COUNCIL OF GOVERNORS MEETING

Wednesday 6 May 2020, 17.30, via Microsoft Teams

AGENDA

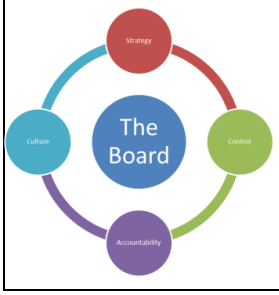
Council of Governors Meeting

There will be a meeting of the **COUNCIL OF GOVERNORS** of West Suffolk NHS Foundation Trust on Wednesday, **6 May 2020 at 17.30pm via Microsoft Teams.**

Sheila Childerhouse, Chair

Agenda

General duties/Statutory role



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

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

17.30	**GENERAL BUSINESS**	
1.	**Public meeting** The Council of Governors is invited to note the following: "That representatives of the press, and other members of the public, are excluded from the meeting having regard to the guidance from the Government regarding public gatherings."	Sheila Childerhouse
2.	**Apologies for absence** To receive any apologies for the meeting.	Sheila Childerhouse
3.	**Welcome and introductions** To request mobile phones be switched to silent.	Sheila Childerhouse
4.	**Declaration of interests for items on the agenda** To receive any declarations of interest for items on the agenda	Sheila Childerhouse
5.	**Minutes of the previous meeting** (enclosed) To note the minutes of the meeting held on 11 February 2020	Sheila Childerhouse
6.	**Matters arising action sheet** (enclosed) To note updates on actions not covered elsewhere on the agenda	Sheila Childerhouse
7.	**Chair's report** (verbal) To receive an update from the Chair	Sheila Childerhouse
8.	**Chief executive's report** (enclosed) To note a report on operational and strategic matters	Stephen Dunn
18.00	**DELIVER FOR TODAY**	
9.	**COVID report** (enclosed) To note the summary report (previously received by the Board) and receive a verbal update	Helen Beck
10.	**Summary finance & workforce report** (enclosed) To note the summary report	Louisa Pepper

18.40	**INVEST IN QUALITY, STAFF AND CLINICAL LEADERSHIP**	
11.	**Trust Improvement Report** (attached) To note the report	Richard Davies
18.55	**BUILD A JOINED-UP FUTURE**	
12.	**Pathology services** (attached) To receive an update	Steve Dunn
19.10	**GOVERNANCE**	
13.	**Proposed changes to the constitution** (enclosed) To note the report	Richard Jones
14.	**Report from Engagement Committee** (enclosed) (a) To receive the minutes from the meeting of 21 April 2020 (b) To review amendments to Engagement Strategy for 1 April 2019-31 March 2021 (c) To review amendments to the terms of reference for the Engagement Committee	Florence Bevan
15.	**Lead Governor report** (enclosed) To receive a report from the Lead Governor	Liz Steele
16.	**Staff Governors report** (verbal) To receive a report from the Staff Governors	Staff Governor
19.20	**ITEMS FOR INFORMATION**	
17.	**Dates for meetings for 2020** Tuesday 11 August Tuesday 22 September - Annual members meeting (under review) Wednesday 11 November	Sheila Childerhouse
18.	**Reflections on meeting** To consider whether the right balance has been achieved in terms of information received and questions for assurance and the Trust's values and behaviours observed.	Sheila Childerhouse
19.30	**CLOSE**	

1. Public meeting

The Council of Governors is invited to note the following:

“That representatives of the press, and other members of the public, are excluded from the meeting having regard to the guidance from the Government regarding public gatherings.”

For Reference

Presented by Sheila Childerhouse

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To receive any apologies for the meeting.

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To request mobile phones be switched to silent.

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Presented by Sheila Childerhouse

4. Declaration of interests for items on the agenda

To receive any declarations of interest for items on the agenda

For Reference

Presented by Sheila Childerhouse

5. Minutes of the previous meeting (enclosed)

To approve the minutes of the meeting held on 11 February 2020

For Approval

Presented by Sheila Childerhouse

DRAFT

MINUTES OF THE COUNCIL OF GOVERNORS' MEETING
HELD ON TUESDAY 11 FEBRUARY 2020 AT 6.00pm
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			
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		
Jeremy Over	Director of Workforce and Communications		
Louisa Pepper	Non-Executive Director		
Rowan Procter	Executive Director of Nursing		
Alan Rose	Non-Executive Director		

Action

GENERAL BUSINESS

20/01 APOLOGIES

Apologies for absence were noted as above.

20/02 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting and introduced Jeremy Over, Director of Workforce and Communications, who was attending his first meeting of the Council of Governors.

20/03 DECLARATIONS OF INTEREST

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

20/04 MINUTES OF THE COUNCIL OF GOVERNORS MEETING HELD ON 13 NOVEMBER 2019

The minutes of the meeting held on 13 November 2019 were approved as a true and accurate record subject to the following amendments:

Page 6, item 19/72; third para; second sentence to be amended to read; "However, it was harder for people to get registration …."

Page 8. Item, 19/80, Peta Cook's name misspelled.

Barry Moult queried whether he had asked any questions as he would have expected to see reference to this in the minutes. Georgina Holmes explained that she did not always record the names of every governor who asked a question or made a comment.

20/05 MATTERS ARISING ACTION SHEET

The ongoing actions were reviewed and the following noted:-

Item 188, Review how patients with no fixed address are identified to the housing department prior to discharge. Sara Mildmay-White would be shadowing the discharge team on 19 February 2020.

The completed actions were reviewed and there were no issues.

Barry Moult asked about the pathology strategy in annex A. Gary Norgate explained that he would provide an update on this.

Annex A, Item 1, Community IT:
Peta Cook and Amanda Keighley considered that this was still work in progress and the exit from North East London Clinical Support Unit (NEL CSU) would be very tough. There were still issues in some areas, eg photographing wounds and transferring them onto patients' records. Rowan Procter explained that community IT had been raised by the CQC as a must do and there was an action plan for this. Gary Norgate said that governors should take assurance from the actions that the Trust had taken to exit the contract but he acknowledged that this would not always be easy as it moved over to the new system.

Annex A, Item 2, Transport
Liz Steele considered the report on this to be rather general and that it did not provide very much information, she hoped there would be more detail at the board meeting. Richard Jones confirmed that there would be performance information at the February board meeting which should provide assurance. Louisa Pepper reported that she understood from Helen Beck was that inpatient transport was improving but outpatient transport was work in progress. Governors were requested to continue to feedback any issues on this.

Annex A, Item 3, Pathology
Gary Norgate said that this was an ongoing issue which had been a concern to the board and governors for a while. This was now a standing item on the scrutiny committee agenda with an additional session after the meeting which was attended by pathology staff to enable detailed discussions about issues. He highlighted the four key priorities that had been identified, ie 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.

He referred to questions that had been raised at the scrutiny committee and explained that there was no evidence of East Suffolk and North East Essex FT (ESNEFT) dragging their feet. The biggest issue had been that there was no strategy but this was now agreed and in place and would be governed through the scrutiny committee.

The second question was about the structure of the service and if pathologists working at WSFT would prefer to be employed by WSFT rather than ESNEFT. Staff would definitely prefer to be employed by WSFT but it had been explained that the national directive was for pathology partnerships, and these should not be reverting back to organisations having their own pathology departments. The Trust was looking into whether it would be possible to operate as a partnership and still have people employed by WSFT. It also needed to understand what the problems with the current structure were for consultants and look at whether these could be addressed.

The third question was what pathologists thought would be an acceptable alternative. They would prefer a WSFT pathology department; however as this went against national guidance it was unlikely to be supported.

The fourth question was what was being done about the failure to get UKAS accreditation. It was explained that the most recent assessment had only looked at cellular pathology which had failed its accreditation attempt. There was an action plan to address this which would be monitored through the scrutiny committee.

A positive step was that there was new equipment, the first machine was now online and the second was in the process of being upgraded. There was also an overseas recruitment plan to help increase staffing in pathology.

Peter Alder asked about the failure of laboratories themselves and if these had been upgraded. Gary Norgate explained that he had taken part in a quality walkabout where a number of issues had been picked in this area and some of these been addressed, including putting new machines in place, however the building was dated. Ownership of microbiology was in the process of being brought back in from Public Health England.

Joe Pajak asked about outstanding exemplars that were making pathology partnerships work and why this was not possible for WSFT. Gary Norgate explained that WSFT depended heavily on the pathology department which was working satisfactorily but there were some issues as identified in the report, eg relationships; resistance to the ownership structure; the Winpath system not being totally integrated, which this was being addressed.

The Chief Executive referred to the Norfolk and Norwich hospital and the network they were part of. He understood that that this was about engagement of people in the changes. Jeremy Over said that there was a more established arrangement around leadership and governance of partnership. Transparency around decision making was also much stronger.

Florence Bevan said that she found Gary Norgate's update very reassuring and asked if there was a timeline that had been set for accreditation. He said that there was a timeline but he did not know what it was. He explained that there were a number of elements within accreditation and this would depend on overhauling the Winpath system. There was a now much better governance system with new leadership and the pathology partnership board.

The Chair said that the Trust was now getting engagement from ESNEFT and their chair was also very engaged in this issue.

Martin Wood explained that the consultants felt that they would be a small spoke in a large hub, whereas if this was considered to be a network structure this would be better. He asked if the pathologists were feeling any better about the situation. The Chief Executive said that there were still some concerns around the structure of ownership, they welcomed the additional engagement but still had concerns. Gary Norgate said that he was hopeful that relationships would improve with the sessions that followed the scrutiny committee which gave pathology staff an opportunity to be heard.

20/06 CHAIR'S REPORT

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

20/07 CHIEF EXECUTIVE'S REPORT

The Chief Executive referred to the CQC inspection and said that he had apologised for the outcome of this and that patients, the public and staff had been let down through this report. Immediate actions had been taken in areas where there were safety concerns. Improvements had been implemented in maternity services in tracking and monitoring mothers and new born babies and as well ensuring that required information was recorded, eg asking mothers about domestic abuse.

There had been a difficult internal investigation which had attracted media interest and governors had been kept informed of this as far as possible. It had been announced on Friday that there would be an independent investigation into how this had been handled and the terms of reference were available on the internet. The chair of the Christie NHS Foundation Trust would be conducting this review.

There was also an ongoing focus on ensuring that the right discussions were being had, eg through quality walkabouts etc.

As a result of the CQC report a detailed action plan was currently in the process of being produced and had been worked through with the organisation from the bottom up, with executive director oversight. The progress of this would be reported to the public on the Trust's website. There would also be a quality summit in early March to review this with stakeholders, the CCG and the CQC.

The Trust was very focussed on the issues that needed to be addressed and lessons that needed to be learned. However, he stressed that community services were rated good by the CQC and he thanked all those staff who had contributed to this.

He referred to finance and said that it was hoped to get additional funding this year which would enable the Trust to achieve its financial target.

He thanked staff for all their hard work during the ongoing winter pressure period. It appeared that the plans that had been put in place for this year had been more resilient than previously.

It was anticipated that over the next few weeks and months a series of staff conversations around culture would take place, together with learning from the CQC report which would feed into the development of the Trust's strategy for the future. The strategy would also be shaped around the new hospital development.

A significant piece of work was also being undertaken with the local West Suffolk Borough council on the Western Way development with the aim of bringing a number of community sites onto one location.

Florence Bevan asked about coronavirus and if WSFT was confident that it had the appropriate facilities to deal with this if there was a case in Bury St Edmunds. The Chief Executive confirmed that this was the case and was in line with national guidance. It had already been tested but the individual did not have the virus.

Judy Cory referred to the abuse received by a Filipino nurse on a bus in Norwich as being the cause of coronavirus. She asked for assurance that there was somewhere for WSFT's overseas staff to go to for support if they experienced anything similar. It was explained that WSFT had a zero tolerance policy and staff would be fully supported.

20/08 GOVERNOR ISSUES

The Chair explained that following discussions at the recent governor training session this report was in a new format. She asked governors to feedback their comments by email to Richard Jones.

Item 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.***

Jane Skinner asked for assurance that policies were updated in a timely fashion. Jeremy Over referred to the examples of policy monitoring in this report and explained that he would be looked at the policy framework and how this should be modernised. It was requested that an update of this review was provided at a future meeting. **J Over**

Item 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.***

Richard Jones explained that following discussions at the governor training session this set out two proposals for how governors could feedback issues from the public and also how they could submit their own questions, with a structure for collating these and feeding back responses.

Jane Skinner asked how results of investigations into complaints and incidents were fed back to staff. Rowan Procter explained that complaints were entered on Datix which meant that learning from these was disseminated by managers. Martin Wood said that as a clinician, being involved in a complaint was very personal and this required specific feedback rather than through Datix, therefore it was very important to have a personal closing of the loop. The Chief Executive confirmed that this was being considered following discussions with the medical staff committee (MSC).

Rowan Procter referred to the NHS Improvement tool on ward accreditation. She explained the process for this and that ward accreditation could also be applied to a unit or area. The Chair requested that more detail was provided to a future meeting. **R Procter**

Richard Jones referred to governors' questions and explained that it was proposed that a response would be sent back to the individual who had submitted the question and then this information would be collated and fed back to the quarterly informal governors meetings. Liz Steele suggested that a summary of questions received via the generic email addresses and the response to be circulated on a monthly basis. **R Jones**

The Chair stressed that the power of the governing body was a collective voice around an issue.

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

Barry Moult asked if more information could be provided to him about this. The Chair explained that an independent review had been commissioned and the Trust would not be able to say anymore on this until the report had been received. This was expected to be a very rapid review with a conclusion by the end of April.

DELIVER FOR TODAY

20/09 SUMMARY QUALITY & PERFORMANCE REPORT

Alan Rose referred to the current integrated quality and performance report (IQPR) and SPC charts that were presented at board meetings. The CQC report had resulted in this being reviewed as there was a lot of data in the report which did not necessarily focus on the right areas.

The report to this meeting focussed on some of the areas of underperformance that had been a concern for a long time, eg pressure ulcers, non-elective discharge summaries, complaint response times, RTT etc. There were also concerns around cancer review and treatment times and maternity services which had been rated by the CQC as requiring improvement. He said that the NEDs were assured that the executive team were completely aware of all the issues and had been very transparent about these at meetings and other discussions that regularly took place. Specific action plans and time lines had been proposed but these were not always identified and noted as clearly as the NEDs would have wished.

The NEDs had asked if patient harm had occurred as a result of areas not performing well and in almost every the case the answer had been no. However, there were still serious incidents and it was known that patient experience suffered as a result of some of these areas of concern. None of these had simple remedies and they were the same issues that other acute hospitals struggled with. The team were taking specific actions on some of these, ie complaint responses, RTT and maternity services where there had been changes in leadership and the team had rapidly implemented the improvements required by the CQC.

The NEDs remained very supportive of the executive team and were aware of the challenges they faced both financially and due to a lack of capacity or staff in some areas. They needed to keep the pressure on for improvements to be implemented and embedded and ensure there was no complacency.

Joe Pajak referred to the CQC's summary of findings and asked how the NEDs were assured that the Trust understood what needed to be done. Alan Rose said that the disconnect between senior management and some consultants was partly due to the environment they were working in, eg staffing issues, data analysis which still needed to be improved and the need for the right risk management systems across the organisation. Rowan Procter explained that it was important to look at the evidence folder when reading the CQC report in order to understand the statements and the context in which they were made.

The Chief Executive said that there was an element in the IQPR where there would be renewed focus and areas that they would like to see more progress on. However, equally important was relativity and how WSFT compared with other Trusts. There were certain priorities that needed to be worked through with the board and governors and by looking at board papers from other Trusts this could help inform the governors of some of the challenges.

Rowan Procter explained that it was proposed that quality walkabouts should be much more structured and triangulated with internal audit.

She outlined the three audits that could be undertaken whilst undertaking quality walkabouts and explained that this would also allow free flowing narrative. By March issues identified would automatically be fed into an improvement plan which would generate a report.

As part of back to basics training would also be undertaken with ward managers, senior matrons and heads of nursing as to what a perfect ward looked like and what would be expected of them.

Rowan Procter explained how resus trolley checks would be undertaken and assurance provided that this had been done every day. She also explained the eight week process for 'what good looks like' starting from tomorrow. She was expecting to see a week on week improvement as a result of this. The Chair said that she was pleased to see the pace of this with evaluation coming back in early May.

Jane Skinner asked how governors would know what the evaluation measurement would be. Rowan Procter said that this would be suggested by the governors. The free flow narrative could also be captured as an appendix. Richard Jones outlined the proposals for this, as detailed in the report. It was agreed that it was important not to lose the informality of quality walkabouts.

Rowan Procter explained that she would be leading on quality walkabouts from now on. It was also proposed to undertake quality walkabout during visiting times so relatives could be asked questions on behalf of patients who were unable to answer for themselves.

20/10 SUMMARY FINANCE & WORKFORCE REPORT

Gary Norgate reminded governors that the Trust started the financial year with a budget of £246.3m with the aim of finishing the year with a deficit of £6m. This would result in the Trust receiving provider sustainability funding (PSF) of £6m from the Department of Health which would take the year end position to break even.

However, as the year progressed the Trust was spending more than plan and had proposed to revise it forecast to a deficit £18m. The NEDs had sought to understand what had gone wrong and it transpired that £9m was due to additional activity of patients and services. If the PSF of £6m was subtracted from this £3m remained which could be explained by additional payments for clinical excellence awards, extra spend on Newmarket hospital and pay awards that should have been financed centrally but had not been. This provided assurance to the NEDs that the additional spend had been justifiable.

The good news was that the Trust's regional partners recognised that it was doing more work than in the contract and was therefore going to give WSFT an additional £12m. This would take its year end position back to a deficit of £6m which meant that it would then receive PSF of £6m which would take it back to a year-end position of break even.

Gary Norgate explained that before it was known that the Trust would receive this additional funding the NEDs had challenged the executive team to do more about improving the financial situation. A number of additional CIPs had been put forward and considered which would equate to additional savings of £1.8m but this was not without risk, eg reducing the midwife to birth ratio, reducing temporary staff in the emergency department. However, it was agreed by the scrutiny committee that the Trust would not compromise quality but would continue to encourage divisions to make savings and it was still likely that additional savings of £1.5m would be achieved. Unfortunately January had been the most expensive month to date which meant that the Trust was still spending more than it had budgeted for.

Gary Norgate said that as a NED he asked a numbered of questions, including whether the organisation had controls in place. He was assured that this was the case and this included decisions making around the use of temporary staff and overtime. He also asked if the Trust was pushing hard enough on its CIPs; again he was assured that this was the case as an additional £1.5m savings had been identified, a lot of which were recurring, even though the organisation was under pressure.

The other area that he considered required focus was whether the organisation was efficient, eg nursing staff numbers and reduction in the use of temporary staff. The total ratio of nurses to beds had increased from 1.6 to 1.7, which meant there had been a 13% increase in nurses but only a 6% in bed numbers, therefore this required ongoing focus.

It was also important to ensure that the organisation did not lose commercial focus whilst trying to respond to requirements of the CQC and it needed to continue to deliver its CIPs.

Cash was also a concern and the position needed to continue to be maintained; this was currently being achieved through loans which was the norm in the NHS system. He was assured that Trust's debt management was under control as the finance department had a very good debt management team.

Rebecca Hopfensperger asked about resources that would be required for the improvements recommended by the CQC and if there would be money available to the Trust in order to deliver these, or if this would result in further deficit. Gary Norgate said that WSFT had a very good relationship with the CCG and they were being very supportive. The Chief Executive explained that this would be discussed at the quality summit; some of the improvements would be a change to internal processes but there would also be some areas that required additional investment. This would require a discussion with the CCG and regional partners about whether this would be supported/funded.

Florence Bevan asked about the block contract and if this would be reviewed. Gary Norgate explained the processes and system for funding before the block contract and said that he would not advocate returning to this. The block contract gave certainty and the Trust had a good relationship with the CCG and the overall budget for the block contract was renegotiated each year. The Chair agreed and said that collaboration was very important.

INVEST IN QUALITY, STAFF AND CLINICAL LEADERSHIP

20/11 ANNUAL QUALITY REPORT AND OPERATIONAL PLAN

Richard Jones explained that there were two parts to this report, the Operational Plan and the Annual Quality Report.

The guidance for the Operational Plan had only just been received and there was a very tight timescale which required the draft to be submitted by 5 March and the final version by 29 April. A joint workshop which would give the board and governors the opportunity to review the plan would be arranged for April.

Florence Bevan, Jane Skinner, Liz Steele and Martin Wood volunteered to act as readers for the draft Operational Plan.

Richard Jones referred to the Annual Quality Report and explained that it was one of the legal responsibilities of the governors to identify third indicator for external audit review as part of the process. The guidelines for this has not yet been received but based on last year's list he explained that the Trust was currently not able to report on performance of its emergency department.

The governors agreed that the local indicator to test the reliability of data reported in the Annual Quality Report should be emergency readmissions within 28 days of discharge from hospital. If this was not possible the indicator should be patient moves at night. Jayne Neal, Barry Moult and Rebecca Hopfensperger volunteered to act as readers for the draft of this report.

20/12 CQC REPORT

The link to the report was noted. It was explained that governors had received and discussed the CQC report at the closed session of this meeting.

20/13 GOVERNOR REVIEW RESULTS

The Chair thanked everyone who had participated in the governor survey/review. Richard Jones explained that this had been very helpful in informing the subject and content of the governor training day.

The Council of Governors approved the recommendations as set out in the report.

BUILD A JOINED UP FUTURE

20/14 ALLIANCE UPDATE

The governors received and noted the content of this report.

The Chair explained that there was a lot happening in the system and a regular update was provided at board and Council of Governors meetings.

20/15 PRIMARY CARE VERTICAL INTEGRATION

The Chair explained that this was a fairly small piece of work and should not distract the board from focussing on WSFT. Richard Davies said that the NEDs had questioned why the Trust was doing this as there were a lot of other things that it needed to focus on. However, he explained that one good reason was to stabilise a small practice that was under pressure and help make it attractive to younger GPs and staff. The CCG were also very keen to make this work and it was a very good indicator of system working.

Amanda Keighley reported that members of the practice were really looking forward to working with WSFT more closely and the proposal had been well received. Liz Steele considered this to be excellent and a very good example of integrated working which would prevent a lot of problems.

Barry Moult asked if governors were required to approve this acquisition. Richard Jones explained that the scale of this did not trigger this requirement. The Chair stressed that although this was described as a an acquisition it was being managed as a collaborative co-operative and the Trust did not want this to be seen as an acute takeover.

Rebecca Hopfensperger considered this to be very exciting. Richard Davies agreed and said that this was very exciting as a pilot although it was a small project.

GOVERNANCE

20/16 REPORT FROM NOMINATIONS COMMITTEE

Richard Jones explained that national guidance had resulted in changes to a number of areas which had been outlined and discussed at the previous meeting of the Council of Governors and at the recent nominations committee meeting. These changes would also be mirrored for the NEDs, if approved.

Jane Skinner noted that the job description did not state that the Chair was responsible for appraising the NEDs. It was agreed that this should be added. **G Holmes / R Jones**

Subject to this amendment the Council of Governors approved the revised wording for the job description and person specification of the Chair and noted that where necessary the wording would be amended for NEDs.

As a number of governors had given their apologies for this meeting it was agreed that Georgina Holmes would send out an email to governors asking for volunteers to take part in the appraisal process for the Chair and NEDs. **G Holmes**

20/17 REPORT FROM ENGAGEMENT COMMITTEE

Florence Bevan reported that membership numbers continued to be good. Feedback from the Courtyard Café and the café at Newmarket hospital continued to be positive and she thanked governors who took part in these.

The Chair thanked the members of this committee for all their work.

20/18 REGISTER OF INTERESTS

The Council of Governors noted and received this report.

20/19 LEAD GOVERNOR REPORT

Liz Steele explained that she had included a list of meetings she had attended as a governor/lead governor in her report. She was also a member of the chaplaincy review group in her role with the cathedral.

She encouraged governors to read the code of conduct for governors and note the requirement for confidentiality. It was agreed that the code of conduct should be recirculated to governors and that the requirement for something more specific around confidentiality should be considered. Joe Pajak proposed that the code of conduct should be signed by governors on an annual basis; it was agreed that this would be a good idea and that it should be aligned with the review of the register of interests. **G Holmes / R Jones**

Peta Cook asked if governors would be coming up for re-election this year. It was confirmed that this was the case for those who were eligible and that the term of office for public and staff governors ended on 30 November.

20/20 STAFF GOVERNORS REPORT

The Council of Governors noted and received this report.

Amanda Keighley explained that examples of recruitment issues experienced by teams within the community had been sent to Jeremy Over. The relevance of some training for community staff was also being reviewed.

ITEMS FOR INFORMATION

20/21 DATES FOR COUNCIL OF GOVERNOR MEETINGS FOR 2020

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

20/22 REFLECTIONS ON MEETING

It was agreed that there had been very some useful discussions around a number very important issues.

6. Matters arising action sheet (enclosed)

To note updates on actions not covered elsewhere on the agenda

For Reference

Presented by Sheila Childerhouse

REPORT TO:	Council of Governors
MEETING DATE:	6 May 2020
SUBJECT:	Matters Arising Action Sheet from Council of Governors Meeting of 11 February 2020
AGENDA ITEM:	6
PRESENTED BY:	Sheila Childerhouse, Chair
FOR:	Information

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

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

Ongoing action points

Ref.	Date of Meeting	Item	Action	Action taken	Lead	Target date	RAG rating for delivery
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	11/02/20	Green
193	11/02/20 **Closed**	20/05	Arrange for Governwell to give a joint training session for NEDs and governors	Will be actioned when social distancing restrictions are lifted	S Childerhouse / R Jones	31/07/20	Paused
194	11/02/20	20/08 item 1	An update on the review of the HR policy framework to be provided to a future meeting.	Included as part of CQC action plan – paused due to COVID-19	J Over	06/05/20	Paused

Ref.	Date of Meeting	Item	Action	Action taken	**Lead**	**Target date**	**RAG rating for delivery**
195	11/02/20	20/08 item 2	Further detail on ward accreditation to be provided to a future meeting.	Ward accreditation programme (as per NHSI) will be supported by a review of nursing quality metrics (including but not limited to Safety thermometer) including data distribution, display and data sharing, use in improvement not just performance and reporting via IQPR and other pathways is planned, led by heads of nursing and supported by Governance. this will link into the ongoing wider review of the IQPR led by the Performance team. Working group convened prior to COVID-19 pause and leads have visited an organisation to bring back learning.	R Procter	6/05/20	Paused

See separate sheet for completed action points

Completed action points

Ref.	Date of Meeting	Item	Action	Action taken	**Lead**	**Target date**	**RAG rating for delivery**
192	11/02/20 **Closed**	20/05	Circulate link for terms of reference for independent review.	Email sent 20 February 2020	G Holmes	20/02/20	Complete
196	11/02/20	20/08 item 1	A summary of questions received via the generic email addresses and the response to be circulated on a monthly basis	The new approach was launched on 6 March 2020. No questions have been received to date.	R Jones	6/05/20	Complete
197	11/02/20	20/16	Amend job description for Chair to include appraisal of NEDs	Document updated.	G Holmes / R Jones	18/02/20	Complete
198	11/02/20	20/16	Email governors requesting volunteers to take part in Chair & NED appraisal process	Email sent 24 February 2020.	G Holmes	24/02/20	Complete
199	11/02/20	20/19	Recirculate governor code of conduct, highlighting section on confidentiality.	Emailed to governors 23 April 2020.	R Jones / G Holmes	6/05/20	Complete
200	11/02/20	20/19	Consider something more specific around confidentiality to be signed on an annual basis, aligned with the annual review of the register of interests	Declaration of interests form amended to include statement relating to confidentiality.	R Jones / G Holmes	6/05/20	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:** - The initial plan to transition the community staff to WSFT IT support, networks and hardware has been put on hold due to the demands placed on the IT teams due to the COVID-19 pandemic preparations and responses. Prior to this the project was underway with engagement meetings with clinical and administrative staff from across the division. - The precariousness of the current IT infrastructure and support from the North East London Clinical Support Unit (NEL CSU – the current community IT provider) has been exacerbated during the COVID-19 challenges and so we are beginning to step the project back up earlier than anticipated. It is unlikely that we will be able to achieve our original deadline of October 2020 as a result of the hiatus but we are working to minimise these delays. Our project manager is working to re-plan the project so we can progress where we can within the COVID-19 restrictions. - The COVID-19 challenges have accelerated the digital programmes that would have taken place after the infrastructure upgrades and transition to WSFT systems. The community teams are now using Microsoft Teams to conduct team and operational meetings; they are using a video conferencing solution called Visionable to conduct video consultations with their patients and, although we have some difficulties due to the infrastructure, many of our clinical teams have been successful in transitioning to video calls with their patients. - Medic Bleep is in widespread use across the community healthcare teams, with some good feedback on the improvement in communication between clinical teams across the acute and community divisions. This was supported by in-person training prior to the lockdown restrictions and now digital support is in place. - We do continue to have challenges in getting smartphones to community teams but this is now due to increased demand from the community teams. Much of the backlog has been addressed, but we are now awaiting delivery of a large number of phones; staff are in place to build and deploy these when they arrive. - Prior to the lockdown, engagement sessions were held with many of the community teams but unfortunately a few were cancelled due to the recent travel restrictions. These will be reinstated in-person or via teleconference when the teams are in a position to engage again.

	- Twice weekly meetings with community leaders and IT are taking place to manage immediate issues and escalations as necessary during this ever-changing situation. **Plans for next 3-6 months:** - Final testing and 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. - We are moving some paediatric consultants and their secretaries to WSFT laptops to enable them to dictate digitally and work remotely during the COVID lockdown. This is ahead of the original project plan. - We are planning to re-start the community IT project as discussed above. **Communication plan to staff:** - Regular community IT bulletins are being sent to community staff, and have recently been more focused on how the IT teams are helping support the COVID-19 requirements. - Once we are able, the project Board meetings for the NEL transition will be reinstated and updates will be given to community staff. - We continue to work closely with the communications team and community leaders throughout this period, keeping them informed of progress.
2. Transport	***All outpatient transport on hold during COVID. This will be updated when the activity recommences and remains an action for oversight by the Board.***
3. Pathology	**Agenda item –** with update on the latest position regarding networked arrangements.

7. Chair’s report (verbal)

To receive an update from the Chair

For Reference

Presented by Sheila Childerhouse

8. Chief executive’s report (enclosed)

To note a report on operational and strategic matters

For Reference

Presented by Stephen Dunn

Council of Governors – 6 May 2020

AGENDA ITEM:	8
PRESENTED BY:	Steve Dunn, Chief Executive Officer
PREPARED BY:	Steve Dunn, Chief Executive Officer
DATE PREPARED:	27 April 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.

It feels like the world has changed more than a little in the last month…. our number one priority is now ensuring that we can respond to **COVID-19 demand**, while also meeting the other urgent health needs of our local population.

As always, in responding to this challenge our **greatest asset is our staff** and as ever they have responded amazingly to allow us to plan, prepare and respond to the demands placed upon us. But we need to look after them! As part of the COVID-19 response, we've established a sub-group specifically to look at our workforce and staff support. That group is helping us develop a wider offer of preventative and restorative support strategies, including yoga sessions, mindfulness sessions, mindful walks on health and (social distancing) exercise classes.

Over the previous month we have taken a wide range of actions to support patients, carers and our staff, these include:

- Continuing to develop the **clinical guidance** for hospital (acute) clinical staff so they have information on the initial medical management and flow of patients with suspected or confirmed COVID-19
- Reviewing **clinical and bed capacity** to respond to the increasing COVID demand. In addition to additional critical care beds, we have prepared specific COVID affected-wards to help care for our patients
- With visiting restrictions in place using Trust iPads the IT department is looking at ways to **support patients to communicate** with their families, friends and carers - and particularly to support end of life patients
- Continuing to support and encourage clinicians to use either **telephone or video conferencing facilities** instead of conducting face to face clinics
- Established a **support helpline and webchat**. With visiting restriction requirements, the purpose of the service is to provide advice and support to relatives of patients in our care quickly, which will also have the added benefit of taking pressure away from clinical areas

- Developed **patient information leaflets** to advise any patient leaving ED or a ward about how to stay safe during the pandemic, reinforcing national advice, and signposting people to where they can get help if they start experiencing symptoms
- **Supporting emotional wellbeing and mental health** of staff: including a range of practical measures:
    - Free access to **mindfulness apps** 'Headspace' and 'Unmind':
    - Made **car parking free** for all staff at West Suffolk Hospital
    - Extended **catering services** and free hot beverages
    - Free of charge **accommodation** available for staff
    - Introduced a specific **staff psychology support team** that colleagues can access for 1-2-1 support
    - Providing a coordinated approach to accessing **childcare support** through Suffolk County Council
    - Providing advice about who **should be wearing scrubs and where**
    - Staff can now access a free national **mental health hotline** to give them support as they help our communities deal with the coronavirus
    - A new **staff information hub** that means staff can now get to all our COVID-19 staff help and information from any internet connection – whether in the Trust, from their mobile, or from home
    - Church of England pastoral support for staff
    - My WiSH Charity has put together a basic food **welfare pack for staff** in need in these challenging times. Any staff who have lost an income due to the coronavirus pandemic and are struggling, or that are in financial difficulty, are encouraged to reach out for support
    - Clarifying **mandatory training and appraisal requirements** during the COVID response
    - **Friends Shop** – still open and stocking extra products
    - further support for Muslim colleagues during **Ramadan**
    - updated risk assessment for **staff in at-risk groups** for COVID-19
    - establishing a new **PPE safety officer** to provide additional support
    - **financial support and advice** during the COVID-19 pandemic from our partner Neyber
    - completed a training programme to **enhance the skills** of community staff so they can support nursing teams
    - We have **teamed up** with WHSmith, Abbeycroft, the AA, Sainsbury's, EE, HomeServe and Down Dog to provide **staff discount and products**
- We are participating in seven mandatory urgent Public Health Research **clinical trials** relating to COVID-19.

I urge our community to continue to **adhere Government to advice and main the lockdown** to protect themselves, others and allow us to continue to meet the needs of our patients and population.

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

9. COVID report (enclosed)

To note the summary report (previously received by the Board) and receive a verbal update

For Reference

Presented by Helen Beck

REPORT TO:	Council of Governors
MEETING DATE:	6 May 2020
SUBJECT:	COVID-19 report
AGENDA ITEM:	Item 9
PREPARED BY:	Helen Beck, Executive Chief Operating Officer
PRESENTED BY:	Helen Beck, Executive Chief Operating Officer
FOR:	Information

This report is based on the report received by the Board on 24 April. A verbal update on developments will be provided to Governors at the meeting

The Covid-19 pandemic continues to overshadow all other activity within the Trust.

This paper briefly outlines the organisational changes which have been made and the transformation which is being delivered at astounding speed to enable us to support our community our patients and our staff.

The report outlines current capacity in terms of staff and physical resources and highlights that currently the organisation is coping well with the demand and that overall demand for non Covid related activity is significantly reduced.

Further sections of the report identify the changes to organisational structures and clinical teams to manage the current situation, highlighting the impact on cancer services and plans to increase non-cancer activity.

The importance of good communications, staff wellbeing and patient experience in these unprecedented times are recognised and plans to address these issues are outlined.

Finally, the key risks and issues are outlined along with our approach to mitigating these.

Covid-19 Planning and Response

1. Current Capacity Situation

Critical care capacity
At the time of writing the Trust has implemented phase one of its critical care expansion plan. This has increased capacity from 9 to 19 beds split between 12 beds in an affected area and 7 beds in a non-affected area. Activity in the non-affected area has been very low with no more than 2 patients at any time. Phase 2 of the critical care plan will be implemented as required, this will move the non-affected patients into recovery and convert the current non-affected area into additional beds for affected patients.

General and acute bed capacity
To maintain social distancing in all bays 122 beds are currently closed across the site and 322 beds remain open and available for use. Of these 141 have been designated for suspected or confirmed Covid patients and 114 have been designated for non Covid patients. We are currently operating at approximately 60% occupancy across all of the open bed base.

It is recognised that the test has a significant false negative rate and there are a number of patients who have tested as negative but who clinicians believe are clinically presenting as Covid positive and these are being treated in accordance with the clinical presentation. Turnaround times for test results is averaging at about 48 hours.

The established trend in ED attendances, emergency admissions and stranded and super stranded patients are all 50-60% down on pre-Covid activity levels, contributing significantly to our positive capacity position. This is a national phenomenon which is not clearly understood although there are concerns that patients with non-Covid conditions are not seeking appropriate help at this time due to either; fear of contracting Covid in hospital or not wishing to put more pressure on what they perceive to be an overburdened NHS. National and local media campaigns are advising the public that services are still available and that they should seek help if they are unwell.

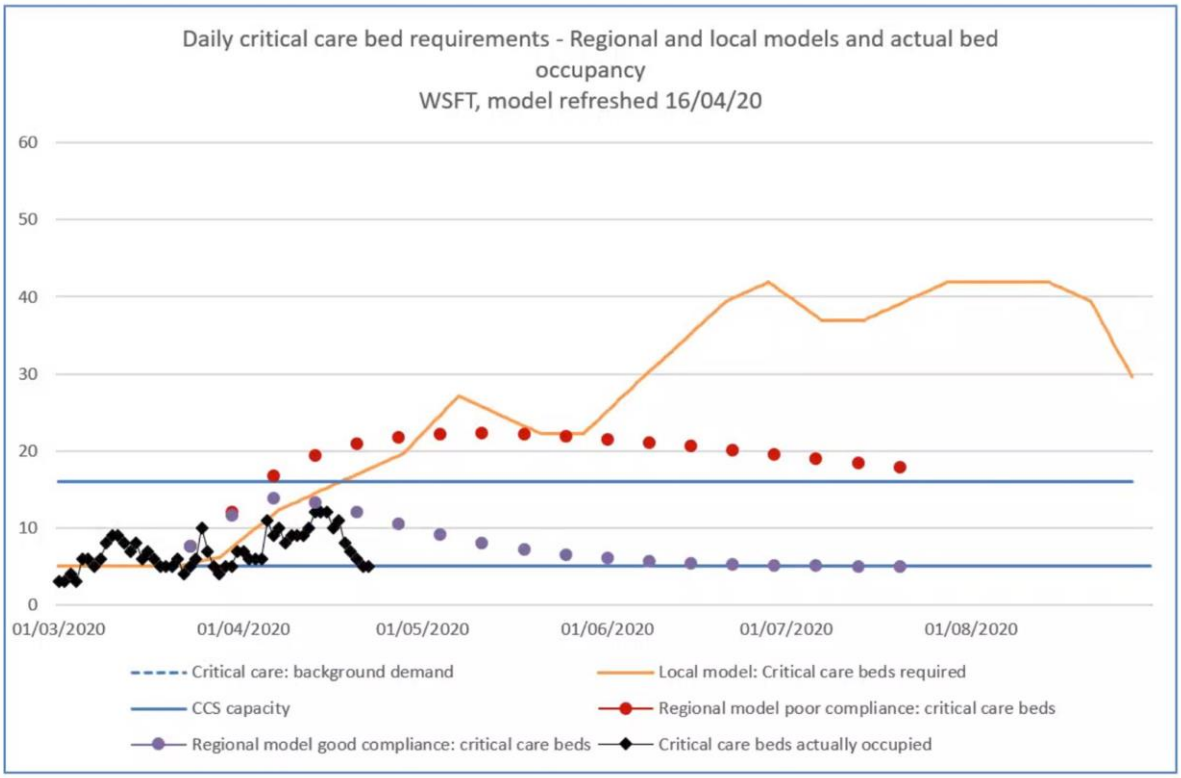
Community Capacity
Our community teams are reporting no significant concerns around their workload. In preparation for a potential surge in demand the community teams have assessed all patients on their caseload as red, amber or green to determine where they can safely reduce levels of care if required. Additional community beds have been procured by the system and at the current time we have an excess of capacity above demand.

Staff Availability
We are monitoring and reporting levels of absence due to staff sickness and self-isolation. For week commencing 13th April overall levels of staff sickness and self-isolation was at 6.95% of which 4.69% as related to Covid sickness or self-isolating and 2.26% was due to other reasons. These levels of sickness whilst higher than normal Trust sickness absence rates have not led to significant staffing shortages in either the acute or community teams. It is anticipated that the increased capacity for staff swabbing will have a positive impact on the figures for self-isolating.

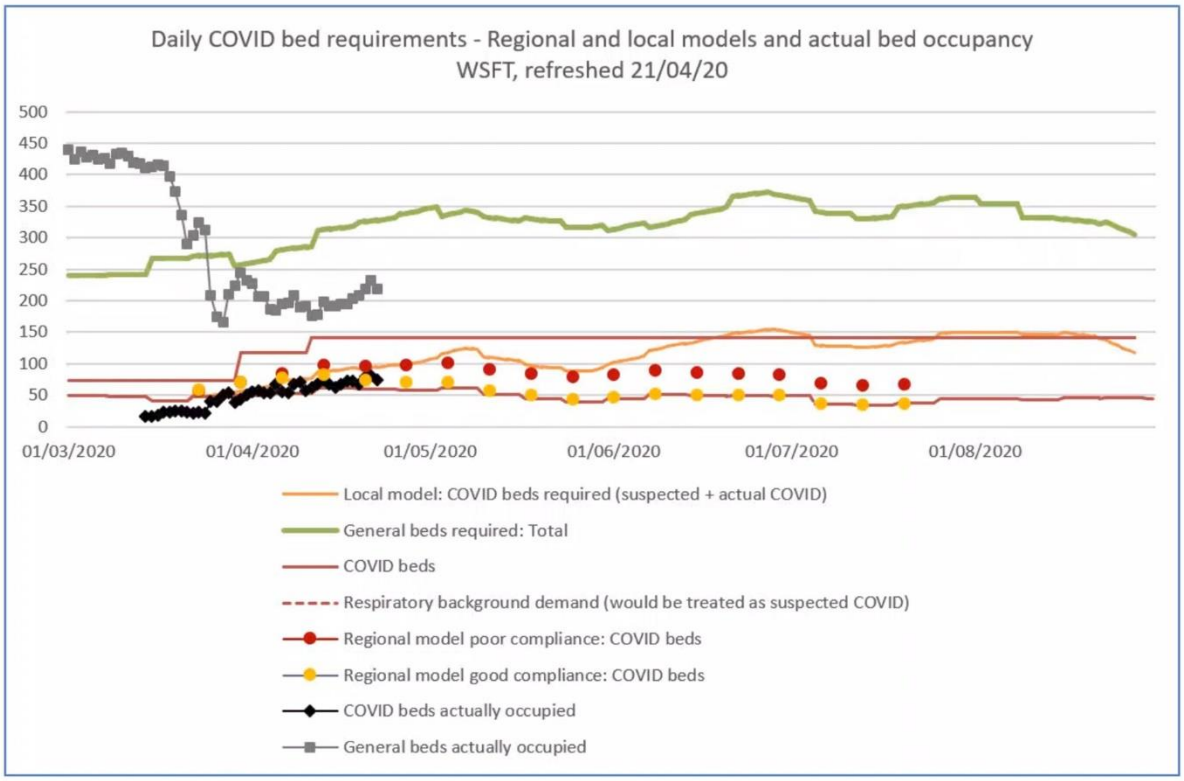
Nationally it has been reported that large numbers of doctors, nurses and other professional groups are returning to practice. At WSFT we have reduced recruitment time to 4 days and have returned a relatively small number of staff back to work in some key roles. In terms of the national drive we have only had one volunteer identified and they have already joined our team.

Activity Modelling and Actuals

Modelling work has been undertaken by Helena Jopling to support planning assumptions at WSFT. The charts below show the latest refreshed modelling based on updated regional models recently received in light of new data following the national lockdown measures. The first chart shows critical care and capacity and the second general and acute bed capacity.



Helena has been very clear that these models are based upon limited data and should be interpreted with caution. However, at the current time this is the best information available to us and as the actual activity shows we are in line with the good compliance (with lockdown) trajectories. The duration of the lockdown, ongoing societal compliance and the impact as restrictions are lifted are as yet unclear and the local modelling as indicated by the solid green line has taken a more pessimistic view on these factors at the current time.



What is clear is that the exponential increase in cases which we were planning for has been avoided to date for our local population. As a result, we are cautiously moving to increase our capacity for other non-Covid activity, recognising that we now have the ability to ramp up Covid related capacity more quickly having test our approach and trained significant numbers of staff in alternative roles.

Management Structures

It is recognised that Covid is a national emergency and as a Trust we have been preparing to respond to a major incident through a command and control structure. We have been moving into a responsive phase with the tactical cell being the primary focus of the organisational response.

We have currently established these command and control arrangements 7 days per week from 08:00-20:00 and are monitoring requirements on a regular basis to determine whether we should increase or decrease the resource committed to this. Experience to date is that the teams on duty are not consistently busy, however requests for information and responses to new directives continue to be received at any time over with very short timelines for response.

Clinical Group

The Clinical CRT group chaired by Andrew Dunn (consultant orthopaedic surgeon) has been very active as part of our Covid preparations as it has been necessary to completely revise the working patterns of most of our medical teams.

In additional the following has been implemented to maximise clinical activity: Appraisals have been suspended in line with GMC's suspension of revalidation, job planning round has been suspended and EBAC has been postponed.

The ethical subgroup has also considered a number of complex issues arising as a result of the need to protect staff and other patients during the current pandemic. These issues

include the restriction of visiting, a decision to suspend home births and guidance around CPR. It has been agreed that Louisa Pepper will chair this group going forward.

Cancer Services

Guidance relating to the provision of cancer services from professional bodies, NHSE/I and the cancer alliance is changing frequently and we are working hard to adapt and respond to these changes and maintain a level of service for our patients.

We are seeing a large reduction in the number of referrals we are receiving, these appear to have reduced by about a half. There is a concern that there will be patients who are delaying attending GP's with potential cancer symptoms and at some point, in the not too distance future we will see an increase in referrals again. Our current total waiting list is 572, which is significantly below what we are used to, with the biggest drop being in the 0-14 days. There will be other reasons for the drop, including the pathway co-ordinators having the capacity to be up to date with pathway tracking and management.

We are now working to actively increase the amount of capacity for cancer surgery and expect to be able to clear all of the above relatively small backlogs over the next couple of weeks. The issue relating to endoscopy is of some concern particularly in relation to colorectal referrals.

Community Group

The community sub group have worked extensively with a range of system partners as part of the Covid-19 response. It is anticipated that there will be a lengthy impact on community healthcare capacity as more patients will be cared for at home, including at end of life. The CCG have commissioned additional support from the hospice team to support end of life care in the community and the hospice are recruiting additional staff to respond to this. The community teams have undertaken a caseload prioritisation exercise utilising a RAG rating, although currently we are able to continue to deliver the standard level of care.

The community group have led on the implementation of the hospital discharge service requirements issued by NHSE/I, which includes ensuring patients are moved to the discharge waiting area within 2 hours of being declared medically-optimised. As part of these preparations, a multi-professional discharge hub has been established 8am to 8pm, 7 days per week to expedite the discharge process. This includes junior doctors and pharmacy input to ensure the issuing of take-home medication (TTOs) does not hold up the discharge process.

25 additional care beds have been procured by the CCG from Marham Park care home to ensure that patients can move from the acute hospital as quickly as possible. The community assessment bed base at Newmarket is currently being expanded by 14 additional beds and the medical model and cover has been agreed to support this, recognising that these patients are likely to be more acute than their usual reablement patients.

Covid 19 has had a significant impact on care homes nationally, and there is evidence of this locally. This has attracted significant media attention, particularly as the published death figures only include hospital deaths. The community group has led on the implementation of swabbing of patients prior to return to care homes, in line with recent national requirements, working closely with the other Divisions.

System Working

A significant amount of system wide transformation has been achieved as part of the response to Covid.

Patient Experience

We decided early in the current Covid 19 response to cease all visiting apart from in very specific circumstances and even in these situations visiting is extremely limited. The patient experience team have launched a Keeping in Touch service to enable patients to be in contact with their relatives and friends, via video calls, phone calls or the passing on of a hand-delivered card. The IT team have supported this by providing patients on the wards with re-purposed Ipads on stands for patients to use. In addition, relatives can speak to dedicated clinicians working with the PALS team to find out up to date information about the care and treatment of their loved ones.

My Wish are working with PALS to co-ordinate the production of knitted hearts and condolence cards which can be personalised by staff caring for patients at end of life and sent to grieving relatives.

Communications

Effective Communication is a key strand of the Trist response to Covid. External communications are subject to clear guidance from NHSE/I, for example on how Covid 19 deaths within the hospital are reported. The communications team have ensured that the public website includes a range of useful information for patients, relatives and the wider community.

Internally, the communications team link with the Core Resilience Team to design and issue messages as required, including via the intranet, emails and posters. This has been particularly vital in terms of communicating the changes in relation to PPE guidance. In response to staff requests for a centralised point for information, the communications team have recently launched the Covid 19 staff zone microsite, accessible for staff on or off site. This includes information on cases, clinical guidelines, PPE guides and staff wellbeing support. The communications team also issue a daily staff briefing with the most up to date information. Previous daily briefings are also included on the microsite.

The information team have developed a Covid 19 dashboard and a screenshot is shared on a daily basis with staff. Work is ongoing to ensure this is available live via the microsite, whilst ensuring patient information is kept confidential.
Communication with staff is integral to the CRT and tactical structures. Daily walkabouts are conducted by Executive Team members, accompanied by a senior doctor and nurse, to provide face to face leadership and reassurance to staff. Critical messages can be reinforced and issues raised by staff are fed back to CRT to respond to. The Medical Director issues a weekly bulletin focussed on key messages for medical staff.

The operational and clinical sub groups of CRT are utilised as a mechanism to disseminate key information, and the Divisional Operational Command Cells also play a vital role in communicating with staff. There is a dedicated central Covid 19 email address for staff to ask questions, and as the Divisional Cells become more embedded it is likely more issues will be raised via these.

PPE

The provision of adequate stocks of appropriate PPE has been the cause of much media attention as well as the focus local, regional, and national planning. The good news is that we have managed to maintain a supply of necessary PPE to all staff at all times throughout the pandemic. The situation has been precarious at times due to issues with the supply chain, changes to the specification of the items delivered, which we have no control of, and a shortage of testing fluid to ensure a good fit for the FFP3 masks. We have established a resource group led by Nick Macdonald which has enabled us to have full visibility of all available stocks of PPE and estimates of how long the supply will last. This has been vital as

we manage this issue in the context of a just in time delivery service over which we have no control.

Guidance about the correct PPE to wear in different clinical situations has also changed rapidly in the early stages of the outbreak, however definitive guidance endorsed by all of the professional bodies and the Academy of Royal Colleges was issued on 2nd April. The changes to the guidance caused uncertainty and anxiety prior to this which is taking some time to settle in many areas of the organisation. We have produced clear guidance and posters for all clinical areas which designates them as Red, Amber or Green and indicates the required level of PPE for each area and for high risk clinical procedures. We have implemented a daily walkabout by an executive and a senior consultant and senior nurse to visit areas, listen to staff concerns and provide reassurance and advice relating to PPE and other Covid issues.

An emergent issue has been the national shortage of gowns which are required for high-risk procedures. We were notified of this shortage on a national webinar on 16th April and have been encouraged to restrict the use of gowns and explore the re-using of single-use gowns following revised guidance. Within the Trust we do not have a current shortage of gowns but are working with clinical areas to ensure appropriate use of stocks and a reduction of wastage. A proposal is being developed for nominated PPE champions to provide training, advice and guidance in all clinical areas.

The Core resilience team is considering alternative mitigating options to preserve PPE supplies and the Ethical Group has been asked to consider the issue of staff safety versus patient need in the event that adequate supplies are not maintained.

Workforce and Wellbeing Group

The facilities team have supported staff welfare schemes through the provision of free hot drinks for all staff plus free hot and cold food for all staff on night duty.

The Trust has also waived charges for staff to park on site from 1st April and stopped the provision of the shuttle bus from the rugby club due to social distancing requirements. Staff are still able to park and the rugby club and walk to the hospital if they wish.

Staff are also able to access accommodation on site free of charge to facilitate self-isolation away from families if required.

In addition to these very practical measures the Trust has taken the wellbeing of staff extremely seriously. The new coronavirus microsite has a dedicated wellbeing section which provides details of a range of supports measures for staff including the provision of psychological support from clinical psychologists and psychological therapists already working within the Trust.

Staff swabbing

The issue of staff swabbing has attracted significant media interest and is also an ongoing concern for many staff. NHSE/I have issued guidance to Trusts setting out requirements to deliver swabbing of staff and index cases within households, in order to enable staff who were self-isolating to return to work if negative for Covid 19. Within the Trust, staff and index case swabbing has been undertaken by the Emergency Department, with Divisions prioritising requests from line managers. The Telephone Appointment Centre has facilitated the booking of slots for staff. This is currently available to WSFT and ambulance staff, with imminent plans to extend this to other health and social care colleagues. Due to the national requirement to increase testing to 100,000 tests daily across the NHS by the end of April, co-ordination of booking swabbing will move to a centralised function at Ipswich. One of the national drive-through swabbing centres has been established at Copdock, Ipswich and staff

can also access the centre at Stansted. The site at Copdock is planned to have capacity for up to 400 tests per day.

Estates and IT

The estates and IT departments have continued to work at pace to deliver a number of schemes to support the Trusts Covid-19 response.

Work to supply piped oxygen to every bed space on ward F3 was completed early and handed back to the Trust over the Easter bank holiday weekend. At the time of writing this ward has not been put back into operational use due to a decline in the demand for beds. In addition to this work has been carried out to maximise the supply of oxygen to the site, although this remains a potential rate limiting step in our ability to increase our critical care capacity. Regular daily reports of oxygen usage across the site are now circulated and a policy for “good housekeeping” in regard to oxygen use had been developed.

Work is progressing on the additional 14 beds at the Newmarket site and this is due for completion mid/end of May.

The IT teams have facilitated extensive working from home for many teams across the organisation and those working on site have managed to improve their ability to socially distance through relocation of offices.

IT have also accelerated the roll out of the new mobile phones to community teams to enable them to access more Trust resources whilst away from base locations.

Covid-19 reporting tools have been the focus of the work of the information team over the last month.

We were also pleased to be asked to extend our HIE to facilitate potential use of the London Nightingale Hospital by patients from the East of England.

The Estates department are also facilitating the provision of additional mortuary capacity on site. This capacity will provide 200 additional spaces. Current modelling suggests this may not be required but the Suffolk Resilience Forum has decided to make the provision.

Recovery Planning

Craig Black has been identified as the executive lead for recovery. This work is being taken forward by the future planning group which is in the early stages of developing recovery plans. At each stage of planning for Covid related activity changes, consideration has been given to the need to map and report against any changes so that the recovery team can identify any affected cohorts of patients.

A system call is scheduled to consider the wider recovery implications

Key Risks and Issues

Oxygen
The current situation has created an additional demand on oxygen supplies, both piped oxygen and cylinders. Patients with Covid 19 symptoms often require oxygen therapy as part of their hospital treatment. This has been recognised nationally as a significant risk factor across many sites. We are monitoring our use of piped oxygen and this is currently at the rate we would expect in winter with a full hospital, which demonstrates the increased demand, considering we are operating at approximately 50% capacity on a daily basis. We are also monitoring oxygen cylinder holdings and we are maintaining a good level of cylinders. In order to mitigate the risk we are encouraging “good oxygen housekeeping”, i.e.

the appropriate clinical use of oxygen to maintain adequate oxygen saturation rather than automatically using high levels. National guidance has also been issued to advise that clinicians should aim for 92-96% oxygen saturations rather levels above that. It is worth noting that the national pressure on cylinder oxygen also impacts on patients who have home oxygen in the community; this provision is commissioned directly from the CCG.

PPE
As outlined above the supply of PPE is an ongoing risk with supplies and distribution under significant pressure internationally.

Staffing
We are carefully monitoring staff absence due to Covid but at the current time this has not become an issue for us, possibly due to the lower levels of activity at the current time.

Non Covid activity
Rapid access referral and emergency attendances and admissions have both reduced by up to 50% during the Covid pandemic. There is a significant risk that we will see a spike in emergency attendances in the short term and a rise in cancer related activity in the medium term. Local and national communications have been issued to encourage those who need to, to attend their GP or the hospital.

10. Summary finance & workforce report (enclosed)

To note the summary report

For Reference

Presented by Louisa Pepper

REPORT TO:	Council of Governors
MEETING DATE:	6 May 2020
SUBJECT:	Summary Finance & Workforce Report
AGENDA ITEM:	10
PREPARED BY:	Nick Macdonald, Deputy Director of Finance
PRESENTED BY:	Louisa Pepper, Non-Executive Director
FOR:	Information - update on Financial Performance

EXECUTIVE SUMMARY:

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

- The planned surplus for the year is to break even, but the outturn position (subject to audit) is a surplus of £0.3m.
- As a result the Trust anticipates receiving all PSF/FRF associated with meeting its control total.
- The Trust has been reimbursed with all costs relating to COVID 19

Income and Expenditure Summary as at March 2020

The reported I&E for March is a surplus of £1.4m, against a planned deficit of £2.2m. This results in a favourable variance of £3.7m in March (£0.3m YTD).

As a result the Trust anticipates receiving all PSF/FRF associated with meeting its control total.

In order to deliver the Trust's control target in 2019-20 we needed to deliver a CIP of £8.9m (4%). We achieved £9.1m £242k better than plan. We also developed a Financial Recovery Plan (FRP) to deliver £1.8m of savings this year. We achieved £1.6m being £236k worse than plan. In total the CIP and FRP were achieved.

Use of Resources (UoR) Rating

Providers' financial performance is formally assessed via five "Use of Resources (UoR) Metrics. The highest score is a 1 and 4 is the lowest. Under the UoR we score a 3 cumulatively to March 2020.

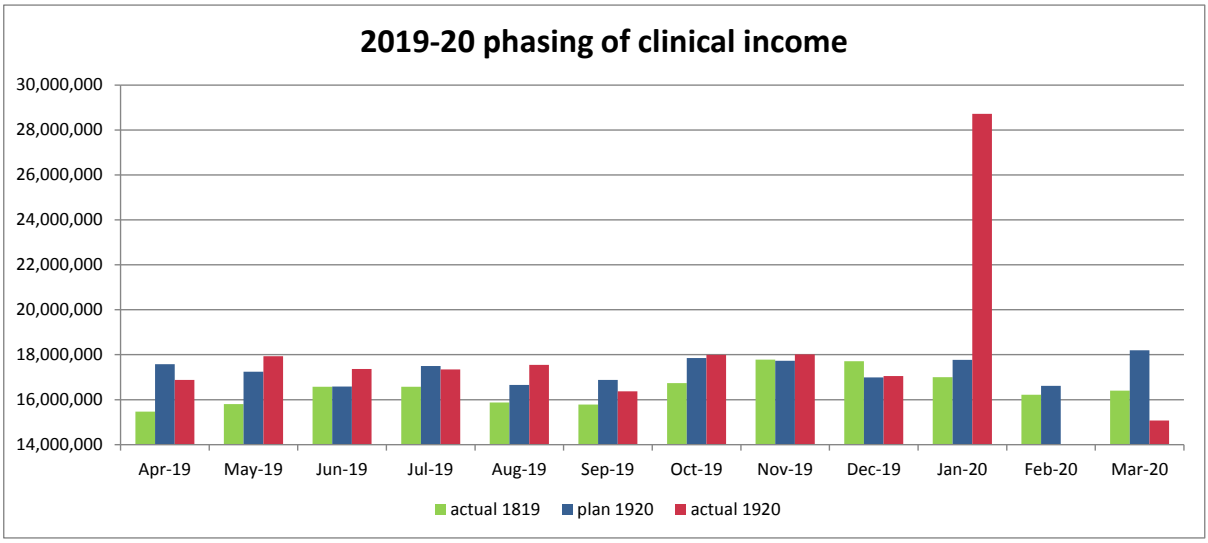
Metric	Score	Plan
Capital Service Capacity rating	4	4
Liquidity rating	4	4
I&E Margin rating	2	2
I&E Margin Variance rating	1	1
Agency	1	1
Use of Resources Rating after Overrides	3	3

Performance against I & E plan

SUMMARY INCOME AND EXPENDITURE ACCOUNT - March 2020	Mar-20 Budget £m	Mar-20 Actual £m	Mar-20 Variance F/(A) £m	Year to date Budget £m	Year to date Actual £m	Year to date Variance F/(A) £m
NHS Contract Income	18.9	16.4	(2.6)	216.5	223.7	7.2
Other Income	2.6	11.7	9.1	37.5	41.6	4.1
Total Income	**21.6**	**28.1**	**6.5**	**254.0**	**265.3**	**11.3**
Pay Costs	14.5	16.4	(1.9)	172.4	177.3	(4.9)
Non-pay Costs	7.0	10.3	(3.3)	80.3	87.4	(7.1)
Operating Expenditure	**21.5**	**26.7**	**(5.3)**	**252.7**	**264.7**	**(12.0)**
Contingency and Reserves	2.3	0.0	2.3	(0.5)	0.0	(0.5)
EBITDA excl STF	**(2.2)**	**1.3**	**3.5**	**1.8**	**0.6**	**(1.2)**
Depreciation	0.7	0.7	0.0	8.1	7.4	0.7
Finance costs	0.3	0.2	0.1	3.9	3.3	0.6
SURPLUS/(DEFICIT)	**(3.3)**	**0.4**	**3.7**	**(10.1)**	**(10.1)**	**0.0**
Provider Sustainability Funding (PSF)						
MRET, FRF/PSF - Financial Performance	1.0	1.0	(0.0)	10.1	10.4	0.3
SURPLUS/(DEFICIT) incl PSF	**(2.3)**	**1.4**	**3.7**	**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. During January we were reimbursed by WS CCG for our over activity



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	975	747	(228)	10,892	11,422	530
Other Services	2,057	1,485	(572)	27,926	35,949	8,023
CQUIN	185	158	(27)	2,078	2,056	(22)
Elective	3,021	2,009	(1,011)	33,304	32,737	(566)
Non Elective	6,714	6,775	62	75,297	75,108	(189)
EmergencyThreshold Adjustment	(371)	(371)	0	(4,171)	(4,171)	0
Outpatients	3,370	2,580	(790)	37,849	36,877	(972)
Community	2,988	2,988	0	33,344	33,749	405
Total	**18,939**	**16,372**	**(2,567)**	**216,519**	**223,727**	**7,208**

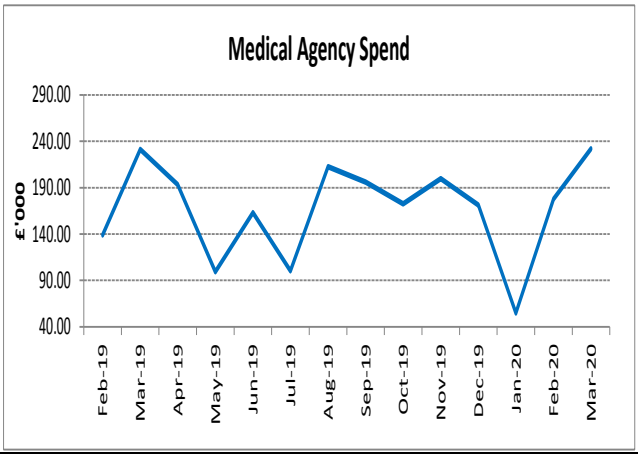
Performance against Expenditure plan - Workforce

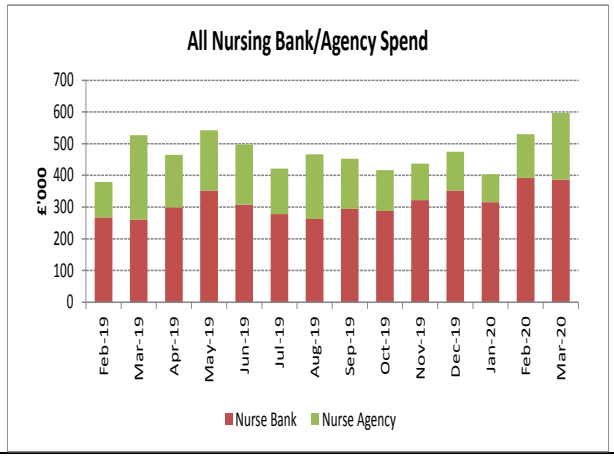
Monthly Expenditure (£) Acute services only				
As at March 2020	Mar-20	Feb-20	Mar-19	YTD 2019/20
	£'000	£'000	£'000	£'000
Budgeted costs in month	**12,738**	**12,816**	**11,885**	**151,575**
Substantive Staff	12,933	11,806	11,247	138,464
Medical Agency Staff (includes 'contracted in' staff)	232	183	220	1,869
Medical Locum Staff	276	234	213	3,290
Additional Medical sessions	285	214	240	3,015
Nursing Agency Staff	196	127	243	1,683
Nursing Bank Staff	355	365	238	3,530
Other Agency Staff	98	135	31	926
Other Bank Staff	160	161	131	1,753
Overtime	52	59	167	1,298
On Call	67	70	104	819
Total temporary expenditure	1,721	1,550	1,587	18,183
Total expenditure on pay	**14,654**	**13,356**	**12,834**	**156,647**
Variance (F/(A))	(1,916)	(540)	(949)	(5,072)
Temp Staff costs % of Total Pay	11.7%	11.6%	12.4%	11.6%
Memo : Total agency spend in month	526	445	494	4,478

Monthly Whole Time Equivalents (WTE) Acute Services only			
As at March 2020	Mar-20	Feb-20	Mar-19
	WTE	WTE	WTE
Budgeted WTE in month	**3,346.5**	**3,348.2**	**3,237.9**
Employed substantive WTE in month	3203.48	3161.39	2971.5
Medical Agency Staff (includes 'contracted in' staff)	9.84	11.67	26.38
Medical Locum	28.18	27.46	14.49
Additional Sessions	22.08	17.34	20.73
Nursing Agency	30.04	27.54	34.91
Nursing Bank	111.53	105.55	72.2
Other Agency	21.05	21.62	7.68
Other Bank	65.11	67.7	57.21
Overtime	13.5	14.6	52.18
On call Worked	6.23	6.04	6.01
Total equivalent temporary WTE	**307.6**	**299.5**	**291.8**
Total equivalent employed WTE	**3,511.0**	**3,460.9**	**3,263.3**
Variance (F/(A))	(164.5)	(112.7)	(25.4)
Temp Staff WTE % of Total Pay	8.8%	8.7%	8.9%
Memo : Total agency WTE in month	60.9	60.8	69.0
Sickness Rates (February/January)	3.52%	4.05%	4.16%
Mat Leave	1.89%	1.91%	2.94%

Monthly Expenditure (£) Community Service Only				
As at March 2020	Mar-20	Feb-20	Mar-19	YTD 2019-20
	£'000	£'000	£'000	£'000
Budgeted costs in month	**1,753**	**1,753**	**1,561**	**20,787**
Substantive Staff	1,698	1,726	1,449	19,781
Medical Agency Staff (includes 'contracted in' staff)	0	(6)	12	104
Medical Locum Staff	7	3	3	55
Additional Medical sessions	2	1	1	14
Nursing Agency Staff	14	11	23	171
Nursing Bank Staff	31	27	23	320
Other Agency Staff	7	(1)	(24)	55
Other Bank Staff	14	9	8	96
Overtime	3	4	7	64
On Call	3	3	3	41
Total temporary expenditure	82	52	54	918
Total expenditure on pay	**1,780**	**1,778**	**1,503**	**20,700**
Variance (F/(A))	(27)	(25)	58	88
Temp Staff costs % of Total Pay	4.6%	2.9%	3.6%	4.4%
Memo : Total agency spend in month	22	5	10	329

Monthly Whole Time Equivalents (WTE) Community Services Only			
As at March 2020	Mar-20	Feb-20	Mar-19
	WTE	WTE	WTE
Budgeted WTE in month	**542.00**	**542.12**	**486.25**
Employed substantive WTE in month	503.15	513.72	476.31
Medical Agency Staff (includes 'contracted in' staff)	0.00	0.00	0.74
Medical Locum	0.35	0.35	0.35
Additional Sessions	0.00	0.00	0.00
Nursing Agency	2.00	1.58	3.16
Nursing Bank	8.84	7.66	6.55
Other Agency	1.96	4.48	0.80
Other Bank	4.64	2.69	2.29
Overtime	1.14	1.30	2.13
On call Worked	0.00	0.00	0.00
Total equivalent temporary WTE	**18.9**	**18.1**	**16.0**
Total equivalent employed WTE	**522.1**	**531.8**	**492.3**
Variance (F/(A))	19.92	10.34	(6.08)
Temp Staff WTE % of Total Pay	3.6%	3.4%	3.3%
Memo : Total agency WTE in month	4.0	6.1	4.7
Sickness Rates (February/January)	5.00%	4.68%	4.62%
Mat Leave	3.10%	3.37%	3.08%





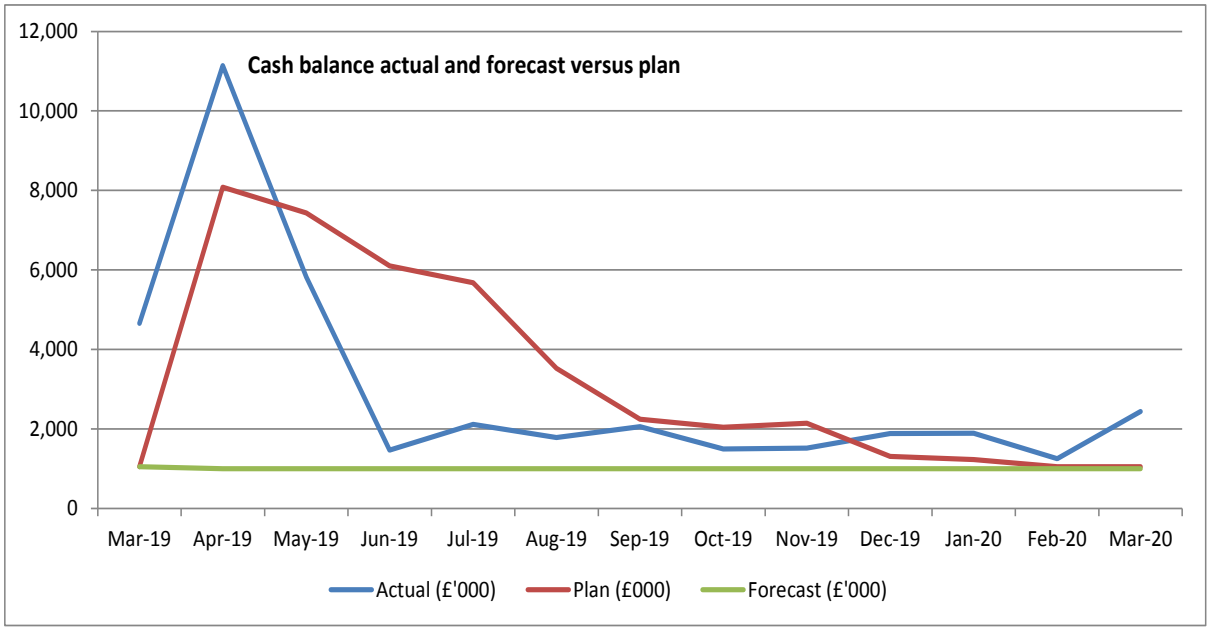
Balance Sheet

STATEMENT OF FINANCIAL POSITION

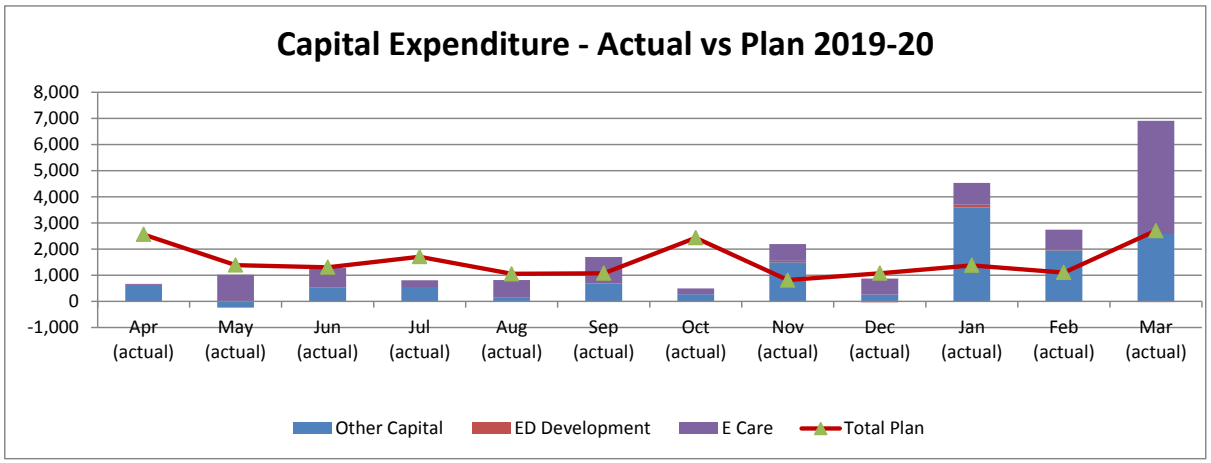
	As at 1 April 2019	Plan 31 March 2020	Plan YTD 31 March 2020	Actual at 31 March 2020	Variance YTD 31 March 2020
	£000	£000	£000	£000	£000
Intangible assets	33,970	35,940	35,940	40,972	5,032
Property, plant and equipment	103,223	115,395	115,395	110,593	(4,802)
Trade and other receivables	5,054	4,425	4,425	5,707	1,282
Total non-current assets	**142,247**	**155,760**	**155,760**	**157,272**	**1,512**
Inventories	2,698	2,700	2,700	2,872	172
Trade and other receivables	22,119	20,000	20,000	32,342	12,342
Cash and cash equivalents	4,507	1,050	1,050	2,441	1,391
Total current assets	**29,324**	**23,750**	**23,750**	**37,655**	**13,905**
Trade and other payables	(28,341)	(32,042)	(32,042)	(33,692)	(1,650)
Borrowing repayable within 1 year	(12,153)	(3,134)	(3,134)	(58,529)	(55,395)
Current Provisions	(47)	(20)	(20)	(67)	(47)
Other liabilities	(1,207)	(992)	(992)	(1,933)	(941)
Total current liabilities	**(41,748)**	**(36,188)**	**(36,188)**	**(94,221)**	**(58,033)**
Total assets less current liabilities	**129,823**	**143,322**	**143,322**	**100,706**	**(42,616)**
Borrowings	(84,956)	(99,186)	(99,186)	(52,538)	46,648
Provisions	(111)	(150)	(150)	(744)	(594)
Total non-current liabilities	**(85,067)**	**(99,336)**	**(99,336)**	**(53,282)**	**46,054**
Total assets employed	**44,756**	**43,986**	**43,986**	**47,424**	**3,438**
Financed by					
Public dividend capital	69,113	70,430	70,430	74,065	3,635
Revaluation reserve	6,931	9,832	9,832	7,137	(2,695)
Income and expenditure reserve	(31,288)	(36,276)	(36,276)	(33,778)	2,498
Total taxpayers' and others' equity	**44,756**	**43,986**	**43,986**	**47,424**	**3,438**

The cash at bank as at the end of March 2020 is £2.4m.

Cash flow forecast for the year compared to actual



Capital Progress Report



	Apr Actual £'000	May Actual £'000	Jun Actual £'000	Jul Actual £'000	Aug Actual £'000	Sep Actual £'000	Oct Actual £'000	Nov Actual £'000	Dec Actual £'000	Jan Actual £'000	Feb Actual £'000	Mar Actual £'000	Total 2019-20 £'000
E Care	34	1,019	743	290	679	1,018	214	640	608	839	771	4,331	11,187
ED Development	0	0	0	0	0	0	0	60	-40	99	20	-30	109
Other Schemes	636	-242	534	512	138	683	278	1,494	260	3,598	1,952	2,581	12,424
Total / Forecast	670	777	1,277	802	817	1,700	492	2,194	829	4,536	2,743	6,882	23,720
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 ED 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.

The original capital programme was significantly delayed as a result of waiting for conformation of a capital loan from the centre. This was received in November and the schemes were started and although progress was made all of the delays could not be made up before the year end. This together with the Coronavirus pandemic resulted in delays to a number of schemes particularly the Electrical Infrastructure scheme which was £1.1m behind its original budget figure.

The Trust was asked if they could accelerate capital expenditure from 2020/21 into the current financial year. This principally related to IT schemes. A revised CDEL (Capital Delegated Limit) target of £23,578k was agreed. The outturn position shows capital expenditure for the year of £23,720k but after deducting the value of assets provided by MyWish the actual CDEL for the year was £23,469k slightly below the target.

Recommendation:
To note the summary report.

11. Trust Improvement Report (attached)

To note the report

For Discussion

Presented by Richard Davies

REPORT TO:	Council of Governors
MEETING DATE:	6 May 2020
SUBJECT:	CQC improvement plan report
AGENDA ITEM:	Item 11
PREPARED BY:	Rowan Procter, Executive Chief Nurse Richard Jones, Trust Secretary Rebecca Gibson, Compliance Manager
PRESENTED BY:	Richard Davies, Non-Executive Director
FOR:	Information

Following the Quality Summit in March WSFT committed to developing an **improvement plan** to address the specific findings and overarching themes from the CQC inspection visit. For each CQC finding (or related group of findings) a plan has been drawn up which sets out:

- Overview of planned improvement – a narrative description of the plan to provide an overarching summary
- Action log - the individual actions required to progress the improvement plan
- Evidence for delivery - outline of the metrics/information that measure performance
- Monitoring and assurance - how and where performance against the identified metrics/information is reported

We have undertaken the work to develop of improvement plan in collaboration with **West Suffolk CCG**, as our commissioners. This has included assessment of suitability of the proposed actions and the CCG will be providing independent assurance when actions have been completed.

With the impact of the **COVID-19 response** it was acknowledged that items within the improvement plan would of necessity be paused and each element of the improvement plan has been reviewed to define its status as:

Fully continue	**Partially continue**	**Implemented - assurance pending**	**Paused**
Able to continue all elements of the plan	Able to continue but only some actions within the plan	Action taken to address concern but awaiting assurance/evidence of delivery	Needs to be put on hold due to the COVID response
4	18	7	24

The Board reviewed and **approved the detailed plan** at its public meeting on 24 April 2020. This approved plan has been submitted to the CQC and we await feedback. Annex A provides a summary of types of action being taken by status.

Future **regular reports to the Board** will:

1. Track progress for improvement actions categorised as ‘Fully continue’ or ‘Partially continue’ against the agreed timescale
2. Consider the findings of assurance testing for completed actions
3. Review on a periodic basis improvement actions categorised as ‘Paused’ – next scheduled review agreed in July ‘20
4. Consider feedback from the CQC and other regulatory bodies

Future **reports to the Council of Governors** will provide a summary of the Board’s findings, including the escalation of any issues or concerns.

As is possible when social distancing requirements are relaxed we will use quality walkabouts and other activities to provide further assurance and testing of the **sustained delivery of improvement actions**.

Annex A: CQC improvement findings by status

Action status			
Able to continue	**Partial**	**Implemented - pending assurance**	**Paused**
• Ipswich CDC Audiology facilities • ED infection prevention and bare below the elbow • Supernumerary labour suite coordinator • Maternity incident reporting	• Community IT systems and integration • Mortality reviews • NEESPS improved communication • Community pain assessments • Culture, openness and transparency / freedom to speak up • HR processes for management of staff grievances and complaints • Mandatory training • Bank and agency local induction • Freedom to speak up guardian • Incident reporting, investigation, monitoring, action and shared learning • Equipment and medication checks • Maternity monitoring (MEOWS, NEWTT, Domestic Violence, Carbon monoxide) • Maternity checks of resuscitation equipment • Maternity clinical guidelines • Maternity incident investigations • Display safety performance information • Community care planning • Community outcome measure auditing	• Theatre medicines storage • Timely diagnostic tests • Fit and proper persons regulation • Staff health and wellbeing • Ambient room temperature / medication temperature monitoring • COSHH • Sharps and syringes storage	• Quality and performance Information • Clinical audit • Patients and visitors healthier lives information • Surveillance and follow up • RTT, six week diagnostic and cancer access standards • Team meetings in Medicine • Bed moves at night for non-clinical reasons • Paediatric outpatient department security enabled doors • Community best practice and national guidance • Community cleaning schedules • Senior leaders skills to access/use patient outcome data • Appraisal • Complaints • Duty of candour • ED deteriorating patient risk assessment audits • Safety thermometer • Team meetings in Maternity • Safer surgery (WHO) checklist • Maternity national and local audit action plans • Supervision of midwives • Friends and family data • Consumable equipment infection prevention • Maternity evidence-based bereavement care pathway • Community acuity tool

12. Pathology services (attached)

To receive an update

For Reference

Presented by Stephen Dunn

REPORT TO:	Council of Governors
MEETING DATE:	6 May 2020
SUBJECT:	Pathology services report
AGENDA ITEM:	Item 12
PREPARED BY:	Steve Dunn, Chief Executive
PRESENTED BY:	Steve Dunn, Chief Executive
FOR:	Information

Over the last several years there have been several attempts to transform pathology services across the east of England. Most recently we have established the North East Essex and Suffolk Pathology Services (NEESPS) partnership together with East Suffolk and North East Essex NHS Foundation Trust (ESNEFT).

Regrettably this and previous partnership arrangements have not delivered the improvements that we would all like to see for our hospital and community, which has caused understandable frustration on many sides. Indeed for some time we have been in discussion with ESNEFT to improve the partnership working and hosting arrangements, including contemplating the direct employment of laboratory staff within a wider network.

On Monday, ESNEFT communicated their desire to dissolve the partnership and put new arrangements in place. While responding to Covid-19 should be our collective focus this nevertheless presents an opportunity to end the many pathology reorganisations that have at times been blockages to moving forward, and put in place a clinically-led, high quality sustainable pathology service that our hospital and our community services deserve. And doing so now should also help us respond to the ongoing threat that Covid-19 will undoubtably present in the medium term.

Over the coming months we will seek to engage our clinicians and lab staff to establish a clear plan on how best to take pathology in West Suffolk forward and how we best network with others, which will remain a requirement. But we will have the freedom to hopefully shape this in a way that works better for both colleagues and patients.

As a team who have been through rapid change a number of times over the last few years, I can only thank everyone working here in pathology services for their perseverance and dedication in what I know have been challenging circumstances at times. I am hopeful that we can collectively ensure this valued team is listened to, respected and supported, and that we can help shape a pathology service that works for all.

We will share further information on progress in due course and try to ensure that whole laboratory feels fully valued and part of the West Suffolk way and team.

13. Proposed changes to the constitution (enclosed)

To note the report

For Reference

Presented by Richard Jones

REPORT TO:	Council of Governors
MEETING DATE:	6 May 2020
SUBJECT:	Proposed changes to the constitution
AGENDA ITEM:	Item 13
PREPARED BY:	Richard Jones, Trust Secretary & Head of Governance
PRESENTED BY:	Richard Jones, Trust Secretary & Head of Governance
FOR:	Information

1. Background

At this time of year, the Council of Governors approve **commentary for inclusion in the annual quality report** (which form part of the Trust's annual report). As part of the mitigating actions taken nationally to reduce the burden during the COVID-19 response the requirements for trusts to produce an annual quality report has been removed. This also means that our external auditors will not undertake the full scope of work as part of their testing and opinion for the annual report, including the reports usually submitted to the Council of Governors.

It is material to note that, unlike the Board of Directors there is **no provision in the Trust's constitution for Council of Governors meetings to be held electronically** (virtually). Therefore, in the current circumstances today's meeting cannot take any formal decisions.

2. Proposal

Given that the social distancing restrictions of COVID-19 may continue for some time it is proposed to amend the constitution to **enable electronic communication** by the Council of Governors to support quoracy and decision-making (voting).

Our **initial legal advice** indicates the following:

- Recognised that:
  - The constitution did not envisage the current emergency situation
  - At the earliest opportunity we need provision for the Council of Governors to meet and make decisions (vote) electronically.

- A proposal to amend the constitution based on the following would be judged as reasonable in the circumstances:
  - circulate proposed changes to the constitution by post/email and ask Governors to vote on these by post/email
  - Board of directors consider and vote on the proposed changes
  - If/when agreed by both bodies the changes will come into immediate effect.

Based on this advice we will draw together proposed changes to the constitution which support electronic communication and decision-making (voting). These will be shared with the Council of Governors and Board of Directors as outlined above to allow the constitution to be changed.

14. Report from Engagement Committee (enclosed)

(a) To receive the minutes from the meeting of 21 April 2020

(b) To review amendments to Engagement Strategy for 1 April 2019-31 March 2021

(c) To review amendments to the terms of reference for the Engagement Committee

For Reference

Presented by Florence Bevan

REPORT TO:	Council of Governors
MEETING DATE:	6 May 2020
SUBJECT:	Report from Engagement Committee, 21 April 2020
AGENDA ITEM:	14
PREPARED BY:	Georgina Holmes, FT Office Manager
PRESENTED BY:	Florence Bevan, Governor
FOR:	Information and Review

BACKGROUND

This attached minutes (appendix A) provide a summary of discussions that took place at the engagement committee meeting on 21 April 2020

At this meeting the membership engagement strategy (appendix B) was reviewed and it was proposed that a number of amendments should be made to provide for changes as a result of COVID-19 and the development of digital communication. It was also noted that Marham Park should be included as a ward under West Suffolk.

The terms of reference (appendix C) were also reviewed and it was proposed that these should be amended to include the development of digital communication and recognise that changes to patient pathways as a result of COVID-19 may impact on approaches to engagement.
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RECOMMENDATION

The Council of Governors is asked to:-

i) Note the minutes of the meeting of 21 April 2020 (appendix A).

ii) Review the proposed amendments to the Membership Engagement Strategy (appendix B) prior to submission to the Board for approval.

iii) Review the proposed amendments to the terms of reference for the Engagement Committee (appendix C) prior to submission to the Board for approval

DRAFT

MINUTES OF THE COUNCIL OF GOVERNORS ENGAGEMENT COMMITTEE

HELD ON TUESDAY 21 APRIL 2020, 4.30pm

Via Microsoft Teams

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

Action

20/10 APOLOGIES

Apologies for absence were received from Gordon McKay.

It was noted that due to pressures relating to COVID-19 Cassia Nice, Sue Smith and a representative from the communications team would not be attending this meeting.

Richard Jones gave a brief update on the current situation within the hospital.

20/11 MINUTES OF MEETING HELD ON 21 JANUARY 2020

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

20/12 MATTERS ARISING ACTION SHEET

The ongoing actions was reviewed and the following issues raised:

Item 36, Details of contacts for Probus groups to be forwarded to Sue Smith. Liz Steele would forward details of her contacts to Sue Smith. **L Steele**

Item 38, Follow-up with Helen Beck whether it was necessary to include all enclosures again when sending a letter about a rearranged appointment. It was noted that this action would be followed-up post COVID-19. This would be part of the outpatient transformation project which had progressed more quickly than anticipated as a result of COVID-19.

Item 39, Consider a presentation on the Butterfly Appeal to NADFAS. Liz Steele to discuss with Jayne Gilbert if NADFAS was an appropriate forum. **L Steele**

The completed actions were reviewed and there were no issues.

20/13 ENGAGEMENT STRATEGY AND TERMS OF REFERENCE

The documents were reviewed and the following amendments proposed:

Engagement Strategy

- Include a statement to say that due to COVID-19 it would not be possible to undertake face to face engagement which had always been a very effective way of engagement.
- Recognise the need for more digital engagement in the future, particularly to assist in increasing engagement with younger people and ethnic groups.
- Note that changes in working practices post COVID-19 ie telephone consultations, could mean less opportunity for face to face engagement with people eg through Courtyard Café.
- Amend targets for membership events to reflect issues with COVID-19, ie reduce number of events by March 2021 to 3 (two have already taken place) and total attendance to 400 (attendance to date 362).
- Include Marham Park as a ward in West Suffolk under public constituency of the Trust (appendix 1).

Terms of Reference

- Add greater engagement through digital approach.
- Recognise that changes to patient pathways as a result of COVID-19 may impact on approaches to engagement.

These documents would be amended for review by the Council of Governors on 6 May 2020. **G Holmes**

20/14 EXPERIENCE OF CARE

Florence Bevan gave an update on the Voice Group whose activities could be helpful in coming up with ideas for engagement in the future.

The Patient and Carers Experience Group had also come up with valuable ideas for improved patient and career experience. Florence would liaise with Cassia to see if any could be relevant to the Engagement focus. **F Bevan**

20/15 DIGITAL COMMUNCATION

WSFT's digital communication links detailed in the agenda were noted, ie:

Facebook - https://www.facebook.com/WestSuffolkNHS/
Twitter - https://twitter.com/WestSuffolkNHS
LinkedIn - https://www.linkedin.com/company/west-suffolk-nhs-foundation-trust/

The situation with COVID-19 had helped to develop the use of digital links and it was hoped that this development would continue in the future.

20/16 FEEDBACK REPORTS

Courtyard & Newmarket Café feedback

Feedback from both locations continued to be mainly positive.

The positive comments relating to maternity would be fed back to the department. **G Holmes**

20/17 ISSUES FOR ESCALATION TO THE COUNCIL OF GOVERNORS

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

20/18 DATES OF MEETINGS FOR 2020

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

Appendix B

Membership Engagement Strategy

April 2019 to March 2021

Engagement Strategy

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1. Introduction

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

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

1.1 Purpose of strategy

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

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

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

1.2 Engagement objectives

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

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

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

2.0 The membership

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

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

Our members will:

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

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

2.1 Becoming a member

Our potential members can be drawn from the following:

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

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

All members must be 16 years of age or over.

A person can become a member by:

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

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

2.2 Defining our membership

2.2.1 Public

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

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

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

2.2.2 Staff

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

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

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

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

3.0 Recruitment of members

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

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

3.1 Methods of recruitment

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

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

While social distancing is being applied as part of the COVID-19 response it will not be possible to undertake our usual face-to-face engagement activities. Changes in working practices as a result of COVID-19 will also impact on the nature of engagement activities e.g. greater use of telephone consultations will mean that more patients receive their care and treatment without the need to come onto the hospital site. Recognising this there will be a need to review how changes to patient pathways may impact on our approaches to engagement, with the expectation of a greater focus on digital engagement in the future.

Methods of recruitment used in the past include:

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

3.2 Who is responsible for recruiting members?

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

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

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

3.3 Recruitment plan

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

3.3.1 Public members

Direct recruitment plan

- active engagement and recruitment within the hospital and other healthcare environments e.g. courtyard café, out-patient clinics and healthy living centres
- providing literature to staff working in community settings to share with service users and their families
- public education events e.g. “medicine for members”
- voluntary organisations – ensuring inclusion from ethnic and marginalised groups of people
- education facilities e.g. school talks and college events
- local non-NHS patient groups e.g. support groups
- sports organisations e.g. leisure centres, rugby and football clubs
- PALS office
- Work with partner organisations to establish best practice in membership recruitment e.g. NHS Providers and other NHS FTs.
- Encourage former staff members to become public members on leaving the Trust

Indirect recruitment plan

- development of digital communication; particularly to assist in increasing engagement with younger people and ethnic groups.
- website
- consider inclusion with other patient information e.g. bedside lockers for inpatient areas
- posters and leaflets in clinic and outpatient areas
- posters in GP surgeries, dentists, opticians and pharmacists

Media coverage

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

3.3.2 Staff

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

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

4.0 Engaging with public and members

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

Figure 1: Feedback collection methods from Experience of Care Strategy

4.1 Members' newsletter

The membership newsletter is distributed to all members.

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

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

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

4.2 Public and Member events

When COVID-19 social distancing requirements allow it is expected to continue to hold regular events for the public and members. Suggestions for topics will be based on the most popular areas of interest of the members and by the views of governors. Subjects may also be chosen from topical issues, such as quality accounts.

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

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

4.3 Staff involvement

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

4.4 Engagement plan

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

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

- the members' newsletter to be distributed to all members
- development of digital communication
- review how changes to patient pathways as a result of COVID-19 may impact on our approaches to engagement
- regular member events with suggestions from governors of recommendations from their members for future member events e.g. "medicine for members"
- staff governors holding staff member engagement sessions
- staff governors to communicate to staff via the "Green Sheet"
- greater use of electronic communication with members
- the annual members' meeting – this is an opportunity for members to hear more about the Trust's achievements plus the opportunity to ask questions
- working with partner organisations to establish best practice in membership engagement e.g. NHS Providers and other NHS FTs
- through active engagement gathering information on patients and the public's expectations and/or experiences of the service we provide in the hospital and community e.g. Courtyard café, quality walkabouts and area observations. The results of which are fed back to the Patient & Carers Experience Group.

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

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

5.0 The membership register

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

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

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

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

6.0 Monitoring success

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

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

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

6.1 How will the success be measured?

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

Criteria	**As at** 31 March 2020	**Target** (Mar 2021)
1. Achievement of the recruitment target: a. Total number of Public members b. Staff opting out of membership	 **6295** **<1%**	 6,000 <1%
2. Achieve a representative membership for our membership area, Priorities for action: a. Age – recruitment of under 50s b. Engagement and recruitment events in all market towns of Membership area (Thetford, Newmarket, Stowmarket, Haverhill and Sudbury)	 **1212** **20%**	 1,250 100% (40%)
3. An engaged membership measured by: a. number of member events b. member attendance – total all events c. annual members' meeting attendance (each year)	 **2** **362*** **295 (2019)**	 6 (3) 800* (400) 200

* Includes people attending Annual Members' Meeting
Figures shown in brackets have been adjusted due to COVID-19

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

Appendix 1

PUBLIC CONSTITUENCY OF THE TRUST

Patients and members of the public who reside in the following areas are eligible to join our public constituency:

Babergh:	Alton, Berners, Boxford, Brett Vale, Brook, Bures St Mary, Chadacre, Dodnash, Glemsford and Stanstead, Great Cornard (North Ward), Great Cornard (South Ward), Hadleigh (North Ward), Hadleigh (South Ward), Holbrook, Lavenham, Leavenheath, Long Melford, Lower Brett, Mid Samford, Nayland, North Cosford, Pinewood, South Cosford, Sudbury (East Ward), Sudbury (North Ward), Sudbury (South Ward), Waldingfield.
Braintree:	Bumpstead, Hedingham and Maplestead, Stour Valley North, Stour Valley South, Upper Colne, Yeldham
Breckland:	Conifer, East Guiltcross, Harling and Heathlands, Mid Forest, Thetford-Abbey, Thetford-Castle, Thetford-Guildhall, Thetford-Saxon, Watton, Wayland, Weeting, West Guiltcross
East Cambridgeshire:	Bottisham, Burwell, Cheveley, Dullingham Villages, Fordham Villages, Isleham, Soham North, Soham South, The Swaffhams
East Suffolk:	Aldeburgh, Beccles North, Beccles South, Blything, Bungay, Carlton, Carlton Colville, Deben, Felixstowe East, Felixstowe North, Felixstowe South, Felixstowe West, Framlingham, Fynn Valley, Gunton & Corton, Grundisburgh, Hacheston, Halesworth, Harbour, Kesgrave East, Kesgrave West, Kessingland Kirkley, Kirton, Leiston, Lothingland Martlesham, Melton, Nacton & Purdis Farm, Normanston, Orford & Eyke, Oulton, Oulton Broad, Pakefield, Peasenhall & Yoxford, Rendlesham, Saxmundham, Southwold & Reydon, St Margaret's, The Saints, The Trimleys, Tower, Wainford, Wenhaston & Westleton, Whitton,Wickham Market, Woodbridge Worlingham, Wrentham.
Ipswich	Alexandra, Bixley, Bridge, Castle Hill, Gainsborough, Gipping, Holywells, Priory Heath, Rushmere, St John's, St Margaret's, Sprites, Stoke Park, Westgate, Whitehouse, Whitton.
King's Lynn and: West Norfolk	Denton
Mid Suffolk:	Bacton & Old Newton, Badwell Ash, Barking & Somersham, Bramford & Blakenham, Claydon & Barham, Debenham, Elmswell & Norton, Eye, Fressingfield, Gislingham, Haughley & Wetherden, Helmingham & Coddenham, Hoxne,

	Mendlesham, Needham Market, Onehouse, Palgrave, Rattlesden, Rickinghall & Walsham, Ringshall, Stowmarket Central, Stowmarket North, Stowmarket South, Stowupland, Stradbroke & Laxfield, The Stonhams, Thurston & Hessett, Wetheringsett, Woolpit, Worlingworth.
South Norfolk:	Bressingham and Burston, Diss and Roydon
West Suffolk:	Abbeygate, All Saints, Bardwell, Barningham, Barrow, Brandon East, Brandon West, Cavendish, Chedburgh, Clare, Eastgate, Eriswell & the Rows, Exning, Fornham, Great Barton, Great Heath, Haverhill East, Haverhill North, Haverhill South, Haverhill West, Horringer and Whelnetham, Hundon, Iceni, Ixworth, Lakenheath, Kedington, Manor, Marham Park, Market, Minden, Moreton Hall, Northgate, Pakenham, Risby, Red Lodge, Risbygate, Rougham, Southgate, St Marys, Severals, South, St Olaves, Stanton, Westgate, Wickhambrook, Withersfield

FOUNDATION TRUST ENGAGEMENT COMMITTEE

Terms of Reference

1. Aim

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

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

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

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

1.5 To review how changes to patient pathways as a result of COVID-19 may impact on our approaches to engagement.

2. Responsibilities

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

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

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

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

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

2.6 To develop and implement an effective Engagement Strategy.

3. Scope

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

4. Composition

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

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

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

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

4.5 A quorum will be three members of the Committee.

5. Accountability

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

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

6. Meeting frequency

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

7. Authority

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

April 2020

15. Lead Governor report (enclosed)

To receive a report from the Lead Governor.

For Reference

Presented by Liz Steele

REPORT TO:	Council of Governors
MEETING DATE:	6 May 2020
SUBJECT:	Report from Lead Governor
AGENDA ITEM:	15
PRESENTED BY:	Liz Steele, Lead Governor
FOR:	Information

When we met at the January Board meeting in that somewhat unusual room a news alert came through on my phone that the first case of coronavirus had been confirmed. It instigated a question about whether we were ready at the West Suffolk if it should spread to us. Little did I know or anyone else, I am sure, that it would completely engulf our lives and the lives of the world. We have all had to adapt to living our lives differently and now we are wondering if and when things will return to some sort of 'normal'.

This report will show how well we are adapting to our new lives. I am aware that many Governors are concerned about whether they have the opportunity to carry on fully with their role. We must all make adjustments and do what we can. I am hoping that you are all keeping well and finding plenty to do.

Since the last Board Meeting I have attended the following meetings or commitments

Thursday 13th February 2020	Interview Panel and appointment of new Chaplain
Tuesday 25th February 2020	Meeting with Sheila and Florence
	Chaplaincy meeting
Friday 28th February 2020	Board meeting
Tuesday March 3rd 2020	Eastern Area Lead Governor Meeting in Cambridge
Monday 9th March 2020	Informal NEDs /Governors meeting with Steve and Sheila

Following this meeting everything changed all Quality Walkabouts were cancelled and Lock down occurred. Since this date there have been meetings and regular phone calls to keep me up to date. I have set up a WhatsApp group for governors and sent out communications via Richard and George.

Friday 27th March 2020	Microsoft Team Board meeting
Tuesday 14th April 2020.	Microsoft Team meeting with Florence and Sheila
Wednesday 21st April 2020.	Microsoft Team meeting Engagement meeting
Friday 25th April 2020	Microsoft Team meeting Board Meeting

As well as these formal meetings I have had phone catch ups with Sheila or Richard when needed.

We must congratulate all the staff and the executives on their exceptional work and duty to the patients and community.

Please stay safe and stay in until we are able to gradually extend our freedom.

16. Staff Governors report (verbal)

To receive a report from the Staff Governors

For Reference

17. Dates for meetings for 2020:

Tuesday 11 August

Tuesday 22 September - Annual members meeting (under review)

Wednesday 11 November

For Reference

Presented by Sheila Childerhouse

18. Reflections on meeting

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

For Discussion

Presented by Sheila Childerhouse