of registered nurses and would be going into winter with a nearly full establishment.

There were better plans for escalation, particularly around staffing. He referred the feedback from a quality walkabout he had taken part in last year. As a result of this sort of feedback and lessons learned the skill mix had been taken into account. There would be a very experienced ward manager and the team were already prepared along with the ward where equipment was in place.

Although plans had been put in place he stressed that there was always a risk as it was not known when the high demand would be and how long it would last.

The Chief Executive said that he had been very disappointed in the winter planning for last year but he was much more assured this year and lessons learned from last year had been taken into account. Currently the organisation was slightly below the 4% trajectory.

Florence Bevan asked if paediatrics showed the same increase in activity during the winter period as the elderly. Craig Black explained that this was even more pronounced, significantly bronchial problems. There were eleven paediatric beds and five in the children's acute admissions unit and although there was not the option to open additional beds there would be more on-call doctors available. Delaying elective work would also free up beds. The Chief Executive explained that length of stay tended to be shorter on the children's ward but there was a higher turnover of patients.

Joe Pajak asked if there was any information on the current impact of flu across the system, eg vaccinations. The Chief Executive reported that flu had not yet been seen in the hospital. Flu vaccinations had been prioritised for front line staff to begin with. Vaccinations were now available for all staff but he had some concerns about front line staff only being eligible at the start of the campaign and that others who had originally wanted a vaccination may end up not having one at all.

Martin Wood referred to staffing of escalation wards and was very pleased that this was being addressed. Previously there had been a lot of concern not only about staffing of wards but also about the gaps being left where staff had been moved to work on escalation areas.

The Chief Executive noted that every year however prepared the organisation was for winter this was still a challenge and this year staff were already tired as it had been a very busy summer.

BUILD A JOINED UP FUTURE

19/75 ALLIANCE UPDATE

The Chair said that she was very pleased that there was now a strategic plan for the integrated care system (ICS) which had been through the assurance process with all the partners and stakeholders involved. This document would be made public once the country was out of purdah.

Beneath this plan the work to develop and create the alliances and ensure that their plans and governance were robust would continue. The west Suffolk alliance was already ahead with this and there had been some very positive achievements.

The Chief Executive said that it was very good that the localities were now set up and the primary care network was also set up and aligned with leads. This would help to support the alliance work.

GOVERNANCE

19/76 MEETING ETIQUETTE AND BEHAVIOUR

The Chair explained that a similar paper had been to the board and it was felt that it would be helpful to bring this to the Council of Governors.

People needed to concentrate and be aware of what was being said at meetings rather than doing other things on their laptops/tablets. There was also a need to be aware that this was a public meeting and be careful how they phrased things as the media could be in the room. However, she stressed that she did not want to restrain robust debate.

She said that this was also about language and what this conveyed to colleagues in the room. She stressed that the behaviour governors and board members was very good on the whole, but everyone needed to be conscious of being respectful to colleagues in meetings.

19/77 REPORT FROM NOMINATIONS COMMITTEE

The Chair reported that the closed session of this meeting had considered and approved the recommendation from the nominations committee that Richard Davies and Alan Rose should be reappointed for a further three year term from 1 March and 1 April 2020 respectively.

She welcomed their reappointment and stressed the importance and value of continuity of the board and the contribution made by both these NEDs.

19/78 REPORT FROM ENGAGEMENT COMMITTEE

Liz Steele highlighted the issues raised at the engagement committee including the outcome of actions in response to feedback from the Courtyard Café. She referred to the discharge lounge and said it would be helpful to be able to raise concerns that had been fed back about this area.

Richard Jones confirmed that the comments/concerns raised had been fed back to Cassia Nice, Head of Patient Experience. The feedback from the patient survey for this area, included with this report, was noted. An update of this would be received and discussed at the next engagement committee meeting. **G Holmes**

19/79 LEAD GOVERNOR REPORT

Liz Steele referred to the lead governors' forum and that most of the hospitals represented were in a much worse financial position than WSFT. She also said that very few members of the public attended their annual members meeting (AMM) and it had been suggested that lead governors attended other organisations AMMs. It was considered that this was a very good opportunity for learning from others and networking.

She reported on the governors' meeting with the CQC and that they had been amazed and surprised at how much time governors spent in the hospital and their loyalty to the hospital. She thanked all the governors for this. The Chair agreed and said that the Trust was very lucky to have such a committed group of governors.

19/80 STAFF GOVERNORS REPORT

Peter Cook explained that for staff a lot was around communications and how changes and things that were happening were communicated. This was something that the Trust could continue to develop and work on.

ITEMS FOR INFORMATION

19/81 URGENT ITEMS OF ANY OTHER BUSINESS

There were no items of any other business.

19/82 DATES FOR COUNCIL OF GOVERNOR MEETINGS FOR 2020

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

19/83 REFLECTIONS ON MEETING

Florence Bevan referred to the number of acronyms that governors did not understand and requested that these were written in full the first time they were used in a report. **R Jones**

Peta Cook said that the verbal presentations form the NEDs on the reports had been outstanding and thanked them for this. The informal meetings with governors and NEDs were also very useful for everyone. The Chair agreed and said that this was a good model of practice and also a reflection on the relationship between NEDs and governors.

5. Matters arising action sheet (enclosed) To note updates on actions not covered elsewhere on the agenda

For Reference

Presented by Sheila Childerhouse

REPORT TO:	Council of Governors
MEETING DATE:	11 February 2020
SUBJECT:	Matters Arising Action Sheet from Council of Governors Meeting of 13 November 2019
AGENDA ITEM:	5
PRESENTED BY:	Sheila Childerhouse, Chair
FOR:	Information

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

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

Ongoing action points

Ref.	Date of Meeting	Item	Action	Action taken	**Lead**	**Target date**	**RAG rating for delivery**
188	06/08/19	19/47	Review how patients with no fixed address are identified to the housing department prior to discharge.	A meeting has recently taken place with the council re WSFT's duty to refer. WSFT has also appointed (on a one year contract) a health and housing officer who will start as soon as the funding is transferred from the CCG. They will pick up patients in ED and the base wards and liaise directly with the housing department. The CCG funding will also pay for a one bedroom flat in the centre of Bury St Edmunds for patients who require temporary accommodation. **Sara Mildmay-White had also been invited to shadow the discharge team to provide her with assurance that a process is in place. The date for this has been confirmed as 19/02/20.** **Remain open – receive feedback at next meeting**	N Jenkins / R Jones S Mildmay-White / G Holmes	11/2/20	Green

Completed action points

Ref.	Date of Meeting	Item	Action	Action taken	**Lead**	**Target date**	**RAG rating for delivery**
189	06/08/19	19/51	Provide governors with a two page executive summary of the pathology strategy once it has been finalised.	The updated pathology strategy was approved at Board meeting on 1 November. **Two page strategy appended to this report (See Annex A)**	N Jenkins / R Jones	21/12/19	Complete
190	13/11/19	19/78	An update on the discharge lounge and any comments or concerns would be received and discussed at the next engagement committee meeting.	Cassia Nice provided an update to the engagement committee meeting on 21 January 2020. She explained that this area continued to be part of an ongoing patient survey and confirmed that she currently did not have any concerns. Florence Bevan is a member of the discharge project group and will provide updates on this work to the engagement committee. This will be reported to the Council of Governors.	G Holmes / C Nice	11/01/20	Complete
191	13/11/19	19/83	Ensure acronyms are written in full the first time they are used in a report.	Every effort is and will continue to be made to ensure that this is the case. Grateful for feedback on the February meeting pack.	R Jones	11/01/20	Complete

Annex A – ongoing issues log

The Governors are asked to:

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

Issue	Update
1. Community IT	**Recent actions/achievements:** - WSFT has begun planning the transition period from the North East London Clinical Support Unit's (NEL CSU – the current community IT provider) IT systems, hardware and support to WSFT. This will start in April 2020 to be completed by October 2020. This is a significant undertaking and a dedicated team will be in place to support this from a technical and project management point of view, with operational support. The team includes clinicians and administrative staff from around our community sites. By bringing community staff onto WSFT hardware and networks, they can access education and support, and the intranet more easily than they do currently. The high level plan is indicating that we will do a site-by-site transition between April and October. The order that the community sites will be moved onto WSFT systems is being determined by the existing infrastructure and clinical need as well as taking into account any site moves that are in progress during 2020. We can share key milestones and progress once the project officially kicks off in February. - Medic Bleep has been piloted in two community healthcare teams – Mildenhall and Brandon, and Newmarket. See next section for detail of planned roll-out. - We continue to have challenges in getting smartphones to community teams but have seen improvement in this over recent weeks. We are aiming to deliver half of the outstanding mobile phones (40) during February. We are bringing contractors to support the IT engineering team in order to build and deploy the remaining phones. The aim is to address any backlog in build and delivery of smartphones before the major transition onto WSFT systems begins. - Bi-monthly community digital bulletins have been issued, with ad-hoc updates as necessary. Engagement events are ongoing with Sarah Judge, Community Chief Information Officer (CCIO). Sarah has attended team meetings or managers meetings across Sudbury, Newmarket, Mildenhall and Brandon and Ipswich, as well as with Integrated Therapy Services. Further team meetings to be booked across the paediatric teams although we are in frequent contact with the team leads. Team meetings with Bury Town, Bury Rural and paediatric teams are planned.

	Plans for next 3-6 months: - Continued roll-out of Medic Bleep to other community teams from February 2020. The plan is for a soft launch across all the community teams with the appreciation that not all community staff currently have work mobile phones capable of using the app. We are aiming for its use as a communication tool rather than as a pager replacement so the expected use in community teams is different to the acute hospital. - Commencement of transition from NEL to WSFT systems. This includes replacing networks and connectivity as well as the IT hardware. This will start in April 2020 to be completed by October 2020. - Deployment of two-way Health Information Exchange - a view of the e-Care record from within community digital systems will become bi-directional so staff using e-Care can see the community system records. This was due to be available in January 2020 but is delayed due to an health information exchange (HIE) technical upgrade. It is now due in February and is the highest priority for the HIE team to deliver. **Communication plan to staff:** - Continuation of regular community digital bulletins. These are sent out every other month but are likely to increase in frequency prior to the transition period. - All community digital bulletins publish contact details for key staff. - In-person engagement events – attendance at the local team and management meetings is an ongoing commitment. - Information is currently posted on both community and acute intranets. - Project board meetings for the NEL transition will take place monthly and be hosted at different community sites to aid visibility of progress. Clinical and administration representation from across the community teams is represented within the project. Details of the workstreams are yet to be established, but we already have a dedicated community staff engagement workstream as part of the 'pillar three' community digital programme.
2. Transport	The new proposed model outlined in the previous update (see below) was implemented at the beginning of December. We have seen significant improvements in the quality and timeliness of the inpatient discharge service which we are now managing internally. In relation to the outpatient service we do not yet have the December performance data (to be discussed at the contract meeting on Wednesday 29th January), however whilst there are still some issues with this part of the service anecdotally we believe there has been an improvement. Performance data to provide assurance on this will be presented to the next Board meeting and included in this update. *Update provided at CoG meeting of 13 November 2019:* *E-Zec has proposed to change the mechanism for managing discharge activity by dedicating vehicles for sole use by the Trust for this purpose. This would increase the level of control for Trust as we would be responsible for the allocation and logistical management of these vehicles. This model is being used successfully in other acute settings and we have engaged with commissioners and providers in Swindon who manage the non-emergency patient transport in this way. It is anticipated that adopting this model will deliver improvements to the contract as a whole.*

	This proposal includes an overall uplift in additional road based staff (crew) of 25 across the contract (25% increase in personnel) and an additional 14 vehicles (30% increase) to the Suffolk fleet. Vehicles will be allocated to the Trust on a daily basis to manage discharges accordingly. Whilst the detail is being worked through it is anticipated that this will equate to three vehicles dedicated daily at West Suffolk Monday to Friday, and two vehicles at the weekend. *Initial conversations with the joint commissioners has been positive although all are in agreement that this must be a system change and equally supported at each acute site. It has been recognised as a positive step which has the potential to significantly improve the performance of NEPTS. The revised model will allow for increased focus and capacity for outpatient appointments, managed and controlled by E-Zec. They will review operations as a whole to allow for potential efficiencies and to support capacity management across the contract outside core hours and when discharge demand is high.*
3. Pathology	Nick Jenkins met with Crawford Jamieson, Medical Director of East Suffolk and North East Essex Foundation Trust (ESNEFT) to discuss implementation of the strategy especially the clinical leadership of the transformation. They jointly met with staff employed by ESNEFT (North East Essex and Suffolk Pathology Services (NEESPS)), WSFT and Public Health England (PHE) on Thursday 23 January 2020. It was communicated to staff that their employers would remain as it is currently but with ESNEFT we are open to having discussions with staff on how to make the current arrangements work better to deliver the services required. At the meeting in January Nick Jenkins introduced the pathology team to Suzette De Coteau-Atuah, his newly appointed Business Manager. Suzette will be working closely with the pathology staff to help ensure issues can be raised and resolved. Monthly engagement meetings have been established for senior pathology staff (including consultants) with the executive and non-executive directors. This will provide oversight of progress against agreed priorities: • Equality of services and resources around the sites • Maintaining and improving relationships for staff across the services, to give confidence that issues will be addressed • Clarity around delivery of service accreditation • Credible plans to deliver a stable and sustainable workforce However it is clear from these discussions that staff remain concerned and clear plans are required to deliver a sustainable workforce and service accreditation. We are working with staff to put in place a structure to support delivery of improvements. The Cellular Pathology service at WSFT voluntarily suspended its ISO 15189 accreditation in 2018. An assessment took place in December 2019 to assess the laboratory against the management and technical requirements set out in ISO 15189. After the assessment the accreditation was not reinstated. The laboratory will continue to provide the high quality services, whilst working to regain accreditation. All tests previously provided will still be offered, but these will not be accredited to ISO 15189. A summary of the strategy is appended to this report.

Summary of Clinical Strategy and Vision for Pathology Services

1. Introduction and Background

The Clinical Strategy and Vision for Pathology Services was presented and approved by the WSFT board of directors on 1 November 2019. It is a five year plan developed with clinicians that sets out how Pathology services would develop to serve people across Suffolk and North East Essex. This paper is a brief summary of that sixteen page document including the four appendices.

2. Pathology Service Description

Pathology services consist of Clinical Biochemistry, Haematology, Histology, Cytology and Morbid Anatomy. In the strategy options for the future of pathology services were considered under three general headings: Microbiology, Blood Sciences and Cellular Pathology. Blood Sciences did not include clinical haematology which is a medical/oncology consideration or chemical pathology.

3. Context Setting

In 2010, the then Strategic Health Authority proposed a competitive bid process for pathology services based on the recommendations of the Carter Reports which were reviews of NHS pathology services. This led to the establishment of the Transforming Pathology Partnership (TPP) which was a consortium of six trusts including WSFT. In May 2014, due to membership changes, the organisation was renamed the Pathology Partnership (tPP.)

In 2017, due to the withdrawal of three of the trusts, the remaining trusts formed the North East Essex and Suffolk Pathology Services (NEESPS). These trusts were Colchester Hospital Foundation Trust (CHUFT) Ipswich Hospital Trust (IHT) and WSFT. In July 2018, CHUFT and IHT merged to form East Suffolk and North Essex NHS Foundation Trust (ESNEFT). ESNEFT is the host for NEESPS.

Currently, NEESPS delivers:

- pathology testing support to three acute hospitals (Ipswich, Colchester and West Suffolk) and GP surgeries and phlebotomy collections at Sudbury, Riverside (Ipswich) and outpatient clinics on the three acute sites
- four laboratories at each acute hospital site (blood sciences, blood transfusion, cellular pathology and microbiology) conducting a repertoire of laboratory tests

Separately from NEESPS, the partners separately deliver additional pathology services: anticoagulant monitoring, Point of Care Testing, Mortuary and Bereavement Services, and their consultant-delivered service including the infection control service, the antibiotic stewardship service, the 24/7 clinical advisory service, and the diagnostic service.

The **impact on staff** of attempts to transform pathology across the East of England since 2010 should not be underestimated, with many feeling their professional advice concerning the potential risks of consolidation, and, more importantly, the approach to be adopted had been ignored. Some staff were made redundant and those who were retained have seen their employers changed three times in four years.

4. Recommendations of the Strategy

Options appraisals have been carried out by the teams in each pathology discipline. Each clinical team has decided that the development of a distributed network under direct NHS management and governance within an agreed commercial structure offers the best way ahead for their service. A distributed network allows elements of each pathology discipline to be centralised as considered appropriate and may involve different hubs for different elements. The clinical recommendations may be summarised as follows:

6.2 **Microbiology.** Bring microbiology services 'in house' (ie. ending the sub-contract of laboratory services to PHE) to create a single Microbiology/Pathology service with a distributed network under direct NHS management and governance. Once under single NHS management, within an agreed commercial structure, the detailed clinically-led assessment of the testing services needed for each of the laboratory sites (including molecular, rapid and POCT tests) can be agreed with the focus on clinical need and delivery by an accredited, high-quality service which has 24/7 access to a networked LIMS to achieve agreed turnaround times. Once a sustainable service is in place there can be active consideration of extending the size of the network with appropriate partners to deliver the quality and financial benefits from increased scale with appropriate levels of scientific and clinical staff.

6.3 **Blood Sciences.** Proceed with implementation of a distributed network model for the provision of Blood Sciences under direct NHS management and governance within an agreed commercial model. This will ensure provision of a quality accredited service with the optimum utilisation of advanced LIMS and analytical systems supported by a skilled and experienced workforce which is sustainable with the increasing patient demand and complexity and growing expectations from service users in the community and primary care sectors. This option will ensure the network has the critical core capacity and capability needed to support emerging diagnostic tests (eg. molecular and genomics) so that patients can have timely access to key tests on a consistent 24/7 basis.

6.4 **Cellular Pathology.** Implement a consolidated Cellular Pathology service utilising a distributed network under direct NHS management and governance within an agreed commercial model. This will ensure provision of a high-quality, accredited service with the optimum utilisation of advanced LIMS and analytical systems supported by a skilled and experienced workforce which is sustainable with increased patient demand and complexity and with growing expectations from service users in the community and primary care sectors. This network model would be unlikely to result in significant change in the short term but would ensure that the network has the critical core capacity and capability to support developing diagnostic tests (eg. digital, molecular and genomics) so that patients may have timely access to the accredited network service.

Drivers for the development of the strategy

There are numerous strategic imperatives for the development and approval of the strategy which can be summarised as:

1. The adoption of an appropriate commercial structure as recommended by the NHSI (NHS Improvement). A partnership agreement is needed which reflects the current Trust structures to enable the network to function.
2. The recommendation of a' distributed' network model.
3. The need to develop an effective and validated Laboratory Information Management System (LIMS) and Quality Management System (QMS) which is integrated with existing systems.
4. The formation of the Suffolk and North East Essex Integrated Care System in April 2019, which brings together provider organisations which with the commissioners have been charged by NHSI to work together to plan for the delivery of clinically and financially sustainable solutions for the provision of services.
5. The need to develop Economies of scale – the catchment population of a DGH must generate sufficient demand to sustain the clinical expertise required to run a 24/7 service. Additionally, capital costs are increasing due to the more specialist diagnostics and treatments required. This results in and necessitates the establishment of appropriate, standardised equipment and managed service contracts.
6. It is likely that increased sub-specialisation in many disciplines lead to the reduced ability for specialists to provide general cross cover in rotas for emergency care.
7. Increasing patient demand due to changing demographics.
8. The need to recruit and retain staff with a wide range of expertise with investment in training, standardisation of employer and reduced agency spend.
9. The desire to become a centre of excellence where the care received is perceived by patients as seamless and where necessary through technology.
10. The necessity to develop collaborations with other networks.
11. The need to achieve and maintain laboratory accreditation.
12. The need to achieve and maintain regulatory compliance.
13. The need for a review of the quality, location and access to the pathology areas of each site.

6. Chair’s report (enclosed)

To receive an update from the Chair

For Reference

Presented by Sheila Childerhouse

REPORT TO:	Council of Governors
MEETING DATE:	11 February 2020
SUBJECT:	Chair's report to Council of Governors
AGENDA ITEM:	6
PRESENTED BY:	Sheila Childerhouse, Chair
FOR:	Information

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

26 November 2019 – Meeting with Val Dutton
I met with Val Dutton who has recently been appointed to the role of Voluntary Services Manager. Val is an experienced member of that department and so knows the trust well. As you are aware we have an incredibly committed group of volunteers who work in many different ways across the trust. We discussed her aspirations about extending the service, supporting volunteers to enable them to give the maximum to their role and how we might work more collaboratively with other organisations on this campus. This would include the mental health trust and the hospice. The latter has a very large group of volunteers and we explored ways in which we could share their development, their support and celebrating their achievements.

11 January 2020 – Open House Reception at USAF Mildenhall
I attended an open house reception at United States Air Force Base at Mildenhall. Clinicians from the base have been working very closely with us in terms of medical workforce. We have gained additional capacity and the clinicians value immensely the opportunity to maintain and improve their general skills and to operate in a more community-based environment. This scheme has the personal support of their commander and they are keen to see if they can extend it further to enable even closer links to be forged with the trust. The work that Paul Morris has undertaken in relation to building this relationship is something that could be built on further.

15 January 2020 – Brandon Community Health Team Visit
I visited Brandon community health team at the hub at Mildenhall. I had the opportunity to sit with one of the occupational therapists who was undertaking a triage session. There are clearly some issues in terms of referrals which come in from a variety of sources such as self-referrals, GPs, discharge team etc. Many of these referrals are not entirely fit for purpose and therefore mean that a clinician has to spend considerable time establishing the facts before they can make any triage decisions. They were holding a workshop that afternoon and I joined the start of the session. It was well organised and well led, staff were encouraged to articulate their issues. I was pleased to see that the issue I had witnessed in relation to triage was put on the table and there was some positive work being done to identify the ways of addressing this.

21 January 2020 – Meeting with Chair of Medical Staffing Committee
I now have a regular monthly meeting in my diary with the chair of the Medical Staffing Committee (MSC). It is a very positive sign that this committee has been re-established after a period of some years. We are able to have some very fruitful discussions and it is one way in which we can gain helpful insight into the concerns and aspirations of a medical workforce. While we have spent some time discussing current issues within the trust we are also looking ahead to the role the MSC might play in the longer term.

Recommendation - Governors are asked to <u>note</u> the report for information.

Annex A: List of meetings attended

Date	Meetings and events (01/11/19 until 31/01/20)
01/11/2019	Trust Board Meeting
05/11/2019	Quality Walkabout
05/11/2019	Induction Meeting with Jeremy Over
05/11/2019	1:1 with Tara Rose
05/11/2019	1:1 with Richard Jones
06/11/2019	Trust Induction
06/11/2019	Telephone Conversation with Elliot Howard-Jones, NHS England & NHS Improvement
06/11/2019	Signing Off of Charitable Funds with David Swales
06/11/2019	Induction Meeting with Dr Gemma Brierley, Obs & Gynae Consultant
06/11/2019	Vertical Integration Training
12/11/2019	Quality Walkabout
12/11/2019	1:1 with Ruth Williamson, Trust Office Manager
12/11/2019	1:1 with Steve Dunn
12/11/2019	Filming of 25 Things you need to know about our plan – Integrated Care System
13/11/2019	NHS East of England Leaders & Chairs Event
13/11/2019	Meeting with Tracey Wickington, CQC
13/11/2019	Council of Governors Meeting
18/11/2019	1:1 with Steve Dunn
19/11/2019	Suffolk & North East Essex STP Chairs' Group
19/11/2019	NED Conference Call
20/11/2019	Lay Member Conference Discussion
20/11/2019	Telephone Conversation with Alan Rose
20/11/2019	Telephone Conversation with Elliot Howard-Jones, NHS England & NHS Improvement
22/11/2019	Suffolk & North East Essex STP Board
22/11/2019	Liz Steele/Florence Bevan Catch Up Meeting
22/11/2019	1:1 with Richard Jones
26/11/2019	Chaplaincy Engagement – Future Plans Meeting
26/11/2019	Meeting with Val Dutton, Voluntary Services Manager
26/11/2019	1:1 with Richard Jones
26/11/2019	Meeting with Robin Howe
26/11/2019	Induction Meeting with Dr Drew Welsh, Anaesthetics Consultant
26/11/2019	1:1 with Dr Browning
26/11/2019	1:1 with Steve Dunn
26/11/2019	5 O'Clock Club - Terry O'Donoghue, Trustee of The Bury Society
29/11/2019	Trust Board Meeting
29/11/2019	Charitable Funds Meeting
29/11/2019	Remuneration Committee
02/12/2019	Winter Leadership Summit
02/12/2019	1:1 with Steve Dunn
02/12/2019	Telephone Conversation with Miriam Walker, Non-executive Appointments Officer, NHS England and NHS Improvement
03/12/2019	Quality Walkabout
03/12/2019	Meeting with Michelle Glass
04/12/2019	NHS Confederations Annual Christmas Debate & Reception
04/12/2019	ICS Accelerator Programme / SNEE
10/12/2019	Quality Walkabout
10/12/2019	Haverhill Community Health Team Visit
10/12/2019	Scrutiny Committee
10/12/2019	1:1 with Tara Rose
10/12/2019	Meeting with Sinead Collins
10/12/2019	1:1 with Steve Dunn
12/12/2019	Suffolk & North East Essex STP Chairs' Group

Date	Meetings and events (01/11/19 until 31/01/20)
13/12/2019	Suffolk & North East Essex ICS Board
13/12/2019	Quality & Risk Committee
13/12/2019	Meeting with Chair of Medical Staffing Committee
16/12/2019	Telephone Conversation with Steve Dunn
16/12/2019	Telephone Conversation with Lucy Hampton
16/12/2019	Telephone Conversation with Richard Jones
17/12/2019	Cambridgeshire Community Service NHS Trust Chair Interviews
18/12/2019	1:1 with Steve Dunn
18/12/2019	Chaplaincy Donor Meeting
18/12/2019	Briefing Meeting with Governors
18/12/2019	Meeting with Chair of Medical Staffing Committee and colleague
18/12/2019	Board Development Session
18/12/2019	NED Dinner
20/12/2019	Meeting with Angus Eaton
20/12/2019	Meeting with Alan Rose
24/12/2019	Meeting with Steve Dunn, Ann Radmore and Sean O'Kelly
24/12/2019	1:1 with Steve Dunn
07/01/2020	Quality Walkabout
07/01/2020	Telephone Conversation with Mark (NHS Providers), Richard Jones and Liz Steele
07/01/2020	1:1 with Steve Dunn
07/01/2020	1:1 with Tara Rose
07/01/2020	STP/ICS Chairs Group
08/01/2020	Meeting with Gary Norgate
08/01/2020	Scrutiny Committee
08/01/2020	Telephone Conversation with Marie Gabriel, Chair NSFT
08/01/2020	Monthly NED Teleconference
10/01/2020	Suffolk & North East Essex ICS Board
11/01/2020	Open House Reception – Colonel & Mrs Ciero, Director USAFE-UK
14/01/2020	Population Health Management – STP Collaboration Conference
14/01/2020	Telephone Conversation with Steve Dunn and Richard Jones
14/01/2020	Meeting with Nick Finch, Steve Dunn and Jeremy Over
15/01/2020	Meeting with Lynda Cornish (Staff member)
15/01/2020	Brandon Community Health Team Visit incorporating Integrated Neighbourhood Team Meeting
15/01/2020	Trust Board & Governor Meeting
17/01/2020	1:1 with Steve Dunn
17/01/2020	1:1 with Jeremy Over
21/01/2020	Quality Walkabout
21/01/2020	Meeting with Liz Steele & Florence Bevan
21/01/2020	Meeting with Chair of Medical Staffing Committee
21/01/2020	1:1 with Kate Vaughton
21/01/2020	1:1 with Steve Dunn
21/01/2020	Chaplaincy Engagement Meeting
21/01/2020	Meeting with Helen Taylor, Chair ESNEFT
21/01/2020	STP/ICS Chairs Group Working Dinner
22/01/2020	Induction Meeting with Dr Catherine Appleby, Obs & Gynae Consultant
22/01/2020	West Suffolk Alliance Lay Member and Councillors Event
22/01/2020	FT Nominations Committee
23/01/2020	Governor Training Day
27/02/2020	Meeting with Steve Dunn, Ann Radmore and Sean O'Kelly
28/01/2020	Quality Walkabout
28/01/2020	Meeting with Liz Steele and Florence Bevan
28/01/2020	Meeting with Gary Norgate, Patricia Mills and Liz Bright
28/01/2020	Media Interview Training with Steve Dunn and Tara Rose
29/01/2020	Meeting with Paul Morris

Date	Meetings and events (01/11/19 until 31/01/20)
29/01/2020	Meeting with Richard Jones
30/01/2020	Telephone Conversation with Steve Dunn
31/01/2020	Trust Board Meeting
31/01/2020	Audit Committee Meeting

7. Chief executive’s report (enclosed)

To note a report on operational and strategic matters

For Reference

Presented by Stephen Dunn

Council of Governors – 11 February 2020

AGENDA ITEM:	7
PRESENTED BY:	Steve Dunn, Chief Executive Officer
PREPARED BY:	Steve Dunn, Chief Executive Officer
DATE PREPARED:	4 February 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 think it important to start this report with **my reflection on the Care Quality Commission (CQC)** report and our new rating. First of all, I would like to say sorry to our Governors. I am sure you were disappointed, as I was too, to read our new CQC report and find out our Trust is now rated as requires improvement. This is not the standard that our patients and community deserve. We must continue to quickly and effectively fix the issues raised in this report. We've addressed the immediate safety concerns and the Trust has taken action - including the introduction of nationally recognised monitoring for women and their babies. We've listened to what the CQC has said and getting things right for our patients is our top priority.

The CQC rated the Trust overall as 'good' for being effective and caring, and 'requires improvement' for being responsive, well-led, and safe. Of the Trust's individual service ratings, 42 are rated 'good' or 'outstanding', 11 are rated as 'requires improvement', and one is rated as 'inadequate'. The report signals areas where improvement is needed, including some areas not fully managing infection risks, medicines management or record keeping well enough, and staff not always feeling able to raise concerns. While we acknowledge and accept the areas of concern this report highlights, the CQC found that NHS teams across the board treated patients with compassion and respect, and we're pleased our hardworking staff have been recognised. The CQC inspectors found that Trust staff across the board: 'treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions', and that they 'gave patients and those close to them help, emotional support and advice when they needed it to minimise their distress'.

Although inspectors reflected that we 'promoted an open culture' and had 'visible and approachable' leaders, it is clear that in some areas our staff are not feeling as supported as they should be. We appreciate and value our staff and know their knowledge and expertise will be at the heart of addressing some of the problems the CQC has identified. We will be reviewing our culture and openness to make sure there is an environment where everyone – including our patients, our staff and our commissioners – has an opportunity to contribute and play a full part in our improvement.

I am still immensely proud of the work our staff do, every day, to care for people in their time of need. We will make the improvements required. It's important to highlight our community teams, who were inspected for the first time as part of our Trust, and did themselves proud. They were rated as good overall, with inspectors highlighting areas of 'outstanding practice' in health services for children and young people. I'm delighted to have our community teams on board, and by continuing to work closely together we can absolutely learn from each other's best practice.

As well as the CQC report's findings, there has recently been some **high-profile media coverage** about our Trust too, including coverage about a data breach investigation. A review of this investigation process is being commissioned, which I welcome. The review is being commissioned by NHS Improvement, and overseen by Ed Argar MP, Minister of State at the Department of Health and Social Care. An independent review with maximum transparency is the right way forward, and we are in support of this approach and again, hope to learn from the results.

One thing all our staff can help with is about getting the basics right. We will have a renewed focus on ensuring the correct processes are being followed across the board – from infection prevention to mandatory training. We need to make sure our staff are ensuring risk assessments, data, documentation and record keeping are all up to date – it will help us minimise the chance of patient safety incidents. This is something we will be focusing on in our regular quality walkabouts. We will also be making improvements to our electronic systems and clinical governance to ensure that, if something doesn't go to plan, we will learn and improve. We need to identify risks quicker and share lessons wider, across our organisation. As well as ensuring an open culture, we need to be safety focused, taking human factors into account. I think these come hand-in-hand, and if we get the basics right the improvements will naturally follow.

It's important to highlight our community teams, who were inspected for the first time as part of our Trust, and did themselves proud. They were rated as good overall, with inspectors highlighting areas of 'outstanding practice' in health services for children and young people. I'm delighted to have our community teams on board, and by continuing to work closely together we can absolutely learn from each other's best practice.

The CQC report also highlights that staff treat our patients with compassion and kindness, and as our staff surveys highlight the majority of our staff are proud to work here. We will build on this foundation in driving the improvements that are needed. Our staff make a profound difference to people's lives on a daily basis. We are here to care for people and their health in their times of need. We must not lose sight of this. And together as a leadership team and as a board, with the support of our Council of Governors, we will fix the things that need fixing. We are developing a robust improvement plan with an executive lead for each of the actions we've been given, and progress on this will be formally monitored at Trust Board and reported back to the CQC. We will also share our progress on this with you regularly.

I would also like to thank our staff who have responded so well as we have experienced sustained activity and **operation pressures over the New Year and January**. Our plans for the winter supported our response but early January we took the decision to suspend our routine elective activity for two weeks. This allowed us to better manage activity during the period of very high demand until we were able to safely staff and open our planned surge capacity on G9. This capacity was opened in line with our plans on mid-January using 16 beds, the ward can flex up to 29 beds if required. The main impact of the decision to suspend routine elective activity was on orthopaedic joint replacements, I am pleased to say that due to the flexibility of the clinical teams and hard work of the operational teams all of the affected patients have been rebooked.

Overall in terms of December's **quality and performance** we continue to be challenged against a range of metrics. There were 62 falls, 56 Trust acquired pressure ulcers and four C. difficile infections. The challenge of demand and capacity continues with three areas failing the target for December 2019. These areas were cancer 2-week wait breast symptoms with performance at 90.3%, cancer 62-day GP referral with performance at 81.8%, and incomplete 104-day waits with two breaches reported in December 2019. Referral to treatment performance for December was

79.8% with five patients waiting longer than 52 weeks. The Trust is part of a pilot scheme trialling a number of new metrics for emergency department (ED) performance. When the new metrics have been agreed nationally they will be included in this integrated quality and performance report.

Our **financial position** remains extremely challenging with the deterioration in our financial performance with the month nine position against plan, reporting a deficit of £7.3m year to date which is £5.8m worse than plan. We agreed a control total to breakeven which means we need to deliver a cost improvement programme of £8.9m. However, we have received additional funding associated with activity above our agreed plan which will mean, if we deliver our current cost improvement plans, that we will meet our original plan to break even in 2019-20.

Pathology Services across Suffolk and North East Essex have developed a clinical strategy and vision for pathology services over the next five years. One of the key aims of the clinical strategy is to describe how ESNEFT and WSFT can deliver high quality pathology services at best value. During December our cellular pathology service was unsuccessful in its assessment for UKAS accreditation. We have put in place an escalation framework to provide oversight of our pathology services, this framework includes a monthly oversight meeting with Board members and senior service leaders. It is clear from these discussions that staff remain concerned and clear plans are required to deliver a sustainable workforce and service accreditation.

The **West Suffolk Hospital** has been standing proudly on its current site for 45 years. It's been very good to us, our patients, and our community over that time, but (like us!), as it ages it's important that we pay it more attention and take good care of it. Naturally with a building that's getting older, creaks and strains start to show. You may have seen our estates development team out and about across the site, doing normal and planned structural checks to make sure everything is still working as it should be. With a site of this size, it's a continual, rolling programme of work.

In November we shared communications with our staff, the public, and proactively with our local media teams about the work we're doing around reinforced autoclaved aerated concrete (RAAC) planks, which were used in the original build of West Suffolk Hospital and the front residences in the 1970s. We've had a robust estates programme for many years, but since receiving a report specifically about RAAC planks, we've increased our assessments. These investigations are ongoing with the support of experienced, structural engineers, and as of yet no unexpected signs of stress tension have been identified. However, our plan is to continually check all of the RAAC planks in a rolling programme - staff, patient and visitor safety matters to us above all else. We have documented our estate challenges for many years, and the West Suffolk Hospital has been given a maximum life-expectancy of 2035. That's why it's so positive that our need for a new hospital has now been acknowledged at a national level.

With the winter season comes our usual plea for staff and members of the community to have their **flu jab**. Along with over 80% of my colleagues, I've had mine! I'm pleased that so many of our staff have opted for this additional level of protection; flu is highly contagious and it can have a devastating impact on healthy people, let alone those who are already vulnerable.

In November we celebrated four years of having our **wonderful bleep volunteers**. Wearing a bright red uniform, our 29 hospital 'bleep' volunteers are available to run errands across the West Suffolk Hospital site – each volunteer carries a phone on their shift, so staff can contact them when necessary. On an average month, these wonderful volunteers save staff more than 54 hours and make 450 trips to and from the hospital pharmacy. And we mustn't forget that our bleep volunteers are just one group of the many, many we are lucky enough to have here at the Trust. They are so valued and appreciated.

Deliver for today

We're supporting staff with information and advice about the Wuhan novel coronavirus (WN-CoV). There are currently no confirmed cases in the UK or of UK citizens abroad, and the risk to the public is low, but the government is monitoring the situation closely and will continue to work with the World Health Organization (WHO) and international community. Public Health England has released some very comprehensive information, including some really helpful guidance for members of the public which can be found here and we'd recommend: https://www.gov.uk/guidance/wuhan-novel-coronavirus-information-for-the-public. The Department of Health and Social Care are publishing updated data on this page on a daily basis at 2pm until further notice.

Rapid Intervention Vehicle supports more than 900 patients to stay at home
A partnership service that has allowed more than 900 people in west Suffolk to be cared for at home, rather than admitted to hospital, has been extended into spring. A holistic health and social care team of ambulance and community staff uses a rapid intervention vehicle (RIV) to visit and assess patients in their own home, helping to maintain patients' independence and reduce the pressure on hospital services. The service is jointly provided by our Trust and the East of England Ambulance Service Trust (EEAST), in collaboration with the West Suffolk Clinical Commissioning Group (WSCCG) as part of the West Suffolk Alliance – a commitment to better joint-working between healthcare providers and beyond for the benefit of local people. Most of the patients the service cares for are elderly, frail and housebound; may have had a fall or developed an infection, and are unable to go to their GP. The RIV can visit between five to six patients a day, depending on the travel involved.

West Suffolk cancer survival rates highest in region
Latest national figures have revealed that cancer survival rates in the NHS West Suffolk Clinical Commissioning Group area are the best in the east of England. The figures from Public Health England show that the one-year survival rate for patients in west Suffolk diagnosed with cancer is 74.9%, higher than any other CCG area in the east and above the national average of 73.3%. This one-year cancer survival rate has been increasing every year in west Suffolk and is up from 65.1% in 2002. This is due to the close collaboration of our Trust, NHS West Suffolk Clinical Commissioning Group, GPs and partners.

Frailty assessment unit opens
As you may remember, back in early August, the Trust carried out a successful, two week 'test and learn' of our frailty at the front door service. This enabled us to produce a clinical model that will see the Trust fulfilling its commitment to provide a better service for frail patients. This is in line with national targets to provide at least 70 hours per week of acute frailty care. Our new frailty assessment unit (FAU), opened permanently on the 28 October, meaning that patients who are assessed as frail will be transferred to the FAU for a comprehensive geriatric assessment, with a more prompt decision about a discharge home or admittance to a ward. This will improve patient experience, and also facilitate better patient flow through the hospital.

Top scores for our emergency department team in CQC emergency care survey
Congratulations to our fantastic emergency department team, who have matched some of the highest scores in England in the Care Quality Commission's latest urgent and emergency care survey! The Trust matched the highest scores for the availability of help from members of staff while patients were waiting in the emergency department, and also the overall score for waiting times in the emergency department.

Invest in quality, staff and clinical leadership

Cardiac team celebrates one year of caring for community hearts
The cardiac centre at West Suffolk Hospital was officially opened on 11 December 2018, by the Every Heart Matters appeal ambassador, Frankie Dettori. The centre was built with a £5.2 million investment from West Suffolk NHS Foundation Trust (WSFT), and half a million pounds raised by My WiSH Charity and their fundraisers, who all worked together to transform heart care for the local community. One year on, and the centre is doing just that, with new procedures taking place and patients receiving top quality care close to home. In the 11 month period after the new centre was opened the Trust has performed more than 19,500 diagnostic tests. These vital tests help to ensure a quick and accurate diagnosis for our cardiac patients.

Transforming the world with a Smile
For most people in the developing world, access to the free, safe healthcare we take for granted is out of reach. Clinicians from the West Suffolk NHS Foundation Trust (WSFT) support the charity Operation Smile, which works across the world to transform the lives of children affected by cleft lip and palate. WSFT paediatrician Dr Arun Saraswatula has recently returned from Morocco, where Operation Smile has been caring for people for 20 years. He was joined on the 11-day mission near Agadir by WSFT theatre nurse Lindsay Anderson, where they helped to treat 217 patients and carried out 273 procedures during five days of surgery. The rest of the time involved preparation, after care, teaching and training local clinicians and support workers.

Staff recommend us as a top Trust to receive care
In November staff once again rated our hospital and community services as one of the best places to receive treatment and best places to work. In the most recent NHS Staff Friends and Family Test (FFT), 92% of staff surveyed said you would recommend the Trust as a place to receive treatment, the seventh highest percentage recorded in England. In addition, 79% of staff said you would recommend it as a place to work, which is the tenth highest percentage recorded in England. These are both well above the national averages of 81% and 66% respectively.

Occupational Therapy Week
Occupational Therapy Week (4-10 November) was a national awareness week run by the Royal College of Occupational Therapists (RCOT) to promote the value of occupational therapists and the fantastic work they do across the UK. Here, our occupational therapists have the opportunity to rotate in post and work in a wide range of areas around the Trust including medicine, orthopaedics, mental health and neurology, allowing them to network and develop their knowledge, skills and understanding of other roles. They take a holistic and person-centred approach to the care they provide, which facilitates successful multi-disciplinary team working and enables patients to achieve the best possible quality of recovery and optimum independence. They'll often liaise with external organisations such as social and mental health services, charities and other specialist teams to support their patients once they leave hospital. The Trust has recently introduced a new rotation working with adult and community services. The occupational therapist takes the role of social services OT and works closely with social workers and independence and wellbeing practitioners, reviewing care packages, identifying those who might benefit from financial and carers assessments and supporting both informal carers and care agencies.

Newmarket hosts regional learning event
The Community Hospitals Association (CHA) held a sharing and learning day at the Trust in November, with the theme 'Achievements and challenges in community hospitals – sharing experiences'. Newmarket Community Hospital was chosen to host the event, which saw people who work in community hospitals across the region coming together for information, discussion and creative sessions.

Build a joined-up future

New Macmillan navigators improve cancer support
A cancer diagnosis is never easy to receive and can affect a person for the rest of their life but a new team based at our Trust is trying to make things that bit easier for local people living with or beyond cancer. The Macmillan cancer care navigator service is working with West Suffolk Hospital and local GP surgeries to offer people the chance to have a one to one, personal conversation about their non-medical needs, such as worries about money or feelings of anxiety. The navigators will then direct people to the right information and support services in their area. The service can support patients, their families and carers by:

- providing practical information and support about their cancer
- explaining the financial support available, and how patients can access it
- exploring what is important to their physical and emotional wellbeing
- signposting or referring them to local activities and resources.

They offer a phone call consultation to explore a patient's needs and face-to-face support sessions in the community, as part of a two-year trial period funded by Macmillan Cancer Support.

Restart a Heart Day
As a Trust we have taken on Restart a Heart Day. The purpose of the day is to encourage people to learn cardiopulmonary resuscitation (CPR). In a recent survey, it was discovered that 47% of people would not intervene to give a bystander CPR due to a fear of making the situation worse. Our very own resuscitation team had a stand at the main hospital entrance providing CPR training, and our community cardiac rehabilitation team prepared an information display at Sudbury Health Centre. Be sure to check out our short video of our resuscitation team demonstrating the three easy steps on the Trust's Facebook and Twitter accounts.

Global AF awareness week (18-24 November)
Atrial Fibrillation (AF) is the most common sustained cardiac arrhythmia increasing the risk of a stroke by five times. In fact, one in five of all strokes is attributed to this arrhythmia. Patients with AF who have a stroke also have increased levels of mortality, morbidity and disability, with longer hospital admissions compared with other stroke patients. Since 2017, through a transformation project led by the West Suffolk Clinical Commissioning Group (WSCCG), it has been recognised that locally there needs to be an increase in the identification and treatment of AF patients in west Suffolk. The CCG is actively encouraging and promoting awareness raising regimes to reduce the incidence of AF-related strokes and improve the healthcare experience of patients with AF across the region. The highest priority is in detecting AF as prevalence data advises that over 1,700 people in west Suffolk have undiagnosed AF.

A network of community volunteers has been established who are trained and equipped with AF mobile detection devices - detecting to an accuracy of more than 97%. Within 30 seconds, a Kardia AliveCor device can establish if a patient has 'possible atrial fibrillation', which would be indicative for the patient's GP to undertake further investigation through an ECG or heart-trace to establish the best form of direct oral anticoagulation (DOAC) therapy.

8. Governor issues (enclosed)

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

For Approval

Presented by Liz Steele

REPORT TO:	Council of Governors
MEETING DATE:	11 February 2020
SUBJECT:	Governor issues
AGENDA ITEM:	8
PREPARED BY:	Liz Steele, Lead Governor Richard Jones, Trust Secretary & Head of Governance
PRESENTED BY:	Liz Steele, Lead Governor
FOR:	Approval

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

1. ***Can we be assured that all the Trust policies are being deployed effectively by managers, and the policies and the deployment are being monitored and reviewed*** *e.g. consistent use of the Flexible working policy and effective application of the grievance policy*

   The Trust has over 200 policies which cover practices ranging for staff management to the direct delivery of clinical care.

   Many of the measures which are routinely monitored are underpinned by policies which set out the management expectation of how a practice or procedure should be delivered. Examples relevant to the recent CQC report are set out in the table below.

   Examples of policy monitoring

Areas and relevant policy(ies)	Measure and sources of assurance for NEDs
Induction and mandatory training • Mandatory and statutory training policy • Appraisal personal development planning and KSF • Medical appraisal	• Integrated Quality & Performance Report (IQPR) to open Board – reports performance against 25 topics • Quarterly report to open Board (most recent Jan20) • Monthly report to all managers - team and individual staff • Internal Audit last reviewed mandatory training arrangements in July 2017 - reasonable assurance (yellow) rating
Incident reporting • Incident Reporting and Management – policy and procedure	• IQPR to open Board – reports against 10 indicators • Detailed listing in closed Board, includes summary of all new serious incidents • Outcomes in quarterly learning report to open Board • Quarterly report to Clinical Safety & Effectiveness Committee (CSEC) – range of measures reported including evidence of completed actions and closure of investigation reports by CCG • National reporting and learning system (NRLS) benchmarking data – reported to CSEC includes rates and severity benchmarking • Summary and learning in Trust annual report (quality report) • Internal Audit last review red incident management in

	October 2018 - substantial assurance (green)
Complaints • Complaints management policy	• IQPR to open Board – reports against seven indicators • Detailed listing in closed Board, includes summary of all new complaints • Outcomes in quarterly learning report to open Board • Lead NED for complaints • Quarter reporting to Patient Experience Committee • Ombudsmen feedback from complaints escalated for their review • Summary and learning in Trust annual report (quality report) • Internal Audit last reviewed complaints in July 2015 – green rating

In light of the CQC report and the focus on ensuring that we are '*getting the basics right'* we are reviewing the structure and contents of the IQPR. This is the key performance report received by the Board each month and is populated by information from a range of systems and processes e.g. the Perfect Ward App. Options for developing a model for ward accreditation are also being considered as part of the CQC improvement plan. Such an accreditation scheme would include policy compliance for key activities and practices.

Proposal
As a key source of assurance we will share the results of the IQPR review and ward accreditation with Governors. It is proposed this is part of the agenda at the Quality & Risk Committee meeting on 27 March 2020.

The question from the Governors makes specific reference to two human resources policies - flexible working and grievance. As part of the CQC action plan we will be responding to the following CQC finding:

> *The trust must ensure that effective process for the management of human resources (HR) processes, including staff grievances and complaints, are maintained in line with trust policy. To include responding to concerns raised in an appropriate and timely manner and ensuring support mechanisms are in place for those involved.*

As part of the response to the CQC finding we plan to evaluate the process for managing HR policies. This will take into account the latest NHS guidance, improving people practices, and Jeremy Over as the new human resources director will use this as an opportunity to review HR governance in the Trust. This review will include oversight of the right to appeal in the policies and reporting to relevant management and Board committees.

In order to provide full assurance to the NEDs this wider review will be required, which goes beyond the findings of the CQC report. The aim of this work being to enable managers to be more confident in applying HR policy reflecting the individual staff members circumstances; this will need to be underpinned by effective training and support for managers

Proposal
The NEDs to provide assurance to the governors by sharing the outcome of the improvements/assurances from the CQC action and wider HR review – schedule for August meeting.

2. ***Can we be assured that communications to the Governors as well as the questions that they raise are dealt with in a full and timely manner, particularly with reference to the recent media issues***

At the recent Governors training session it was agreed to provide clarity on the routes for Governor communications, concerns and questions.

- **Patient concerns**

As a governor you may be made aware of an issue, concern or suggestion from a patient, member of the public or relative in relation to services provided by West Suffolk NHS Foundation Trust. It is not the role of a governor to act on behalf of a patient when making a complaint nor is it appropriate for a governor to investigate an issue themselves.

The Trust is unable to investigate a complaint or concern unless it has formal consent from the patient. If you are made aware of a concern, please encourage the individual to contact the Patient Advice & Liaison Service (PALS) who will be able to offer advice, support and assistance with their concerns. We are currently looking to produce PALS business cards which will allow the Governors to hand these to individuals as required.

At the training session we considered the need to gather details of these concerns to allow Governors to identify themes or patterns. This will allow Governors to triangulate this information with other evidence or assurances to identify concerns and inform their questioning.

Proposal
Establish a process so that governors can submit summary details of any issue, concern or suggestion raised with them by a patient or member of the public. These will be collected centrally and reported to:

(a) The PALS team for review and action as appropriate
(b) The Governors' Engagement Committee to review along with other findings from engagement activities
(c) A summary report provided for consideration at the informal Governors meetings, allowing triangulation with other evidence.

If approved the following email address will be created to allow Governors to submit these details: governorengagement@wsh.nhs.uk

- **Governor questions**

Where a Governor has a question that they feel is relevant to their role in holding the Board to account there is currently ambiguity as to how and to whom this should be raised. At the training session it was also considered important that other Governors have sight of these questions and responses. This should also include the timeliness of the response.

Proposal
Establish a process so that governors can submit questions relevant to their role. These will be collected centrally and as well as providing a response to the individual Governor these will:

(a) Be captured centrally so that a summary report can be shared with Governors for their informal meetings
(b) Provide transparency of the timeliness of response to questions, recognising that providing responses will need to be balanced by those responding against other commitments. It is expected that a response would be provided within 20 working days.

If approved the following email address will be created to allow Governors to submit their

questions: governorquestion@wsh.nhs.uk

3. ***Regarding the Investigation/Whistleblowing - can we be assured that the appropriate person/body was contacted and given formal approval for the action taken?***

   The authority to make decisions such as that outlined sit with the Trust. The recent discussions and coverage have questioned the basis of these decisions and how it was communicated to staff. As you will be aware a review of the investigation process has been commissioned by NHS Improvement, and will be overseen by Ed Argar MP, Minister of State at the Department of Health and Social Care. In these complex cases, an independent review with maximum transparency is the right way forward, and we are in support of this approach.

   Proposal

   The NEDs to provide assurance to the governors by appropriately communicating the outcome of the independent review commissioned by NHSI.

Recommendation:

1. To note the response to the issues raised

9. Summary quality & performance report (enclosed)

To note the summary report

For Reference

Presented by Alan Rose

REPORT TO:	Council of Governors
MEETING DATE:	13 November 2019
SUBJECT:	Summary quality & performance report
AGENDA ITEM:	9
PREPARED BY:	Helen Beck, Chief Operating Officer Rowan Procter, Chief Nurse Richard Jones, Trust Secretary & Head of Governance
PRESENTED BY:	Alan Rose, Non-Executive Director
FOR:	Information - To update the Council of Governors on quality and operational performance

This report describes performance against these targets aligned to the care quality commission's (CQC) five key questions. This includes a summary against identified areas for improvement.

CQC's five key questions

Are we safe?	You are protected from abuse and avoidable harm.
Are we effective?	Your care, treatment and support achieves good outcomes, helps you to maintain quality of life and is based on the best available evidence.
Are we caring?	Staff involve and treat you with compassion, kindness, dignity and respect.
Are we responsive?	Services are organised so that they meet your needs.
Are we well-led?	The leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

Quality walkabout summary – Q3 2019/20
Report from Paul Morris, Deputy Chief Nurse

This report is currently being prepared.

Recommendation:

To note the summary report.

Summary quality & performance report

Are we safe?

Within the **safety dashboard** 13 of 36 indicators for which data was available were reported as 'green' throughout Q3 (the same as in Q2). These included:

- Infection prevention indicators – central venous catheter insertion, preventing surgical site infection pre-operatively; ventilator associated pneumonia, urinary catheter insertion
- Serious harm as a result of falls - community
- Timely submission of Serious Incident Requiring Investigation (SIRI) final reports (60 working days)
- Risk register assessment and actions in date
- Rapid access chest pain
- Hand hygiene audits
- Pain management performance

Areas for improvement (rated red throughout quarter)

- There were a total of 158 **pressure ulcers** during Q3 (compared to 132, 127 and 104 in the previous three quarters respectively). There has been an increase in pressure ulcers identified in the community, and a reduction in the acute setting. A deep dive exercise is currently underway to understand the trends and the clinical details which underpin the numbers. This review will inform a targeted action plan to address identified concerns. We continue to work with colleagues to explore informal benchmarking.

- Performance for **MRSA decolonisation** dropped in Q3 and based on review our infection prevention team are introducing auto text for insertion into the e-Care of patient requiring decolonisation to make the requirements clear for prescribers.

Are we effective?

Within the **effective dashboard** 7 of 10 indicators for which data was available were reported as 'green' for each month in Q3 (an increase from 6 in Q2). These included:

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

Areas for improvement (red throughout quarter)

- Emergency department (ED) and non-elective **discharge summary** performance remained challenging. This is evidence that the current actions are not having the desired impact. A new approach is being investigated to ensure that relevant data is received in the wards/department in a timely manner to support improvement.

Are we caring?

Within the **caring dashboard** 18 of 22 indicators for which data was available were reported as 'green' throughout Q3 (an increase from 16 in Q2).

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

Areas for improvement (red throughout quarter)

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

Are we responsive?

Within the **responsive dashboard** 17 of 29 indicators for which data was available were reported as 'green' throughout Q3 (a reduction from 16 in Q2).

Areas for improvement (red throughout quarter)

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

- **Ambulance handovers** – during the quarter there was a significant improvement in 60 minute delays between October and November – from 56 to 18. To continue to address this ongoing concern a dedicated rapid assessment and treatment area has been established to facilitate timely ambulance hand over. The area will also support rapid review by a senior clinical decision maker speeding up diagnosis and treatment. This will also provide appropriate escalation space.

- **18-week maximum wait** from point of referral to treatment (RTT). Performance deteriorated in Q3. Some specialities have shown improvement – urology, ophthalmology, cardiology, neurology, and geriatric medicine. However, there has been a significant decrease in performance with general surgery, plastic surgery. Service level plans are being agreed and assessed against clinical and capacity resource requirements - business cases are being completed for trauma and orthopaedics, ophthalmology, general surgery and gynaecology.

- **Neutropenic sepsis – door to needle time within 1 hour** performance showed no improvement in Q3. Action is focused towards patients being managed within the emergency department: teaching and competency sigh-off, including regular agency staff; communication through hot topics at start of shift; reporting of performance in department; and emphasis of responsibility within the floor coordinator responsibility.

- **Children in care assessments** – an increase in GP with specialist interest capacity has been approved as a six-month pilot with the CCG. The detail is currently being agreed but will only impact on the west of Suffolk geography.

Are we well-led?

Within the **well-led dashboard** 13 of 28 indicators for which data was available were reported as 'green' throughout Q3 (an increase from 8 in Q2).

Areas for improvement (red throughout quarter)

- Year-on-year **staff appraisal** performance has improved from 76.4% in December 2018 to 83.6% in December 2019. Actions to support continued improvement include: monthly reporting to managers (with RAG rating); review of compliance at department and divisional levels; dedicated support for areas failing. The implementation of the electronic staff record (ESR) manager and supervisor self-service in April 2020 will provide greater visibility and ownership of the data. We are also engaging with regional streamlining projects to learn from others.

10. Summary finance & workforce report (enclosed)

To note the summary report

For Reference

Presented by Gary Norgate

REPORT TO:	Council of Governors
MEETING DATE:	11 February 2020
SUBJECT:	Summary Finance & Workforce Report
AGENDA ITEM:	10
PREPARED BY:	Nick Macdonald, Deputy Director of Finance
PRESENTED BY:	Gary Norgate, Non-Executive Director
FOR:	Information - update on Financial Performance

EXECUTIVE SUMMARY:

This report provides an overview of key issues during Q3 and highlights any specific issues where performance fell short of the target values as well as areas of improvement. The format of this report is intended to highlight the key elements of the monthly Board Report.

- The planned deficit for the year to date was £1.5m but the actual deficit was £7.3m, an adverse variance of £5.8m. This includes accruing for all Provider Sustainability Funding / Financial Recovery Fund (PSF/FRF).
- We continue to forecast that we will meet our Control Total and break even. As a result the Trust anticipates receiving all PSF/FRF associated with meeting its control total (£6.0m).
- This forecast requires a recovery plan of £1.8m which includes prioritising the financial position against quality and performance targets.

Income and Expenditure Summary as at December 2019

The reported I&E for December 2019 is a deficit of £1.2m, against a planned deficit of £0.5m. This results in an adverse variance of £0.7m in December (£5.8m year to date) (YTD).

The YTD variance of £5.9m includes activity of £5.0m that is not chargeable under the Guaranteed Income Contract (GIC). Therefore the adverse position can be seen to be driven by demand.

The Trust is forecasting to meet its control total for 2019-20 which is to break even. This position includes funding associated with a significant increase in activity during 2019-20. This additional income is not yet included in the YTD position.

Use of Resources (UoR) Rating

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

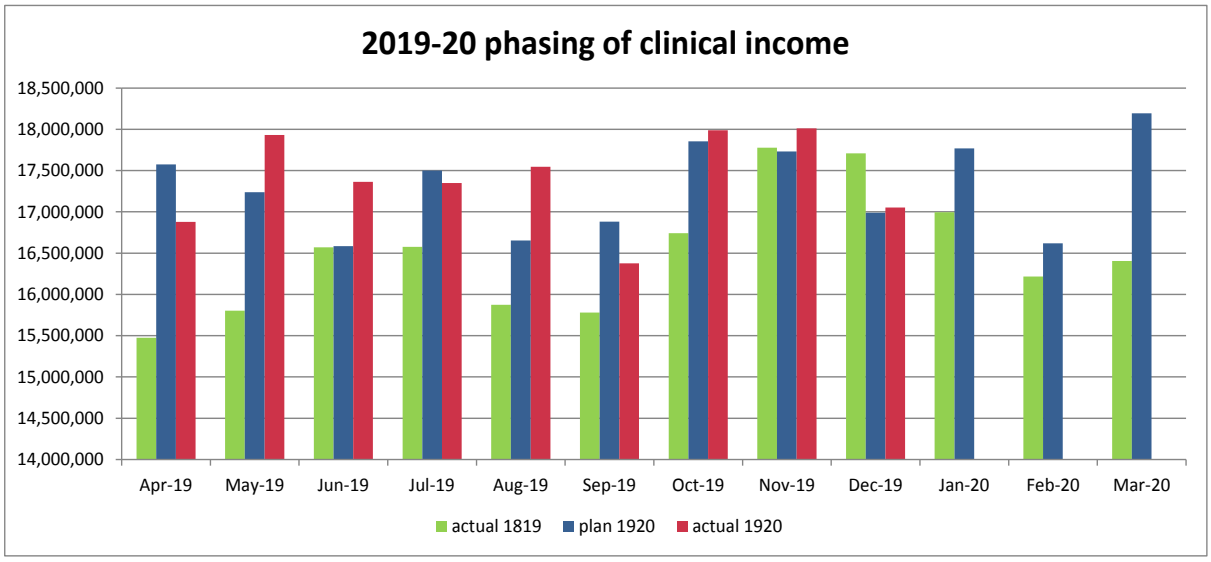
Metric	Value	Score	Plan	Forecast
Capital Service Capacity rating	0.2	4	4	3
Liquidity rating	-32.6	4	4	3
I&E Margin rating	-3.6%	4	2	1
I&E Margin Variance rating	-3.2%	4	1	1
Agency	-11.0%	1	1	1
Use of Resources Rating after Overrides		3	3	2

Performance against I & E plan

SUMMARY INCOME AND EXPENDITURE ACCOUNT - December 2019	Dec-19 Budget £m	Dec-19 Actual £m	Dec-19 Variance F/(A) £m	Year to date Budget £m	Year to date Actual £m	Year to date Variance F/(A) £m	Year end forecast Budget £m	Year end forecast Actual £m	Year end forecast Variance F/(A) £m
NHS Contract Income	17.9	17.9	0.0	163.7	164.1	0.4	217.8	229.3	11.5
Other Income	1.7	2.3	0.6	21.1	21.3	0.1	28.5	26.7	(1.8)
Total Income	**19.6**	**20.2**	**0.6**	**184.8**	**185.4**	**0.6**	**246.3**	**256.0**	**9.7**
Pay Costs	14.5	14.9	(0.4)	128.7	130.9	(2.1)	172.4	175.8	(3.4)
Non-pay Costs	6.6	6.5	0.1	58.8	60.9	(2.1)	78.4	79.3	(0.9)
Operating Expenditure	**21.1**	**21.4**	**(0.4)**	**187.5**	**191.7**	**(4.2)**	**250.8**	**255.1**	**(4.3)**
Contingency and Reserves	(1.1)	0.0	(1.1)	(3.1)	0.0	(3.1)	(6.3)	0.0	(6.3)
EBITDA excl STF	**(0.4)**	**(1.2)**	**(0.9)**	**0.4**	**(6.3)**	**(6.7)**	**1.9**	**0.9**	**(0.9)**
Depreciation	0.7	0.7	0.0	6.0	5.5	0.5	8.1	7.4	0.7
Finance costs	0.3	0.2	0.1	2.9	2.8	0.1	3.9	3.7	0.2
SURPLUS/(DEFICIT)	**(1.4)**	**(2.1)**	**(0.7)**	**(8.5)**	**(14.6)**	**(6.1)**	**(10.1)**	**(10.1)**	**0.0**
Provider Sustainability Funding (PSF)									
MRET, FRF/PSF - Financial Performance	0.9	0.9	0.0	7.0	7.3	0.3	10.1	10.4	0.3
SURPLUS/(DEFICIT) incl PSF	**(0.5)**	**(1.2)**	**(0.7)**	**(1.5)**	**(7.3)**	**(5.8)**	**0.0**	**0.3**	**0.3**

Performance against Income plan

The chart below summarises the phasing of the clinical income plan for 2019-20, including Suffolk Community Health. This phasing is in line with activity phasing and does not take into account the block payment.



Income (£000s)	Current Month Plan	Current Month Actual	Current Month Variance	Year to Date Plan	Year to Date Actual	Year to Date Variance
Accident and Emergency	905	976	71	8,138	8,829	691
Other Services	2,154	2,239	85	20,107	20,196	89
CQUIN	170	169	(1)	1,546	1,542	(5)
Elective	2,546	2,632	85	25,029	24,926	(104)
Non Elective	6,576	6,454	(122)	55,899	55,326	(574)
Emergency Threshold Adjustment	(363)	(363)	0	(3,104)	(3,104)	0
Outpatients	2,882	2,803	(79)	27,946	27,856	(90)
Community	2,988	2,988	0	28,134	28,539	405
Total	**17,859**	**17,899**	**39**	**163,695**	**164,108**	**414**

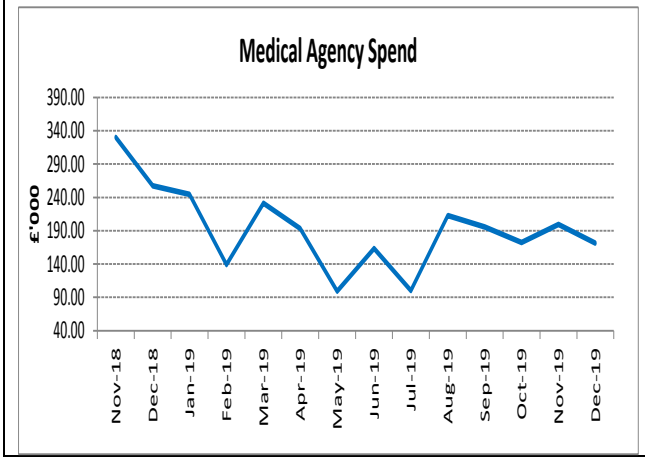
Performance against Expenditure plan - Workforce

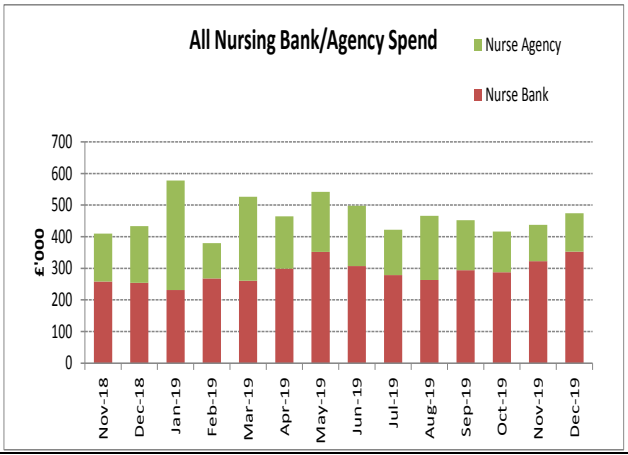
Monthly Expenditure (£) Acute services only				
As at December 2019	Dec-19	Nov-19	Dec-18	YTD 2019/20
	£'000	£'000	£'000	£'000
Budgeted costs in month	**12,723**	**13,836**	**11,827**	**113,219**
Substantive Staff	11,663	11,596	10,623	101,810
Medical Agency Staff (includes 'contracted in' staff)	160	191	246	1,410
Medical Locum Staff	350	163	294	2,436
Additional Medical sessions	189	189	266	2,354
Nursing Agency Staff	106	109	164	1,273
Nursing Bank Staff	331	301	233	2,520
Other Agency Staff	65	85	39	636
Other Bank Staff	151	137	122	1,278
Overtime	51	60	157	1,137
On Call	76	69	53	613
Total temporary expenditure	1,480	1,304	1,574	13,658
Total expenditure on pay	**13,144**	**12,900**	**12,197**	**115,468**
Variance (F/(A))	(420)	936	(370)	(2,249)
Temp Staff costs % of Total Pay	11.3%	10.1%	12.9%	11.8%
Memo : Total agency spend in month	331	385	449	3,319

Monthly Whole Time Equivalents (WTE) Acute Services only			
As at December 2019	Dec-19	Nov-19	Dec-18
	WTE	WTE	WTE
Budgeted WTE in month	**3,356.4**	**3,354.0**	**3,229.7**
Employed substantive WTE in month	3115.16	3110.97	2925.43
Medical Agency Staff (includes 'contracted in' staff)	10.37	9.93	13.82
Medical Locum	29.96	13.81	22.8
Additional Sessions	16.26	16.74	33.53
Nursing Agency	13.9	95.54	73.22
Nursing Bank	103.37	10.92	6.3
Other Agency	8.15	57.11	54.02
Other Bank	62.35	16.71	20.27
Overtime	12.52	14.98	44.58
On call Worked	6.71	6.87	6.96
Total equivalent temporary WTE	**263.6**	**242.6**	**275.5**
Total equivalent employed WTE	**3,378.8**	**3,353.6**	**3,200.9**
Variance (F/(A))	(22.4)	0.4	28.7
Temp Staff WTE % of Total Pay	7.8%	7.2%	8.6%
Memo : Total agency WTE in month	32.4	162.6	141.1
Sickness Rates (November/October)	3.85%	3.97%	3.13%
Mat Leave	2.08%	2.12%	2.90%

Monthly Expenditure (£) Community Service Only				
As at December 2019	Dec-19	Nov-19	Dec-18	YTD 2019-20
	£'000	£'000	£'000	£'000
Budgeted costs in month	**1,760**	**1,802**	**1,565**	**15,529**
Substantive Staff	1,689	1,670	1,478	14,674
Medical Agency Staff (includes 'contracted in' staff)	12	9	12	98
Medical Locum Staff	3	3	3	37
Additional Medical sessions	0	2	0	9
Nursing Agency Staff	16	6	16	144
Nursing Bank Staff	21	21	21	237
Other Agency Staff	8	(2)	14	40
Other Bank Staff	10	7	16	67
Overtime	4	4	7	53
On Call	3	4	4	32
Total temporary expenditure	77	55	93	717
Total expenditure on pay	**1,766**	**1,725**	**1,571**	**15,391**
Variance (F/(A))	(6)	77	(6)	139
Temp Staff costs % of Total Pay	4.4%	3.2%	5.9%	4.7%
Memo : Total agency spend in month	35	13	41	282

Monthly Whole Time Equivalents (WTE) Community Services Only			
As at December 2019	Dec-19	Nov-19	Dec-18
	WTE	WTE	WTE
Budgeted WTE in month	**542.06**	**542.09**	**486.25**
Employed substantive WTE in month	511.43	506.78	468.13
Medical Agency Staff (includes 'contracted in' staff)	0.74	0.55	0.74
Medical Locum	0.35	0.35	0.35
Additional Sessions	0.00	0.00	0.00
Nursing Agency	2.25	0.87	2.70
Nursing Bank	6.44	6.37	7.20
Other Agency	3.25	0.56	5.09
Other Bank	2.33	1.89	3.62
Overtime	1.42	1.32	2.27
On call Worked	0.01	0.01	0.00
Total equivalent temporary WTE	**16.8**	**11.9**	**22.0**
Total equivalent employed WTE	**528.2**	**518.7**	**490.1**
Variance (F/(A))	13.84	23.39	(3.85)
Temp Staff WTE % of Total Pay	3.2%	2.3%	4.5%
Memo : Total agency WTE in month	6.2	2.0	8.5
Sickness Rates (November/October)	4.14%	3.98%	5.44%
Mat Leave	3.21%	3.00%	3.57%





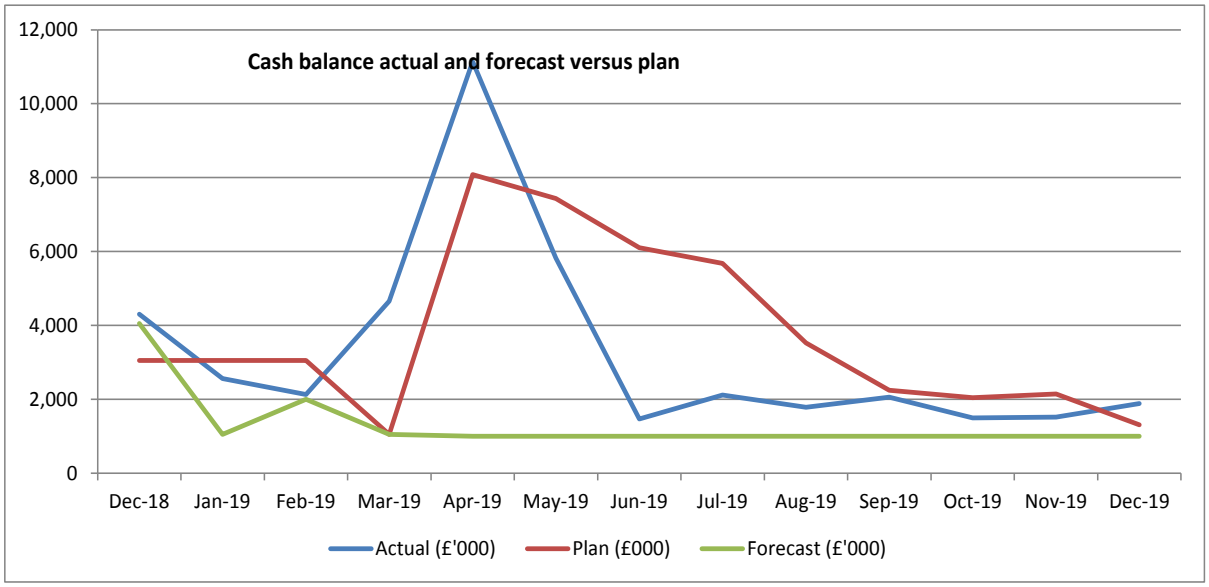
Balance Sheet

STATEMENT OF FINANCIAL POSITION

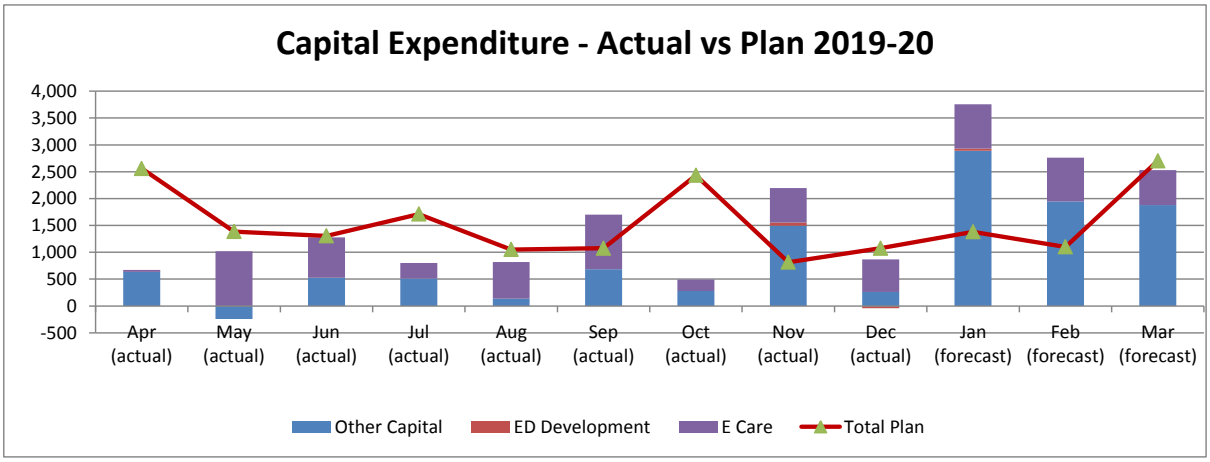
	As at 1 April 2019	Plan 31 March 2020	Plan YTD 31 December 2019	Actual at 31 December 2019	Variance YTD 31 December 2019
	£000	£000	£000	£000	£000
Intangible assets	33,970	35,940	35,721	35,505	(216)
Property, plant and equipment	103,223	115,395	114,104	114,899	795
Trade and other receivables	5,054	4,425	4,425	5,054	629
Other financial assets	0	0	0	0	0
Total non-current assets	**142,247**	**155,760**	**154,250**	**155,458**	**1,208**
Inventories	2,698	2,700	2,700	2,940	240
Trade and other receivables	22,119	20,000	20,000	28,397	8,397
Other financial assets	0	0	0	0	0
Non-current assets for sale	0	0	0	0	0
Cash and cash equivalents	4,507	1,050	1,309	1,886	577
Total current assets	**29,324**	**23,750**	**24,009**	**33,223**	**9,214**
Trade and other payables	(28,341)	(32,042)	(30,082)	(31,682)	(1,600)
Borrowing repayable within 1 year	(12,153)	(3,134)	(3,134)	(16,880)	(13,746)
Current Provisions	(47)	(20)	(20)	(47)	(27)
Other liabilities	(1,207)	(992)	(3,355)	(4,286)	(931)
Total current liabilities	**(41,748)**	**(36,188)**	**(36,591)**	**(52,895)**	**(16,304)**
Total assets less current liabilities	**129,823**	**143,322**	**141,668**	**135,786**	**(5,882)**
Borrowings	(84,956)	(99,186)	(98,927)	(88,730)	10,197
Provisions	(111)	(150)	(150)	(111)	39
Total non-current liabilities	**(85,067)**	**(99,336)**	**(99,077)**	**(88,841)**	**10,236**
Total assets employed	**44,756**	**43,986**	**42,591**	**46,945**	**4,354**
Financed by					
Public dividend capital	69,113	70,430	69,525	69,495	(30)
Revaluation reserve	6,931	9,832	8,021	6,931	(1,090)
Income and expenditure reserve	(31,288)	(36,276)	(34,955)	(29,481)	5,474
Total taxpayers' and others' equity	**44,756**	**43,986**	**42,591**	**46,945**	**4,354**

The cash at bank as at the end of December 2019 is £1.9m.

Cash flow forecast for the year compared to actual



Capital Progress Report



	Apr Actual £'000	May Actual £'000	Jun Actual £'000	Jul Actual £'000	Aug Actual £'000	Sep Actual £'000	Oct Actual £'000	Nov Actual £'000	Dec Actual £'000	Jan Forecast £'000	Feb Forecast £'000	Mar Forecast £'000	Total 2019-20 £'000
E Care	34	1,019	743	290	679	1,018	214	640	608	822	820	654	7,540
ED Development	0	0	0	0	0	0	0	60	-40	40	0	0	61
Other Schemes	636	-242	534	512	138	683	278	1,494	260	2,893	1,944	1,877	11,007
Total / Forecast	670	777	1,277	802	817	1,700	492	2,194	829	3,755	2,763	2,531	18,607
Total Plan	2,560	1,385	1,305	1,710	1,050	1,075	2,434	815	1,075	1,380	1,101	2,702	18,592

The initial capital budget for the year was approved at the Trust Board Meeting on 26 April as part of the operational plan approval.

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

During the first eight months the Trust was awaiting final confirmation of a capital loan to support the capital programme. For this reason many of the estates projects were held awaiting this approval. The loan was approved during the early part of November with a total of £8.2m to be received during 2019/20. This loan partly supports the capital expenditure and therefore is not additional capital resource. This funding has meant that delayed schemes can now commence. The revised forecast represents the current view on the likely progress to the year end.

The Trust also received notification of additional capital funds mainly for IT schemes £1,133k (GovRoam, Global Digital Exemplar (GDE) and Health Information Exchange (HIE)) other schemes for point of care testing and chairs for the discharge lounge totalled £200k. These additional funds are included within the forecast and are due to spend within the financial year.

Recommendation:
To note the summary report.

11. Annual quality report and operational plan (enclosed)

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

For Approval

Presented by Richard Jones

REPORT TO:	Council of Governors
MEETING DATE:	11 February 2020
SUBJECT:	Annual quality report and operational plan
AGENDA ITEM:	Item 11
PREPARED BY:	Richard Jones, Trust Secretary & Head of Governance
PRESENTED BY:	Richard Jones, Trust Secretary & Head of Governance
FOR:	Approval

1. Introduction

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

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

2. Proposal

(a) Governor readers and engagement for the Operational Plan

The guidance from NHSI to refresh operational plans for 2019-20 has just been issued and focus on system-based plans with Board oversight of operational planning to ensure credible, Board-approved plans, against which in-year performance can be judged. First drafts of plans have a very tight timescale of 5 March 2020, with final submission on 29 April 2020.

Work to refresh the operational plan will start immediately and recognising the importance of engaging the Governors it is proposed that:

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

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

Readers will receive the draft plan for comment. The document is likely to be no more than 40 pages in length and it would be expected that comments will be provided within two weeks.

(b) Readers for the Annual Quality Report

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

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

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

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

We still await the detailed audit guidance from NHSI for our External Auditor to use to undertake their limited assurance report of the Trust's Annual Quality Report. However, we will proceed on the basis that the assurance report is comprised of indicator testing based on two parts – two nationally defined indicators and one local indicator identified by Governors.

The **two national indicators** that the auditors are mandated to review last year were selected in sequential order from the following list:

1. percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge
2. maximum waiting time of **62 days from urgent GP referral to first treatment** for all cancers.
3. percentage of **incomplete pathways within 18 weeks** for patients on incomplete pathways at the end of the reporting period
4. emergency readmissions within 28 days of discharge from hospital.

As we are not reporting on A&E four hour the two indicators would be 2 and 3 above. The final list of indicators is expected to be publish in the next week.

For **the local indicator** last year NHSI recommended that the Summary Hospital-level Mortality Indicator (SHMI) should be selected as the local indicator. However, the guidance recognises that Governors may choose an alternative indicator if they consider there is already sufficient assurance in this area, or it is determined that other priorities take precedence. Last year the Governors choose learning from deaths data as the indicator for testing.

It is therefore proposed that the local indicator test the reliability of data reported in the annual quality report for one of the following indicators:

- Participation in **national clinical audit**
- Quality priority patient flow – **patient moves at night**
- **Emergency readmissions** within 28 days of discharge from hospital

The following indicators were considered but rejected for the reasons detailed:

- **Incident reporting**, including duty of candour. Rejected as the processes for incident management will be subject to significant review and potential change during 2020/21 as part of our early adopter pilot of the patient safety response framework (PSIRF). Internal Audit also reviewed the management of red incidents in 2018/19 – rated as substantial assurance (green).

- Quality priority patient flow – **patient transport**. Rejected as this data during 2019 was owned by e-Zec and therefore not within our control

3. Recommendation

1. Governors note the planned joint Board and Governor workshop to be scheduled to consider the refreshed operational plan
2. Governors seek nominations for up to three governors to act as readers of the draft operational plan
3. Governors seek nominations for up to three governors to act as readers of the Annual Quality Report
4. Governors agree the additional (third) indicator for the external auditor's limited assurance report of the Annual Quality Report.

12. CQC Report (accessed via web link)

To note the report and receive feedback from discussion in closed session

https://www.cqc.org.uk/sites/default/files/new_reports/AAAJ6919.pdf

For Reference

Presented by Sheila Childerhouse

13. Governor review results (enclosed)

To approve the report recommendations

For Approval

Presented by Sheila Childerhouse

REPORT TO:	Council of Governors
MEETING DATE:	11 February 2020
SUBJECT:	Governor review results
AGENDA ITEM:	13
PRESENTED BY:	Sheila Childerhouse, Chair
FOR:	Approval

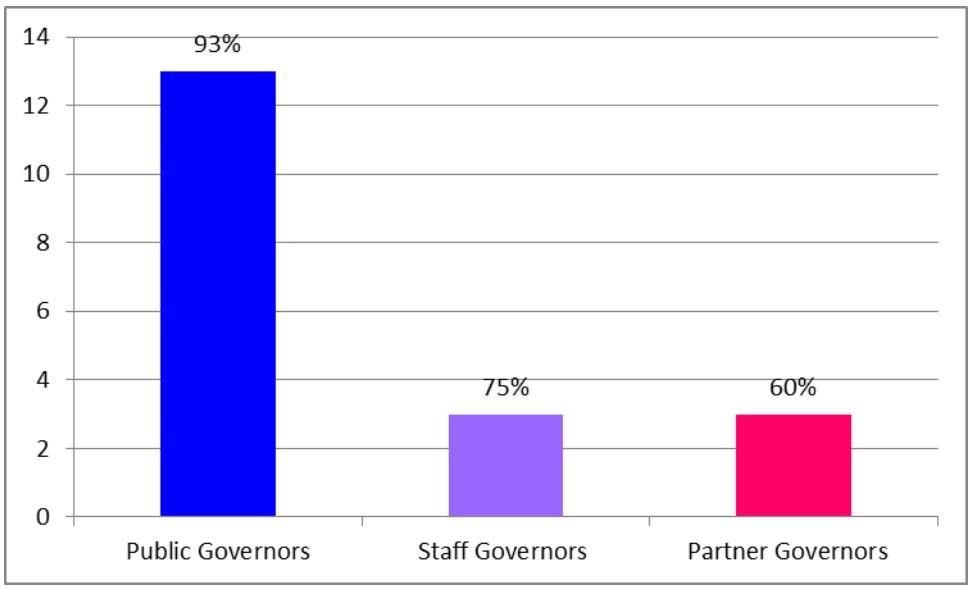
Governor Review 2019-20

1. Introduction

This report provides a summary of the feedback from the survey which was undertaken in November 2019. The purpose was to assist in improving the support and development of governors. All governors were asked to complete a short survey via SurveyMonkey to gain feedback on their experiences during 2019. There were a total of 15 questions covering training, engagement, communication, interaction and meeting participation, with the opportunity to provide comments and suggestions.

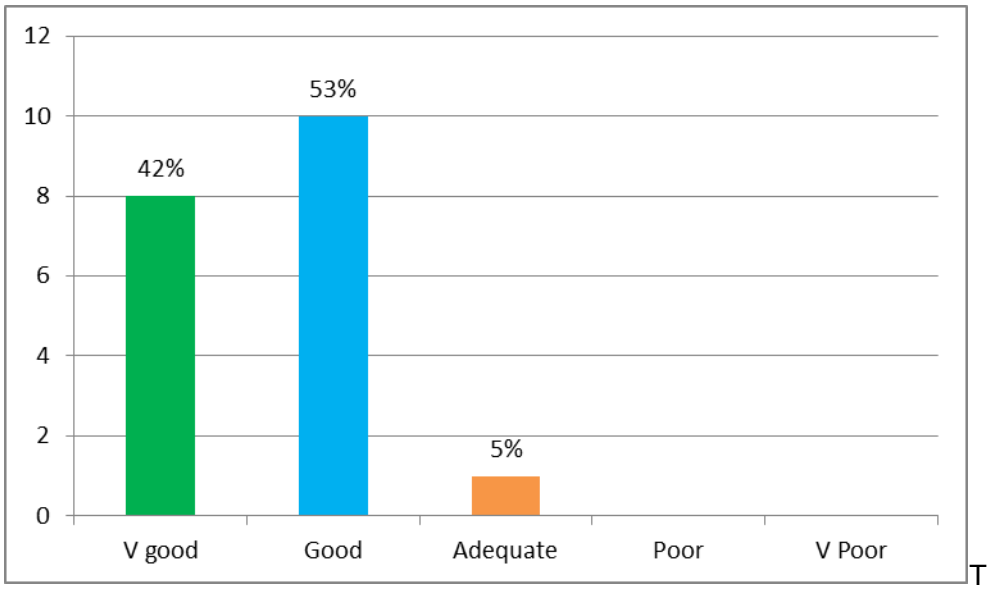
2. Summary of findings

2.1 Responses received



We received a very good response rate across the governor groups with 79% of governors responding overall.

2.2 Training and development



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This included the session provided by Claire Lea in January 2019, joint Board and CoG workshop in March, presentations to the Quality and Risk committee and the 5 o'clock club.

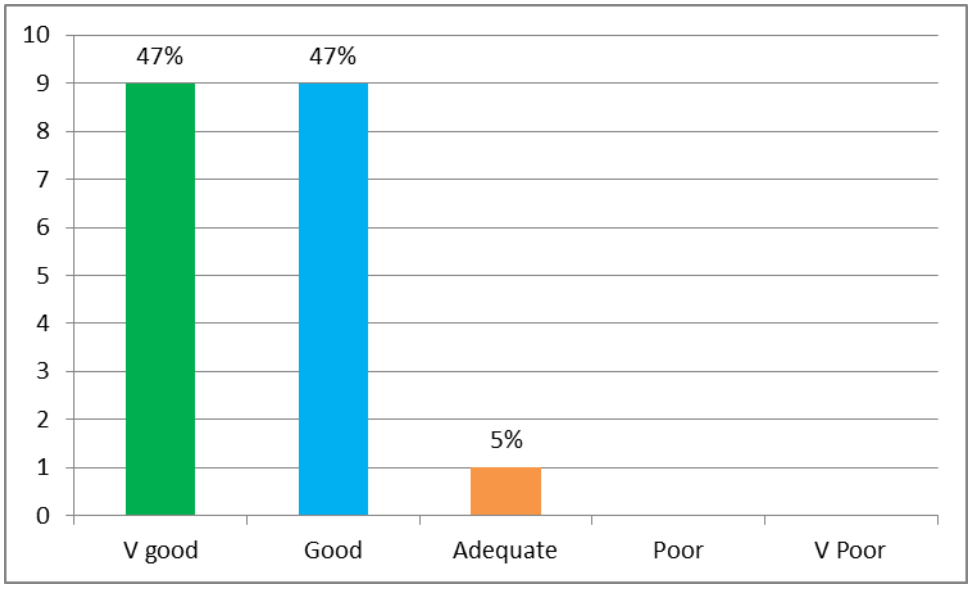
Results were considerably better than the previous year, with 95% of governors rating this as at least 'Good' compared to 75% last year.

In response to comments received a different provider was used for the recent training session. In addition to reviewing the role of governors this focussed on how governors could be more effective and how they could identify the key issues they should be seeking assurance on.

Based on comments received further training or briefings as part of meeting agendas will be scheduled on:

- Finances
- Integrated Care System (ICS) and Alliance working
- CQC report – actions to address issues raised
- Engagement with younger people – discussions at the Engagement committee

2.3 Engagement opportunities

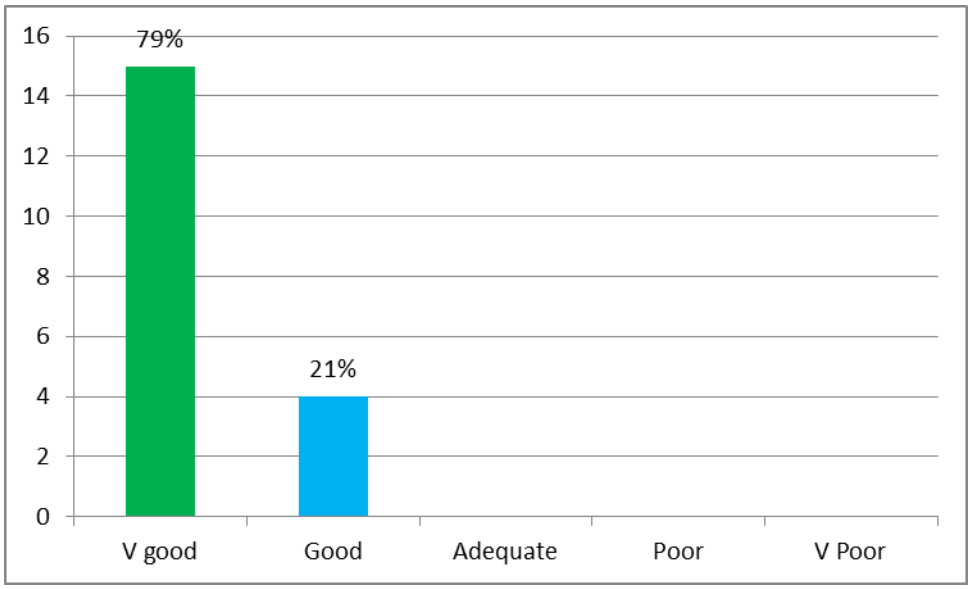


This included area observations, quality walkabouts, Courtyard/Newmarket Café, environmental reviews, presentations to FT members and the public eg Sudbury, Annual Members Meeting.

This was a new question and therefore there is no comparison with last year, however overall feedback was positive. There was a feeling that more should be done with engagement in the community and this is being looked at through quality walkabouts and area observations. Medicine for members events will also continue to be arranged in the community.

There was also a comment on engagement of staff and how to empower and motivate them. This will be focussed on within the CQC action plan.

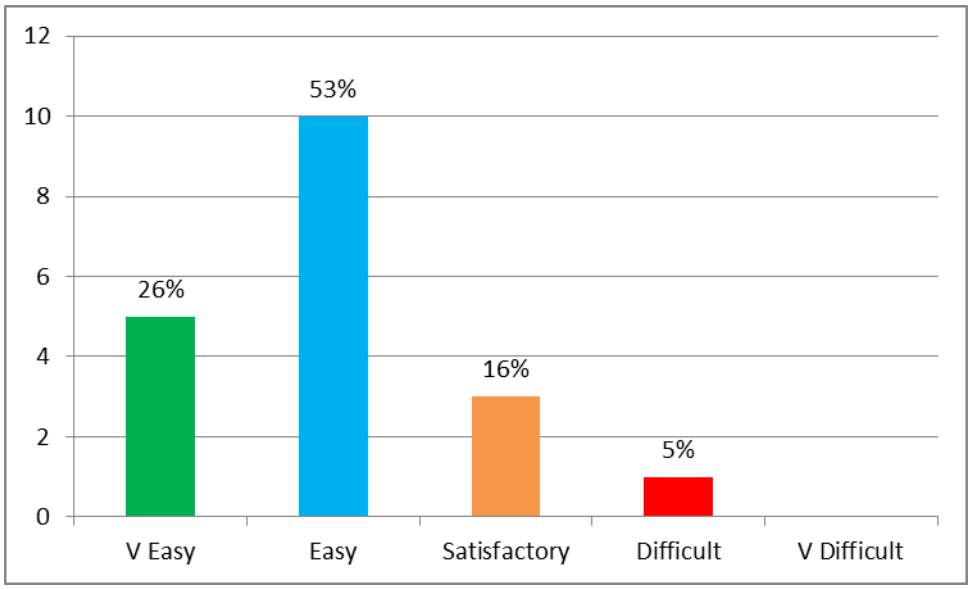
2.4 Communication and support from FT Office



The results continue to be good. The communications team has worked hard with the FT office to ensure that governors are kept updated on media articles wherever possible.

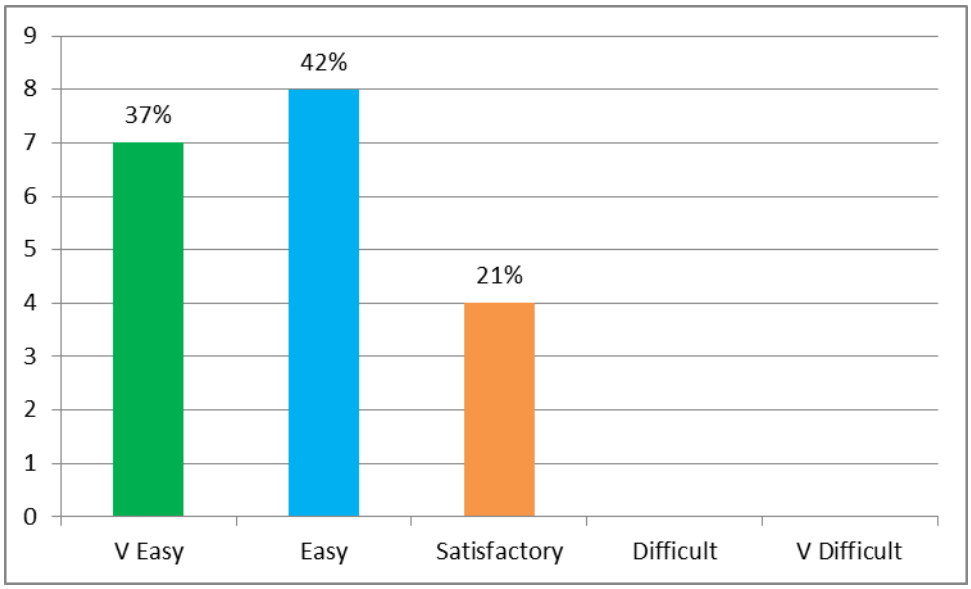
2.5 Interaction with others

2.5.1 Interaction with governors



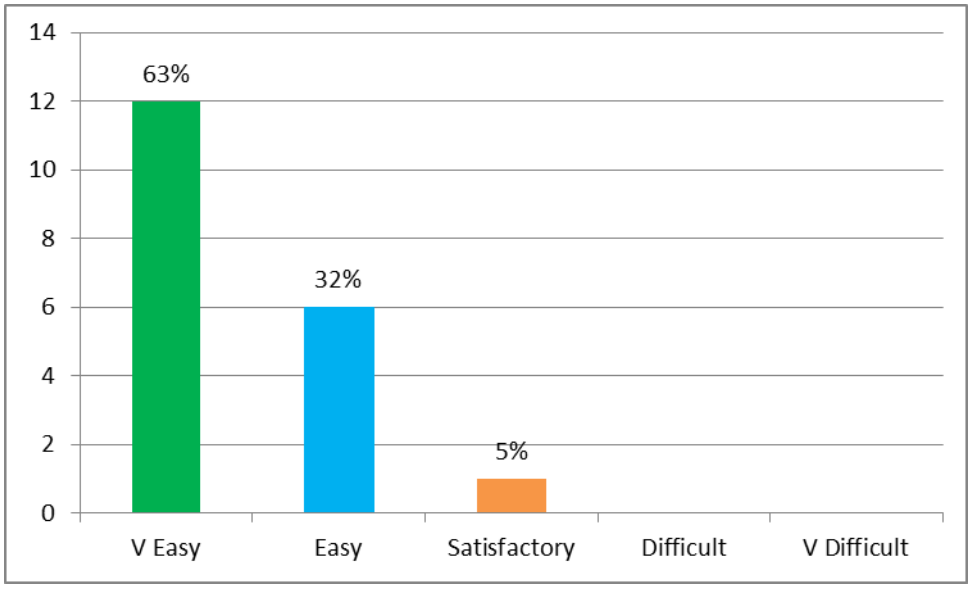
The results have improved slightly compared to last year with 79% finding this ‘Easy’ or ‘Very easy’, compared to 75% last year. However, there was one comment that there was still room for improvement in this area. Informal governors meetings have helped with this and the lead governor tries to ensure that everyone has the opportunity to speak at these meetings. .

2.5.2 Interaction with NEDs



This shows the greatest improvement with 79% of governors finding this ‘Easy’ or ‘Very easy’, compared to 60% last year, and no one has found this ‘Difficult’. The joint CoG/NEDs meetings were considered to be very helpful and extremely productive and communications and inclusivity had improved enormously.

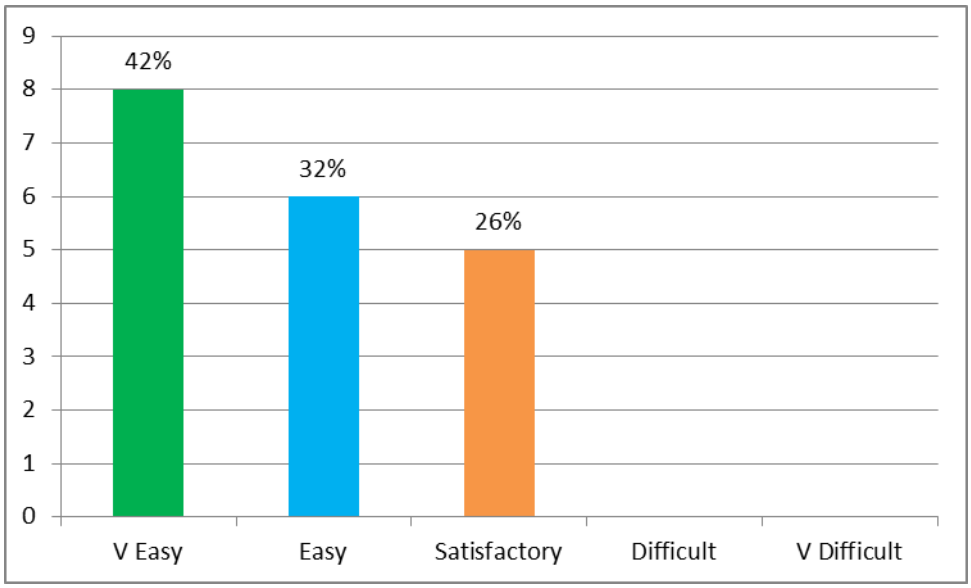
2.5.3 Interaction with FT Office



Results for this were similar to last year with the majority of governors finding this ‘Easy’ or ‘Very easy’.

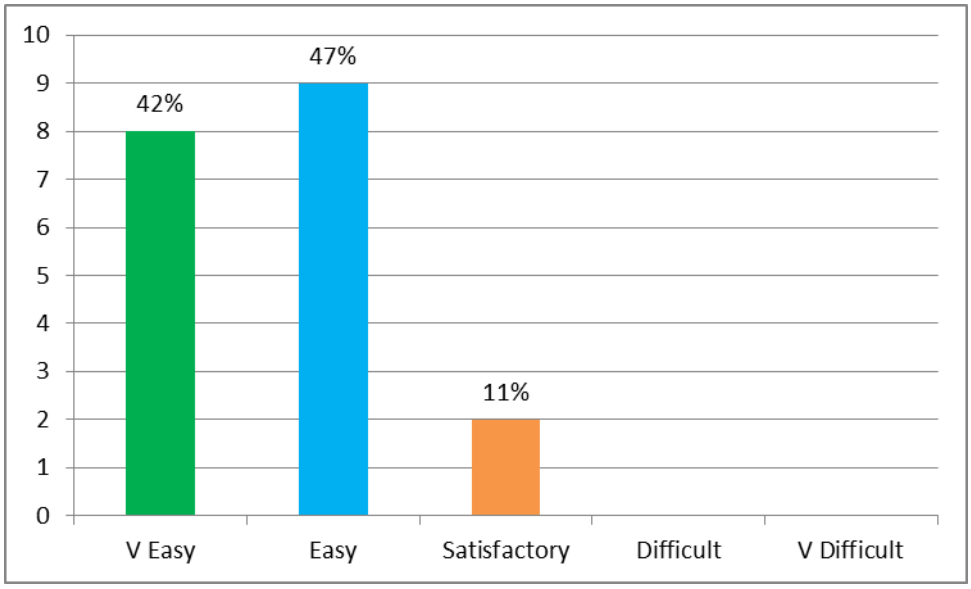
2.6 Contributing at meetings

2.5.1 Formal Council of Governor meetings



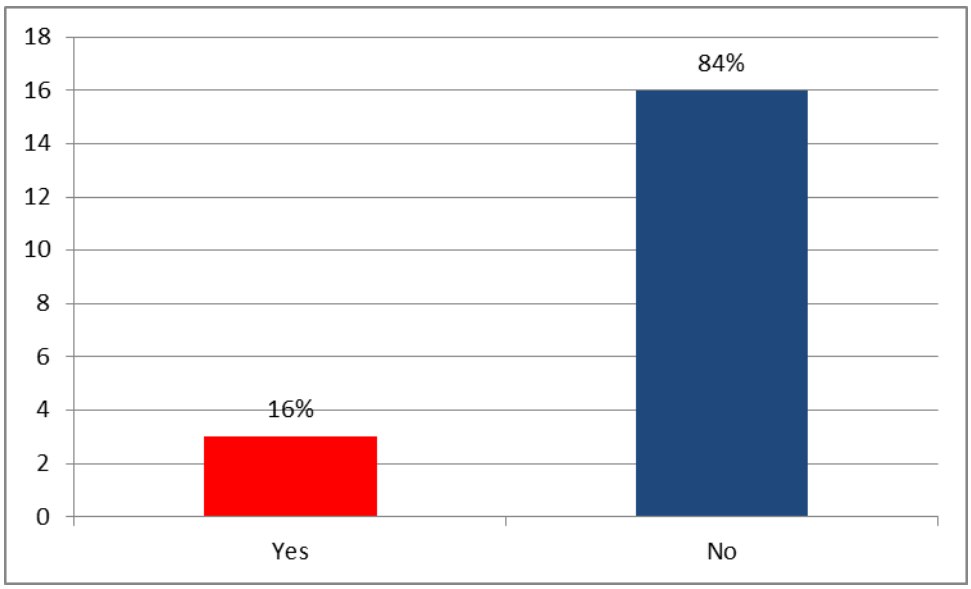
This continued to be rated positively with no one indicating it to be less than satisfactory.

2.5.2 Informal Governor meetings



The results for this have improved considerably compared to last year where two (10%) governors rated this as very difficult and five (15%) rated this as satisfactory. These results are a reflection of the comments in this report about the improvement of interaction with other governors.

2.5.3 Have you ever felt intimidated or unable to contribute at governor meetings?



The results for this question are disappointing, although the number of governors who feel intimidated have decreased from five last year to three this year. The lead governor and Chair have worked to ensure that all governors are given an opportunity to speak at meetings and we all need to continue to be aware of our behaviours at both informal and formal meetings. There is the potential that the concerns could have related to events prior to 2019. We will need to continue to be aware of this concern and clarify the question in the future.

2.6 Reflection on how things worked in 2019

2.6.1 What has worked well during the past year?

A range of comments were received, these included:

- Quality walkabouts.
- The well led board training especially advice on how to question effectively, ie using the nine core indicators from the well led board to structure governor questions.
- The Members event at Sudbury was well organised and the subject covered, diabetes, was well chosen. It's a good venue and there was a relaxed atmosphere. Several guests came with non-Members and it was a good way of recruiting them as new Members (better than the Cafe surveys in my experience).
- The annual meeting at the Apex was very good and easy to interact with Members and their families.
- Courtyard Cafe (West Suffolk Hospital) and White Lodge Restaurant (Newmarket Hospital) visitor/outpatient surveys.
- Informal meetings with governors/NEDS; meeting before a Board meeting; staff governor meetings.
- Integration of community services has had its challenges but overall I think this has gone smoothly and most importantly is benefitting patients.

2.6.2 What could be improved?

A range of comments were received, these included:

- There is currently no process to update governors on non-minuted or missed meetings.
- Communication lacking re quality walk rounds and other activities in that findings are not shared with other governors to improve collective knowledge.
- More contribution from more governors.
- More consideration by Central Government as to the pressures that the ageing demographics of West Suffolk are placing on the demand for the services of the hospitals in respect of the funding that is allocated to the WSNHSFT. In addition the growth in housing and in-migration of younger people and families who are seeing West Suffolk as a good commuter area for employment in Cambridge should also be better reflected in the financial allocation to WSNHSFT.
- Continued development of positive behaviour at meetings so that all governors feel able to contribute.
- Supporting governors who do not understand 'the business'

3. Recommendations

Based on the findings of this survey and comments received the following actions have been identified:-

3.1 A different provider was used for the recent training session in January. This focussed on how governors could be more effective in their role through seeking assurance, particularly in light of the recent CQC report. Feedback from the session has been very positive and we will consider how to use NHS Providers for further sessions in 2020.

3.2 Further training or briefings as part of meeting agendas will be scheduled on:

- Finances
- Integrated Care System (ICS) (previously STP) and Alliance working
- CQC report – actions to address issues raised
- Engagement role for public and staff governors

3.3 In order to try and address the issue around governors feeling intimated to contribute at meetings the first slide from the training session on maximising impact will be included at the beginning of the papers for formal CoG meetings and circulated at informal meetings; ie

- Everyone's contribution is valued and is important
- There will be opportunities for questions
- Be respectful - turn off mobiles, don't engage in private conversations, pass notes etc.
- Speak clearly and make your points constructive
- Do not interrupt when others are speaking
- Accept the diversity of opinions and views presented
- Not to have a political debate about policies regarding the NHS (not NHSP role)

14. Alliance update (enclosed)

To note the report

For Reference

Presented by Sheila Childerhouse

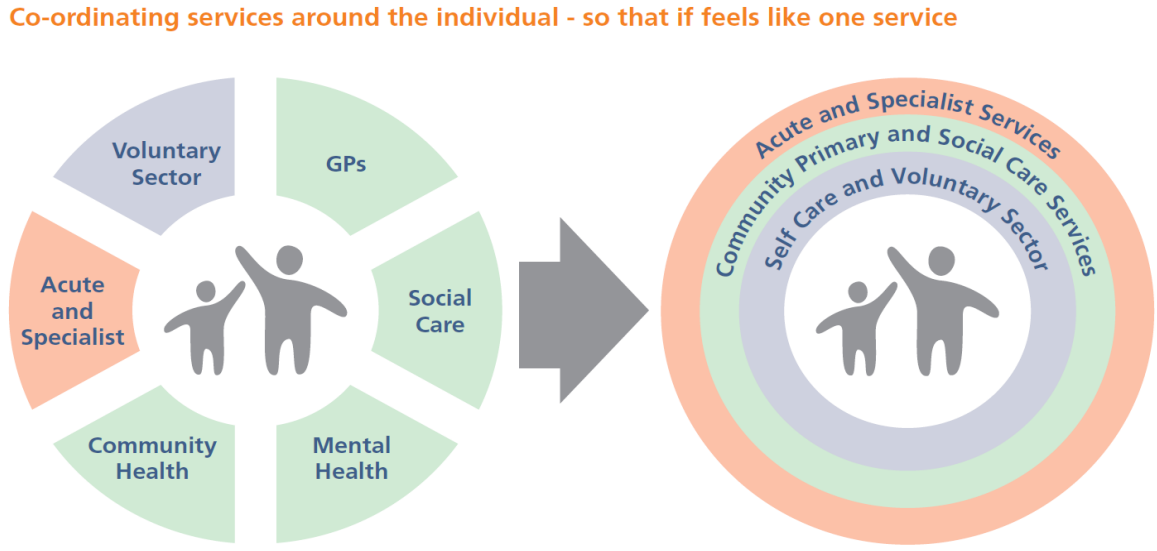
REPORT TO:	Council of Governors
MEETING DATE:	11 February 2020
SUBJECT:	West Suffolk Alliance and integration report
AGENDA ITEM:	14
PRESENTED BY:	Sheila Childerhouse, Chair
FOR:	Information

1. Background

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

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

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



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

2. Area of focus and development

- **Primary Care Networks (PCNs)** – on the 23 December 2019 NHS England and NHS Improvement published a set of draft service specifications for PCNs. These five specifications will dictate the work of PCNs during 2020 and beyond. They are written in a way that supports integration with other alliance partners, for instance community health services. Concerns have been raised about the amount of additional work indicated through the service specifications, which national and local bodies are responding to. Monthly meetings between the PCN clinical directors and the CCG are in place to share information, align the new activity going forward and agree how best to implement changes to for example reimbursed roles.

- **Integrated Neighbourhood Teams (INT) -** the INT is a key element of the community health and care model and is in various stages of maturity across each of the localities. Where co-location exists we have found the INT tends to mature faster with Mildenhall and Newmarket leading the way in forming single teams, shared leadership and sharing information. The INT maturity matrix is nearing completion and has been designed as a simple "checklist" to enable an INT to self-evaluate their development. The matrix is built around four core elements (empowered INT, people telling their story once, responsive and proactive care, and promoting self-care and independence) and has five steps of progression, moving from 'not yet established' to 'exemplary'. Each core element is divided into headings that outline the main development areas that are reflected across all localities.

  Following a workshop style session with the teams three priorities were agreed to go into the locality delivery plan:

  - Improved shared access to equipment – this will remove duplication, save clinical time and reduce the length of time the process takes, meaning a more efficient service for people
  - Improve the integration/joint working between themselves and the local mental health teams
  - Improve the joint working that happens between the two teams at Brandon to the level/scale of the joint working that happens at Mildenhall – members of the group that work across both the Mildenhall and Brandon areas recognised that 'it feels more integrated at Mildenhall'

  The delivery plan will now be updated to reflect this, and the learning and the priorities from the event will be shared at the next locality delivery group. Having visibility of these locally determined priorities through the delivery plan will ensure that there is alliance group focus and attention, particularly where there are system issues that require resolving.

- **One Clinical Community** - The One Clinical Community Leadership Programme is now approaching its third module, which will be focussing on Building a new culture for the Alliance and includes a field trip to Adnams to learn how Adnams as an organisation encourages innovation and hear some of the leadership journeys of key senior players in the organisation. The locality teams, have chosen the focus of their projects concentrating on the function of the INT relating to case finding and MDTs, with some looking at high intensity users across the system.

- **Locality Engagement Plan update** - The alliance communications and engagement group has been working on a plan that sets out how the alliance will work in partnership with communities to improve wellbeing. The plan will ensure that the public voice and feedback is gathered through community events, and that feedback is evaluated consistently and shared back with the public. It will also be an opportunity to share knowledge gathered in the place-based needs assessments and bring in the public voice to help guide local priorities or actions, working with communities to facilitate their ideas on how to improve health and wellbeing in their areas. The first events will be held in the Brandon, Lakenheath and Mildenhall, and the Sudbury localities. This is part of the wider work that the Locality Leads are developing with partners in each of our six localities. For instance in Sudbury the locality group is working with the Dementia Action Alliance to make Sudbury and surrounding rural areas a Dementia Friendly Community.

15. Primary care vertical integration (enclosed)

To receive a report and note planned development

For Reference

Presented by Richard Davies

REPORT TO:	Council of Governors
MEETING DATE:	11 February 2020
SUBJECT:	Vertical Integration: West Suffolk Foundation Trust & Glemsford Surgery
AGENDA ITEM:	15
PREPARED BY:	Renu Mandal, Transformation Programme Manager
PRESENTED BY:	Richard Davies, Non-Executive Director
FOR:	Information

Executive summary:

Nationally, some healthcare providers are embarking on vertical integration (VI) models between primary and acute care to create resilience within their local healthcare systems and to meet the rising complex needs of their population. West Suffolk Foundation Trust (WSFT) and Glemsford Surgery (GS) have been working together since March 2019 to establish how the VI model designed by Royal Wolverhampton Trust (RWT) will work in West Suffolk. This work has culminated in the VI business case which was approved by Board on 31st January 2020.

There are two strands to the WSFT VI programme:

1) **Integration with the Surgery and acquisition of the surgery freehold**:
   The business case for VI has been approved and work is in progress to meet Care Quality Commission (CQC), NHS England (NHSE) and NHS Improvement (NHSI) regulatory requirements and complete the conveyance by end of March. The target is for the VI service to 'Go Live' on 1st April 2020.

2) **Acquisition of Glemsford Services Ltd (the Pharmacy)**:
   The Pharmacy is a separate business operating within the Practice. Currently work is in progress to complete the due diligence process and identify the future potential of the Pharmacy business. The timetable for acquisition will be produced once this work has been completed.

It is anticipated that most of the benefits arising out of VI will be quality improvements which will have a positive impact on population health and alliance working across the wider healthcare system. VI will remove existing traditional barriers between primary, secondary and community services and enable WSFT to deliver its ambitions to deliver safe, effective and more joined up models of care ensuring patients receive the right care, in the right place at the right time. VI will provide WSFT with invaluable knowledge about the intricacies of General Practice and enable the Trust to share its learning and support roll out of VI across the Integrated Care System (ICS).

As a potential provider of a primary care service, WSFT will be integrated within the Sudbury Rural Primary Care network which creates an opportunity for the Trust to work collaboratively with other GP Practices and the wider healthcare system to deliver the requirements of the new GP contract and the Network Contract Direct Enhanced Service (Network Contract DES) specifications. The GP contract sets out seven national services specifications that will be added to the Network Contract DES five of which start from April 2020:

- Structured Medication Reviews and Optimisation;
- Enhanced Health in Care Homes (jointly with community services providers);
- Anticipatory Care (jointly with community services providers);
- Personalised Care and
- Supporting Early Cancer Diagnosis.

WSFT is well placed to work with its Alliance partners to support delivery of these enhanced services and if necessary, facilitate discussions regarding reconfiguration of resources to implement innovative sustainable solutions. The opportunities presented in the Network Contract DES have been included in the Benefits Realisation Plan. Implementation of the plan will be overseen by a Benefits Realisation Working Group.

VI will give the Trust an insight into the work of General Practice plus provide Primary Care Practitioners with a detailed understanding of how secondary care works. Working for one employer will give staff the freedom to take an 'end to end' approach to test new integrated care pathways; develop shared workforce models and disseminate learning without the constraints of accommodating different organisational barriers and competing priorities.

The draft GMS sub-contract and Business Transfer Agreement were presented to Board in September 2019 and the next stage is to finalise these documents at the time of completing the transfer and conveyance. Board has agreed to delegate authority to the Chair to sign off the final versions of the GMS sub-contract and Business Transfer Agreement.

It is envisaged that within a few months of the transfer, IT solutions will be in place for clinicians at the Practice and WSFT to view the live primary and secondary care patient record which will make it easier for them to identify population health solutions together. Furthermore, discussions are in progress about new options relating to training posts or shared appointments under VI to make working at Glemsford more attractive to those who are looking for a non-traditional role and also using non-doctor clinicians to help GPs manage their workload.

The table below sets out the timetable based on the target Go Live date of 1st April 2020.

Based on Go Live date of 1st April 2020	
Milestone	**Deadline for completion**
WSFT Board decision on Vertical Integration Business Case & approval of GMS sub-contract, Business Transfer Agreement (BTA) & Data Controller Agreement	Approved 31-Jan-20
CQC Registration complete	20-Mar-20
NHSE formal notification to sub-contract	07-Feb-20
Purchase of Glemsford Surgery freehold	27-Mar-20
TUPE Consultation period ends	20-Mar-20
WSFT to inform NHS Resolution (Insurer) of GMS Sub-contract	14-Feb-20
Engage Practice staff on draft Business plan	17-Jan-20
Communicate Board decision on VI to patients and wider audience	14-Feb-20
GMS Sub Contract & BTA signed	25-Mar-20

1. Background to WSFT Vertical Integration Programme

1.1 The Executive team at West Suffolk Foundation Trust (WSFT) and GP partners at Glemsford Surgery (GS) recognise that pressures facing primary and acute care such as staff shortages, recruitment and retention of GPs and rising workload particularly from a growing ageing population with complex needs cannot be resolved with traditional models of care. To meet these challenges and with the aim of improving patient care, WSFT and GS have agreed to explore the feasibility of vertically integrating their acute, community and primary care services to develop a new, innovative, strong and sustainable healthcare service in West Suffolk.

1.2 Following extensive research into integrated models of care, the teams opted to replicate the NHS Royal Wolverhampton Trust Vertical Integration (RWT VI) model as this has been operating successfully since 2016. In addition, The Royal Wolverhampton Trust (RWT) has developed robust tools which have been purchased by West Suffolk Clinical Commissioning Group (WSCCG) and will be used to facilitate the merger.

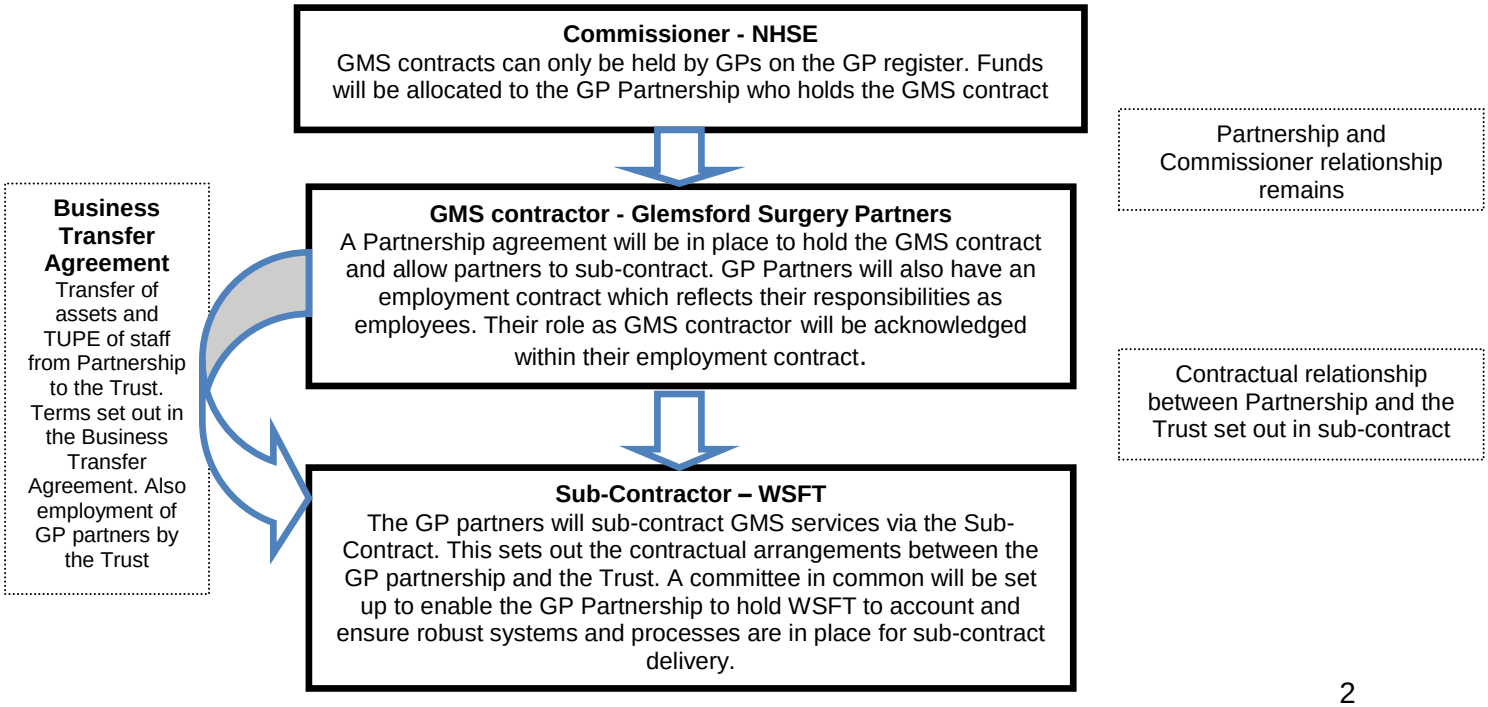
2. The Royal Wolverhampton Trust Vertical Integration Model

2.1 RWT went live with its vertical integration (VI) programme in June 2016 and has since integrated with 10 GP Practices and is currently in negotiation with a further 8. In addition RWT have been contacted by 17 NHS economies across the country, keen to replicate their model.

2.2 As Trusts cannot directly hold a traditional General Medical Services (GMS) Contract, RWT's vertical integration model involves the Trust providing GMS primary care services under a sub-contracting arrangement with the existing GMS contract holders.

2.3 Pursuant to the terms of the standard GMS contract and section 44 of Part 5 of Schedule 3 of the NHS (General Medical Services Contracts) (England) Regulations 2015 (as amended), *'sub-contracting of GMS services is permitted where it is reasonable in all the circumstances to do so, where the sub-contractor is qualified and competent to provide the services and where no notice of objection is received from the Commissioner (e.g. on grounds that the sub-contract would be a serious risk to patient safety or material financial loss).*

2.4 The structure of RWT's sub-contracting arrangement with GMS providers is depicted as follows:



2.5 Staff employed by the partnership transfer to the Trust under TUPE as the Trust becomes the service provider and GPs also become salaried employees of the Trust.

2.6 To manage potential conflict of interest of GP Partners who are sub-contracting clinical services to the Trust, a committee in common will be set up to provide a formal performance monitoring and quality assurance mechanism for GMS contract holders to hold the sub-contractor to account.

2.7 There are five stages in the RWT VI process and we have followed this format and used the templates provided by RWT for implementation:

i. **Informal Discussions** - between the Trust and GP practices took place in March 2019.
ii. **Expression of Interest** – in March, the practice issued a formal letter expressing an interest in becoming part of the Trust and both parties then signed a Memorandum of Understanding agreeing to bi-lateral exchange of confidential information.
iii. **Due Diligence** - Review of Human Resources (HR), Legal, Financial, Estates and GP Practice information took place over a 3 month period and results of due diligence were presented to Board on 6th September.
iv. **Board Approval** – The business case was approved by Board on 31st January 2020.
v. **Regulatory Approval** – A formal notice to sub-contract will be submitted to WSCCG, NHS England (NHSE) and Care Quality Commission (CQC) in February.

3. Key Points

3.1 Glemsford Surgery serves a population base of 5,200. There are four GP partners, management, and administrative staff, one Advanced Nurse Practitioner and two Practice Nurses providing sufficient cover to run the Practice.

3.2 The Primary Care Commissioning Committee agreed to the GMS sub-contract at their meeting on 28th November 2019 and the CQC registration application will be completed during February and March. Overall accountability for delivery of the primary care service will remain with the GP Partners and the Committee in Common will ensure systems and processes for sub-contract delivery are robust and will escalate to WSCCG/NHSE as appropriate. Assurance to the NHSE Primary Care Commissioning Committee will be provided via the WSCCG Primary Care Team.

3.3 The intention is for WSFT to purchase the Glemsford Surgery building and the assets of the Partnership to be transferred to via a Business Transfer Agreement. A lease agreement will be in place between WSFT and the GP Partnership to claim reimbursements from NHS England (NHSE)/WSCCG in accordance with the Premises costs Directions 2013.

3.4 GMS contracts require at least one GP on the GP Register to be a signatory to the contract. In this case, the existing Partners will have a Partnership Agreement in place to hold their GMS contract and will subsequently use this as a mechanism to sub-contract to WSFT.

3.5 The service will sit within the Communities and Integrated Therapies Division of the Trust. The Practice will have a lead GP, which will be one of the existing partners, and clinical leadership within the Trust will be provided by the Deputy Medical Director, who is also a practicing GP. The Practice Manager and Clinical Lead GP will continue to provide the day to day management of the service and escalate to the Associate Director for Communities & Integrated Therapies and the Deputy Medical Director as necessary. Updates will be provided to Trust Executive Group and Trust Board via the WSFT Chief Operating Officer and WSFT Medical Director.

3.6 The Practice has been rated 'GOOD' by CQC and all parties have agreed the risk and information governance processes for the integrated service. WSFT will take on the roles of Senior Information Risk Owner (SIRO); Caldicott Guardian and Data Controller with delegated powers for day to day issues to be dealt with by the Practice Manager and Clinical Lead GP.

3.7 As WSFT will be the Data Controller, Glemsford Surgery will automatically be signed up to the Health Information Exchange (HIE) and IT solutions can be put in place relatively quickly to enable clinicians at the Practice and WSFT to view the live primary and secondary care patient record. This means that GPs will be able to access background and live encounters the patient has had at WSFT and admitting patients should be simpler for WSFT staff as they have access to the full GP record. Working seamlessly will allow GPs and WSFT staff to jointly identify and address population health issues.

3.8 The Practice engaged its Patient Participation Group in July to inform them of VI. It has also informed staff of the proposed merger and continued to engage them via drop in sessions and email bulletins. The proposal was well received and both parties could see the benefits of the venture. A communications plan has been drawn up and will now be mobilised following Board's decision.

3.9 It is likely that most of the benefits arising out of VI will be quality improvements which will have a positive impact on population health and alliance working across the wider healthcare system.

3.10 RWT achieved an 11% reduction in emergency attendances from their VI practices; and assuming we achieve the same result in both non-elective admissions and emergency attendances, we anticipate an indicative benefit of approx. £150,000 through reduced activity.

3.11 In the medium term, new options relating to training posts and shared appointments will be developed to make working at Glemsford more attractive to those who are looking for a non-traditional role and also using non-doctor clinicians to help GPs manage their workload. This will enable the service to release GP capacity and attract training reimbursements from Health Education England.

3.12 The benefits plan includes short and long term ambitions for the VI service. The proposal is to set up a Benefits Realisation Working Group to oversee implementation of the plan and identify new opportunities as they emerge.

4. Conclusion

4.1 Assuming current activity performance; achieving savings already identified; allowing for growth at the Practice and earning additional income, the conclusion is that the transaction is affordable recurrently and that there is a case for proceeding with VI.

16. Report from Nominations Committee

For Approval

16.1. To receive a report from the meeting of 23 January 2020 (verbal)

For Reference

Presented by Sheila Childerhouse

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

For Approval

Presented by Richard Jones

REPORT TO:	Council of Governors
MEETING DATE:	11 February 2020
SUBJECT:	Review of Appraisal Process
AGENDA ITEM:	16 (ii)
PRESENTED BY:	Richard Jones, Trust Secretary & Head of Governance
FOR:	Approval

1. Background

At the closed meeting of 3 November 2019 the Council of Governors approved the recommendation from the Nominations committee that WSFT's current appraisal format would be amended to reflect recommendations made by NHS England and Improvement. (NHSE&I). It was also agreed that the revised format would be adopted for the NEDs.

2. Proposal

The revised wording for the Chair appraisal form (Appendix 1), taken from the NHSE&I recommended document, was presented to Nominations Committee on 22 January 2020. It was agreed that a recommendation should be made to the Council of Governors meeting on 11 February 2020 that this new form should be adopted for 2020 and where necessary the wording would be amended and the form used for NED appraisals

It is proposed that the process and timescale used in 2019 should be similar for 2020 (Appendix 2).

3. Recommendation

The Council of Governors is asked to:

a) Approve the revised wording of the appraisal form for the Chair and note that where necessary the wording will be amended for NEDs (Appendix 1)
b) Note the process and timescale for the Chair and NEDs' appraisals. (Appendix 2)
c) Identify a minimum of six volunteers (excluding Lead Governor) to participate in the appraisal process for the Chair and NEDs

Appendix 1

NHS West Suffolk NHS Foundation Trust

Feedback for Chair

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

	Non-Executive Director	Executive Director	Governor	External stakeholder
Please select one	☐	☐	☐	☐

Part 1: RESPONSES TO STATEMENTS RELATING TO THE NHS PROVIDER CHAIR COMPETENCIES FRAMEWORK

The following themed statements relate to the Chair's impact and effectiveness in their role. Taking the statements into consideration please rate their performance for each competency:

1. STRATEGIC

- Leads the board in setting an achievable strategy
- Takes account of internal and external factors to guide decision making sustainably for the benefit of patients and service users
- Provokes and acquires new insights and encourages innovation
- Evaluates evidence, risks and options for improvement objectively
- Builds organisational and system resilience, for the benefit of the population of the system as a whole

	Strongly agree	Agree	Disagree	Strongly disagree
Please select one	☐	☐	☐	☐

2. PARTNERSHIPS

- Develops external partnerships with health and social care system stakeholders
- Demonstrates deep personal commitment to partnership working and integration
- Promotes collaborative, whole-system working for the benefit of all patients and service users
- Seeks and prioritises opportunities for collaboration and integration for the benefit of the population of the system as a whole

	Strongly agree	Agree	Disagree	Strongly disagree
Please select one	☐	☐	☐	☐

3. PEOPLE

- Creates a compassionate, caring and inclusive environment, welcoming change and challenge
- Builds an effective, diverse, representative and sustainable team focused on all staff, patients and service users
- Ensures all voices are heard and views are respected, using influence to build consensus and manage change effectively
- Supports, counsels and acts as a critical friend to directors, including the chief executive

	Strongly agree	Agree	Disagree	Strongly disagree
Please select one	☐	☐	☐	☐

4. PROFESSIONAL ACUMEN

- Owns governance, including openness, transparency, probity and accountability
- Understands and communicates the Trust's regulatory and compliance context
- Leverages knowledge and experience to build a modern, sustainable board for the benefit of patients and service users
- Applies financial, commercial and technological understanding effectively

	Strongly agree	Agree	Disagree	Strongly disagree
Please select one	☐	☐	☐	☐

5. OUTCOMES FOCUS

- Creates an environment in which clinical and operational excellence is sustained
- Embeds a culture of continuous improvement and value for money
- Prioritises issues to support service improvement for the benefit of the population of the system as a whole, ensuring patient safety, experience and outcomes remain the principal focus
- Measures performance against constitutional standards, including those relating to equality, diversity and inclusion

	Strongly agree	Agree	Disagree	Strongly disagree
Please select one	☐	☐	☐	☐

Part 2: STRENGTHS AND OPPORTUNITIES

Please highlight the Chair's particular strengths and suggest areas in which there are opportunities for increasing their impact and effectiveness.

Strengths: What does the chair do particularly well?

Opportunities: How might the chair increase their impact and effectiveness?

Part 3: Additional commentary

Please provide any additional commentary relating to any aspects of the Chair's conduct, impact and effectiveness in their role.

Additional commentary

Appendix 2

CHAIR AND NON EXECUTIVE DIRECTOR APPRAISAL PROCESS 2020

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

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

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

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

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

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

Table 1a - Chair – Observers

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

Table 1b - NEDs – Observers

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

CHAIR AND NEDs APPRAISAL SCHEDULE 2020

Task	Action	Date
Volunteers to undertake appraisals to be identified at CoG meeting	**SC**	Tuesday 11 February 2020
Circulate forms to appraisers and appraisees for completion and return to GEH.	**GEH**	Monday 9 March 2020
Completed forms to be returned to GEH	**GEH**	Friday 27 March 2020
Forms to be analysed and summarised	**GEH**	Friday 24 April 2020
Nominations Committee Meeting to discuss results of observer questionnaires and identify themes/concerns	**Nominations Committee**	Thursday 25 June 2020
Lead Governor and SID to undertake Chairman's appraisal	**LS/ SID /SC**	Friday 10 July 2020
Chairman to undertake NEDs' appraisals	**SC/NEDs**	Friday 24 July 2020
Report to be written for CoG meeting (11 August) for circulation	**SC**	Monday 27 July 2020

16.3. To approve the revised job description and person specification for the Chair and Non-Executive Directors (enclosed)

For Approval

Presented by Richard Jones

REPORT TO:	Council of Governors
MEETING DATE:	11 February 2020
SUBJECT:	Review of job description and person specification for the Chair and NEDs
AGENDA ITEM:	16 (iii)
PRESENTED BY:	Richard Jones, Trust Secretary & Head of Governance
FOR:	Approval

1. Background

At the closed meeting of 3 November 2019 the Council of Governors approved the recommendation that WSFT's current job description and person specification for the Chair would be reviewed against the document published by NHS England and Improvement (NHSE&I). It was also agreed that this should be considered for NEDs.

2. Proposal

The revised wording for the Chair's job description and person specification (Appendix A), taken from the NHSE&I recommended document, was presented to the Nominations Committee on 22 January 2020. It was noted that this did not include any mention of the Nolan principals and it was agreed that the document should be amended to include these.

Subject to this amendment the committee proposed that a recommendation should be made to the Council of Governors meeting on 11 February 2020 that this revised job description and person specification should be adopted for the Chair and where necessary the wording would be amended for NEDs.

3. Recommendation

The Council of Governors is asked to approve the revised wording of the job description and person specification for the Chair (Appendix A).and note that where necessary the wording will be amended for NEDs.

Appendix A

Role description

Accountable to: Council of Governors

Role Summary

The Chair will be a passionate advocate for excellent healthcare and will be a visible and committed leader of the organisation. He/she will lead both the Board of Directors (the Board) and Council of Governors (the Council) and be the Foundation Trust's representative within the local community. He/she must ensure high standards of probity and governance prevail and that the Foundation Trust remains within its terms of authorisation.

Principles

The Board of Directors is collectively responsible for the success of West Suffolk NHS Foundation Trust (the Trust); the chair is responsible for leading the Board and directing and supervising its affairs. This includes responsibility to maintain financial viability, using resources effectively within appropriate financial controls, ensuring high levels of probity and value for money and to deliver high standards of clinical governance, ensuring that all health standards are met. The post holder must be eligible to be a member of the NHS Foundation Trust (see below), and demonstrate high standards of corporate conduct and personal probity.

The post holder must adhere to the seven Nolan principals:

- Selflessness - holders of public office should act solely in terms of the public interest.
- Integrity - holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.
- Objectivity - holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.
- Accountability - holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.
- Openness - holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.
- Honesty - holders of public office should be truthful.
- Leadership - holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs

General responsibilities

- To lead the Board and Council in setting the strategic direction of the Trust and ensuring effectiveness in all aspects of their role.
- To ensure the Trust complies with the terms of authorisation, the constitution and any other applicable legislation and regulations.
- To lead the Board in setting and upholding the Trust's values and standards, e.g. valuing equality and diversity.
- To ensure high standards for corporate and clinical governance are maintained.
- To ensure effective communications are maintained between the Board and the Council and that the Board, in reaching decisions, is aware of the views of the Council, where appropriate.
- To set the tone and style of Board discussions which facilitate constructive challenge and debate, effective decision-making and ensure through the chief executive, effective implementation of decisions.

- To safeguard the good name and reputation of the Trust.
- To develop and maintain close working relationships between the Board of Directors and the Council of Governors.
- To ensure, with the chief executive, effective communication with the Foundation Trust's members.
- To build and maintain an effective and complementary Board, and with the Council, initiate change and plan succession in non-executive director appointments.
- To continue to facilitate a constructive working relationship with regulators.
- To ensure regular performance evaluation of the Board, its committees and individual directors, and act on the results of such evaluation, by ensuring appropriate training/development where necessary to enhance its overall effectiveness as a team.
- To chair committees or sub-groups of the Board, charged with specific activities, to support the delivery of services e.g. remuneration committees, nomination committees, as required.
- To develop a constructive, frank and open relationship with the chief executive through regular communication and meetings in the furtherance of the Foundation Trust's best interests, and to provide support, advice and challenge while respecting executive responsibility.
- To ensure the provision of accurate, timely and clear information to directors and governors.
- To represent the Trust with national, regional or local bodies or individuals, to ensure that the views of a wide range of stakeholders are considered and to be an ambassador for the Foundation Trust.
- To act as a Trustee of charitable funds.

Board Responsibilities

Ensure that, through the leadership of the chief executive, the Board:

- Establishes effective sub-committees with appropriate non-executive director involvement.
- Establishes clear objectives to deliver the agreed plans and meet the terms of its authorisation and regularly to review performance against these objectives.
- Maintains mandatory services and retains protected property as defined in the terms of authorisation.
- Maintains financial viability, uses resources effectively and controls and reports its finances in accordance with the requirements set by regulators.
- Undertakes commissions or makes facilities available for research and development and health care education, in conjunction with universities, further education institutions and research funding bodies.
- Works with Clinical Commissioning Groups to ensure the effective delivery of services commissioned through contracted arrangements.
- Meets all statutory requirements, legal and contractual requirements, safety hazard notices and advice relating to safety of the public, staff and patients, personal privacy and patient confidentiality.
- Continuously reviews and develops the trust's long term strategy with full regard to anticipated changes in demographics, clinical interventions, public health priorities, economics and commissioning implications.

Person Specification

Essential experience and qualities

Candidates will have a deep commitment to patients and want to use their energy and ambition to drive the delivery of sustainable services that meet the standards expected by patients. You will have experience gained from board level leadership roles in complex organisations and will ideally meet the following criteria:

- A profile as a highly accomplished leader with an outstanding track record of achievement in leading a major organisation renowned for delivering high quality customer services.
- A strong personal reputation and association with success; an exceptionally well networked individual who carries high credibility with a range of diverse stakeholders.
- Varied experience as a non-executive board member. Experience of boards across the commercial and public/not for profit sectors would be particularly helpful.
- Recent experience of dealing with UK regulators, government departments, other public sector stakeholders and the media would be advantageous.
- The ability to represent the Trust to very senior audiences in the NHS, business world, academia and government is essential.
- A track of developing highly performing leadership teams, with an understanding of how to oversee, drive, challenge and support a diverse and highly ambitious and motivated executive.
- A leader who can provide wise counsel and guidance to the Chief Executive while respecting executive responsibility. This involves both being firm and challenging, but persuadable.
- A strong role model for visible leadership, values and behaviours across the Trust as a whole, able to provide wise counsel to others, and able to adapt leadership style to get the best out of those around them.
- Highly developed commercial and financial acumen. Experience of long term planning horizons and risk models.
- Strong personal values of integrity and transparency together with a passion for the work of West Suffolk NHS Foundation Trust and for the NHS as an institution.

Special Circumstances/Additional Requirements

- Be eligible to become a member of the Foundation Trust
- Must reside within the constituency boundaries
- Able to dedicate sufficient time to the role.

17. Report from Engagement Committee (enclosed)

To receive the minutes of the meeting of 21 January 2020

For Reference

Presented by Florence Bevan

REPORT TO:	Council of Governors
MEETING DATE:	11 February 2020
SUBJECT:	Report from Engagement Committee meeting held on 21 January 2020
AGENDA ITEM:	17
PRESENTED BY:	Florence Bevan, Public Governor
FOR:	Information

The attached minutes summarise discussions that took place at the Engagement Committee meeting on 21 January 2020.

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

Recommendation

Governors receive the minutes for information.

DRAFT

MINUTES OF THE COUNCIL OF GOVERNORS ENGAGEMENT COMMITTEE

HELD ON TUESDAY 21 JANUARY, 4.30pm

IN THE WESTGATE ROOM AT WEST SUFFOLK HOSPITAL

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

Action

20/01 APOLOGIES

There were no apologies for absence.

20/02 MINUTES OF MEETING HELD ON 15 OCTOBER 2019

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

20/03 MATTERS ARISING ACTION SHEET

The ongoing actions was reviewed and the following issue raised:

Item 32, follow up reason for doors to all courtyards being locked with no explanation or information on the doors as to how they could be accessed. Richard Jones explained that most of these had now been opened and those that were not access friendly had been clearly identified and options given. However, some were closed due to construction work.

Item 35, Ask diabetes team which area would be the most appropriate for a diabetes talk, Thetford, Haverhill or Mildenhall. It was noted that John Clark had advised that this should be Haverhill or Mildenhall. Georgina Holmes confirmed that the date would be Thursday 2 April (pm) and the location would depend on the availability of a diabetes nurse to attend the talk. It was agreed that a talk in the new Mildenhall Health Hub should be considered in the future (scheduled to open late 2020). Georgina Holmes to confirm date for diabetes talk once venue confirmed. **G Holmes**

Item 36, Find out if Sue Smith gives talks to Probus groups. It was confirmed that this was the case. Governors were requested to forward details of contacts for Probus groups to Sue Smith. **All**

The completed actions were reviewed and the following issue raised:

Item 33, Invite manager responsible for appointment letters to attend Engagement committee meeting so that reasons for large amount of paperwork can be understood. Jayne Gilbert explained that her issue was that every time an appointment was rearranged the letter also included the same instructions, leaflets and consent documents etc which had been included with the initial appointment letter, often amounting to 10 or 11 pages. She queried whether it was really necessary to include all the enclosures when sending a letter about a rearranged appointment. Georgina Holmes would follow up with Helen Beck. **G Holmes**

20/04 CHARITABLE FUNDS BRIEFING

Sue Smith updated the meeting on the Butterfly Appeal which it was hoped would be completed by Spring 2021. The courtyard where there had previously been a boat would be the location. To date £200k had been raised for the £340k build; this included a legacy of £150k and donations from a number of companies. Bury Free Press were the media partners and there were also a number of very good ambassadors for this appeal.

Feedback from families and what should be in this would be very helpful. Cassia Nice reported that she had conducted a survey about this last August and there had been a 50% response rate. Related items would also be produced, eg advice leaflets etc. It was noted that the hospice already produced a very good leaflet which could be helpful when compiling this.

Sue Smith reported that WSFT had just received a £60k grant for changing places and MyWish would be matching this with £60k.

It was suggested that NADFAS (Bury St Edmunds) would be a good group to target for a presentation on the Butterfly Appeal and also a short presentation at the end of the diabetes talk on 2 April. **S Smith**

20/05 EXPERIENCE OF CARE

Cassia Nice updated the meeting on area observations that had been undertaken during the last three months. These had been very helpful in identifying quick wins and it was very good to have positive as well as negative observations and feedback. She explained that there would be a dedicated lead in the patient experience department for area observations.

The emergency department was being included as part of the programme for 2020 and she suggested that governors undertaking an observation in this area should split their time between both waiting areas.

The patient experience team were looking at the chaplaincy service and space and how inclusive this was. Some engagement with staff and patients was being undertaken and Liz Steele was part of the chaplaincy engagement group.

The team were also looking at discharge arrangements across the organisation, which was a long term project. They were working with the transformation team, operations directorate, senior nursing teams and pharmacy on how to improve patient flow and the experience of patients. This included how to manage the expectation of patients when they were told they could be discharged, ie so that they were aware that this would take time and the reason for this. It was proposed that Florence Bevan should be part of the discharge group.

Cassia Nice reported that she had undertaken an area observation in the discharge lounge and had fed back the issues she had identified.

She updated the meeting on the community paediatric Voice group. This would feed back to the main Voice group which now had its own independent chair who was a member of the public

20/06 CONSIDERATION OF ENGAGEMENT PLAN FOR 2020

06.1 Engagement plan 2020 – including engagement with younger people through digital media

Chris Lockwood and Tom Lawrence explained that as part of the communications team they managed digital communications across the Trust.

Peta Cook reported that a Voice group had been set up for community paediatrics. It was explained that the comms team were trying to embed the Trust and its services into the community, eg We Love Bury St Edmunds, Moreton Hall community. They were looking at setting up an Instagram account for the Trust. They explained that it was possible to have a targeted approach for particular groups, eg diabetes, and in the future digital communication could be used for engagement about the new hospital. It could also be used for two way communication. They were also working with other groups on communication around organ donation and blood donors.

Chris Lockwood would forward Georgina Holmes the links for digital communications currently being used by the Trust for circulation to committee members. It was agreed that 'digital communication' would be an ongoing agenda item with either an update report or a member of the team attending the meeting. **C Lockwood / G Holmes**

06.2 Membership Numbers

The membership numbers were reviewed; the total was currently 6271 versus a target of 6000. Members under 50 years of age were 1252 versus a target of 1250. This was the first time that the target for this group had been achieved. The total number of members recruited in 2019 was 516; this included 260 staff members and 75 members recruited in the Courtyard Café.

20/07 FEEDBACK REPORTS

7.1 Courtyard & Newmarket Café feedback

Feedback from both locations continued to be positive on the whole. In response to issues raised from feedback at the last meeting an environmental review of the public areas had been undertaken in November and a further review would be arranged for June/July.

A comment about bay nurses not always knowing where patients were other than those in their bay was noted. However it was considered that this was outweighed by the benefits of bay nursing.

It was felt that the questionnaire for Courtyard Café should be updated with themed questions rather than general questions, eg communication. Georgina Holmes to discuss with Cassia Nice. **G Holmes / C Nice**

7.2 Patient and Carers Experience Group meeting 26 November 2019

Florence Bevan reported that feedback from the Courtyard Café and area observations had been discussed. Patients were now being asked if they were willing to be videoed and share their experience of the hospital; this would be watched by the group.

20/08 ISSUES FOR ESCALATION TO THE COUNCIL OF GOVERNORS

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

20/09 DATES OF MEETINGS FOR 2020

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

18. Register of interests (enclosed)

To review the register of governors' interests

For Reference

Presented by Richard Jones

REPORT TO:	Council of Governors
MEETING DATE:	11 February 2020
SUBJECT:	Register of Governors' Interests
AGENDA ITEM:	18
PREPARED BY:	Georgina Holmes, FT Office Manager
PRESENTED BY:	Richard Jones, Trust Secretary & Head of Governance
FOR:	Information

1. Introduction

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

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

2. Recommendation

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

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

REGISTER OF GOVERNORS' INTERESTS SUMMARY

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

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

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

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

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

	Declared Interest	Date Reviewed
Trust Chair		
Sheila Childerhouse	Partner in T&D Childerhouse farming company Trustee of the East Anglia's Children's Hospices Director of Charles Burrell & Sons (dormant company) Associate Oliver & Co	11 February 2020
Staff Governors		
Peta Cook	Nil	11 February 2020
Javed Imam	Nil	11 February 2020
Amanda Keighley	Chair of Brockley community council (village association, no links to health or social care).	11 February 2020
Vinod Shenoy	*tba*	
Martin Wood	Private practice admitting rights at BMI Bury St Edmunds Hospital Treats NHS carpal tunnel patients under NHS community scheme	11 February 2020

	Declared Interest	Date Reviewed
Nominated Partner Governors		
Judy Cory	Trustee and Vice Chairman, Friends of West Suffolk Hospital	11 February 2020
Professor Mark Gurnell	Member of Council and Treasurer-elect, UK Society for Endocrinology	11 February 2020
Dr Andrew Hassan	Associate governing body member West Suffolk CCG Wife is a General Dental Services contract holder	11 February 2020
Cllr Rebecca Hopfensperger	A Cabinet Member for Adult Care for Suffolk County Council, directly responsible for adult social care. A Suffolk County Councillor for Suffolk County Council, holds the position of cabinet member for adult care. Suffolk County Council commission and work with the NHS. West Suffolk Councillor	11 February 2020
Laraine Moody	Nil	11 February 2020
Cllr Sara Mildmay-White	Member of the Conservative party West Suffolk District Councillor	11 February 2020
Public Governors		
Peter Alder	Member of Norfolk and Suffolk NHS Foundation Trust (Mental Health)	11 February 2020
Mary Allan	Member of University of Cambridge/Addenbrooke's PPI Panel. Member of Burwell Surgery PPG.	11 February 2020
Florence Bevan	Director: Pentland Consulting Ltd Chair of Family Link Myanmar (UK charity	11 February 2020
June Carpenter	Nil	11 February 2020
Justine Corney	Director of Lavenham Community Council Director of Bridgeshadow Ltd (dormant)	11 February 2020
Jayne Gilbert	Nil	11 February 2020
Robin Howe	Nil	11 February 2020
Gordon McKay	Committee member of St Edmundsbury Newstalk Volunteer at West Suffolk Hospital (x-ray department)	11 February 2020

	Declared Interest	Date Reviewed
Barry Moult	Trustee/Director Grace Baptist Trust (East Anglia) Owner/Director BJM IG Privacy	11 February 2020
Jayne Neal	Volunteer as a patient member of the Patient Participation Group (PPG) at Market Cross Surgery, Mildenhall. The groups seeks to increase patient involvement in the provision of local healthcare and includes discussion around links and services with NHS Trusts, including West Suffolk NHSFT.	11 February 2020
Adrian Osborne	Chair of RNLI Sudbury branch and area Sudbury Town Councillor Babergh District Councillor Chair of Babergh SALC	11 February 2020
Joe Pajak	Director of Flexpace Limited – which provides education leadership and governance consultancy and advice to charities, schools, colleges and local authorities.	11 February 2020
Jane Skinner	Trust volunteer for reception desk and palliative care team.	11 February 2020
Liz Steele	Trustee and lead Vestey Trust Trustee and Chapter member of St Edmundsbury cathedral Future work with UEA.ac.uk on community health project.	11 February 2020

19. 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 February 2020
SUBJECT:	Report from Lead Governor
AGENDA ITEM:	19
PRESENTED BY:	Liz Steele, Lead Governor
FOR:	Information

There has certainly been a lot going on since our last meeting. We have all been involved in extra briefings, numerous emails, and phone chats. It is vital that we achieve the best from our meetings and briefings and this is why I timetabled the meetings in the way I did. I would like to thank you for your diligence in the issues that have befallen the hospital. We all want a good result and it will need us all to be dutiful in our corporate role to be assured that the NEDs keep us informed of their scrutiny of processes and outcomes. To these ends we hope to organise an additional NEDs /Governors informal meeting before the next one scheduled at the end of March.

We attended an excellent training session at The All Saints Hotel. This gave us the opportunity to look at ways of questioning correctly and to look at the role of the Council of Governors. At the time I had the thought that it would be very helpful if we could have a joint training session with the NEDs. At a meeting after the training Sheila had the same idea. We hope to be able to arrange this later in the year. It has been suggested that I produce a list of the meetings I have attended in my role as Lead Governor.

As well as the ones as a Governor I am also attending the Chaplaincy meetings. I am doing this as a representative of the Cathedral.

Meeting details

November 20th	Environmental review
November 26th	Meeting with Sheila/Florence
November 29th	Board Meeting
December 3rd	Courtyard Cafe
December 16th	Lead Governor meeting Fulbourn
December 18th	Briefing meeting re. reports
January 7th	Meeting to discuss training
January 15th	Briefing meeting 6pm
January 20th	CCG event for Lead Governor/partners
January 21st	Meeting with Sheila/Florence
January 21st	Engagement meeting
January 22nd	Nominations Meeting
January 23rd	Governor Training

January 27th	Informal Governors meeting
January 27th	Informal Governor/N.E.D.s
January 28th	Meeting with Sheila/Florence
January 31st	Board Meeting

There have been several enquiries following one of our briefings as to whether we should sign a confidentiality statement. I have been scrutinising our Governor Handbook and in the Code of Conduct there is a section on Confidentiality. I have taken the opportunity of reading these again and it reinforces the things we were reminded of at our training. Might I suggest you reread these when you have the opportunity.

Liz Steele
Lead Governor

20. Staff Governors report (enclosed)

To receive a report from the Staff Governors

For Reference

Presented by Amanda Keighley

REPORT TO:	Council of Governors
MEETING DATE:	11 February 2020
SUBJECT:	Report from Staff Governors
AGENDA ITEM:	20
PRESENTED BY:	Amanda Keighley, Staff Governor
FOR:	Information

It was noted Dr Vinod Shenoy had confirmed in early November that he would like to become a staff governor. However since then no further contact had been received from him and he had not attended any meetings. Javed Imam volunteered to follow this up with him.

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

- There was still an issue around the relevance for community staff of some subjects in the Trust induction and mandatory training. Jeremy Over would follow this up with the HR team.

- Issues around estates and IT in the community were highlighted, including a lack of clinic rooms in Bury community and Ipswich. The current lack of IT in the community was impacting on efficiency and effectiveness of patient care and she was concerned that this could result in patient safety issues if everything could not be documented correctly. It was felt that things had been over promised and under delivered.

- It was requested that staff were kept informed about the capital programme as this would help them to understand why money was being spent in one area rather than another. It was proposed that AODs should be briefed on this so they could cascade to their teams.

- It was agreed that NEDs and executive directors needed to continue to be visible in the community, eg back to the floor. This would help them to understand issues being experienced by community staff and also make staff feel valued.

- The discontent amongst the consultant body was discussed and actions that were being taken to address this.

- There had been a number of issues in the community with recruitment and the time this was taking. Jeremy Over would follow up with the HR team.

21. Dates for meetings for 2020:

Wednesday 6 May

Tuesday 11 August

Tuesday 22 September - Annual members meeting (Apex)

Wednesday 11 November

For Reference

Presented by Sheila Childerhouse

22. 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