

**COUNCIL OF GOVERNORS MEETING**  
Thursday 11 February, 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 Thursday, **11 February 2021 at 17.30 via Microsoft Teams.**

Sheila Childerhouse, Chair

### Agenda

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

<b>17.30 GENERAL BUSINESS</b>		
<b>1.</b>	<p><b>Public meeting</b> The Council of Governors is invited to <u>note</u> the following: “That representatives of the press, and other members of the public, are excluded from the meeting having regard to the guidance from the Government regarding public gatherings.”</p>	Sheila Childerhouse
<b>2.</b>	<p><b>Apologies for absence</b> To <u>receive</u> any apologies for the meeting.</p>	Sheila Childerhouse
<b>3.</b>	<p><b>Welcome and introductions</b> To <u>welcome</u> governors and attendees to the meeting and <u>request</u> mobile phones be switched to silent.</p>	Sheila Childerhouse
<b>4.</b>	<p><b>Declaration of interests for items on the agenda</b> To <u>receive</u> any declarations of interest for items on the agenda</p>	Sheila Childerhouse
<b>5.</b>	<p><b>Minutes of the previous meeting</b> (enclosed) To <u>note</u> the minutes of the meeting held on 11 November 2020</p>	Sheila Childerhouse
<b>6.</b>	<p><b>Matters arising action sheet</b> (enclosed) To <u>note</u> updates on actions not covered elsewhere on the agenda</p>	Sheila Childerhouse
<b>7.</b>	<p><b>Chair's report</b> (enclosed) To <u>receive</u> an update from the Chair</p>	Sheila Childerhouse
<b>8.</b>	<p><b>Chief executive's report</b> (enclosed) To <u>note</u> a report on operational and strategic matters</p>	Stephen Dunn
<b>9.</b>	<p><b>Governor issues</b> (enclosed) To <u>note</u> the issues raised and receive any agenda items from Governors for future meetings</p>	Liz Steele

18.05 DELIVER FOR TODAY		
10.	<b>Quality and performance report</b> (enclosed) To <u>note</u> the report	Alan Rose
11.	<b>Summary finance &amp; workforce report</b> (enclosed) To <u>note</u> the summary report	David Wilkes
18.30 INVEST IN QUALITY, STAFF AND CLINICAL LEADERSHIP		
12.	<b>WSFT people plan</b> (enclosed) To <u>receive</u> an update on progress and future plans	Jeremy Over
18.45 BUILD A JOINED-UP FUTURE		
13.	<b>Future Systems</b> (enclosed) To <u>receive</u> an update	Angus Eaton
14.	<b>Trust's strategy update</b> (enclosed) To <u>note</u> progress and future timescale	Helen Davies
19.10 GOVERNANCE		
15.	<b>Subcommittees of the Council of Governors</b> (enclosed) To <u>approve/elect</u> membership of sub-committees:  a) <b>Engagement Committee</b> – minimum 5 governors plus lead governor  b) <b>Nominations Committee</b> – Chair, 3 public governors, lead governor, 1 staff governor and 1 partner governor	Sheila Childerhouse / Richard Jones
16.	<b>Governor training and support</b> (enclosed) To <u>approve</u> a proposal for future governor development	Richard Jones
17.	<b>Annual report and operational plan</b> (enclosed) To <u>invite</u> nominations from governors to act as readers for the annual report and operational plan	Richard Jones
18.	<b>Register of interests</b> (enclosed) To <u>review</u> the register of governors' interests	Richard Jones
19.	<b>Lead Governor report</b> (enclosed) To <u>receive</u> a report from the Lead Governor	Liz Steele
20.	<b>Staff Governors report</b> (verbal) To <u>receive</u> a report from the Staff Governors	Amanda Keighley
19.30 ITEMS FOR INFORMATION		
21.	<b>Dates for meetings for 2021</b> Wednesday 12 May Thursday 12 August Tuesday 21 September (Annual Members Meeting) Wednesday 17 November	Sheila Childerhouse
22.	<b>Reflections on meeting</b> To consider whether the right balance has been achieved in terms of information received and questions for assurance and the Trust's values and behaviours observed.	Sheila Childerhouse
19.30 CLOSE		

## 1. Public meeting

The Council of Governors is invited to note the following:

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

For Reference

Presented by Sheila Childerhouse

## 2. Apologies for absence

To receive any apologies for the meeting.

For Reference

Presented by Sheila Childerhouse

### 3. Welcome and introductions

To welcome governors and attendees to the meeting and request mobile phones be switched to silent.

For Reference

Presented by Sheila Childerhouse

## 4. Declaration of interests for items on the agenda

To receive any declarations of interest for items on the agenda

For Reference

Presented by Sheila Childerhouse



5. Minutes of the previous meeting  
(enclosed)

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

For Approval

Presented by Sheila Childerhouse

**DRAFT**

**MINUTES OF THE COUNCIL OF GOVERNORS' MEETING  
HELD ON TUESDAY 11 NOVEMBER 2020 AT 17.30pm  
Via Microsoft Teams**

<b>COMMITTEE MEMBERS</b>			
		<b>Attendance</b>	<b>Apologies</b>
Sheila Childerhouse	Chair	•	
Peter Alder	Public Governor	•	
Mary Allan	Public Governor	•	
Florence Bevan	Public Governor	•	
June Carpenter	Public Governor	•	
Peta Cook	Staff Governor	•	
Justine Corney	Public Governor	•	
Judy Cory	Partner Governor	•	
Jayne Gilbert	Public Governor	•	
Mark Gurnell	Partner Governor	•	
Andrew Hassan	Partner Governor	•	
Rebecca Hopfensperger	Partner Governor	•	
Robin Howe	Public Governor	•	
Javed Imam	Staff Governor		•
Amanda Keighley	Staff Governor	•	
Gordon McKay	Public Governor	•	
Sara Mildmay-White	Partner Governor	•	
Laraine Moody	Partner Governor	•	
Barry Moulton	Public Governor	•	
Jayne Neal	Public Governor	•	
Adrian Osborne	Public Governor	•	
Joe Pajak	Public Governor	•	
Vinod Shenoy	Staff Governor		•
Jane Skinner	Public Governor	•	
Liz Steele	Public Governor	•	
Martin Wood	Staff Governor	•	
<b>In attendance</b>			
Richard Davies	Non-Executive Director		
Angus Eaton	Non-Executive Director		
Georgina Holmes	FT Office Manager ( <i>minutes</i> )		
Nick Jenkins	Executive Medical Director		
Richard Jones	Trust Secretary & Head of Governance		
Rosemary Mason	Associate Non-Executive Director		
Louisa Pepper	Non-Executive Director		
Alan Rose	Non-Executive Director		
David Wilkes	Non-Executive Director		
Sue Wilkinson	Interim Executive Chief Nurse		

<b>GENERAL BUSINESS</b>		<b>Action</b>
<b>20/68</b>	<b>PUBLIC MEETING</b>	
	The Council of Governors noted that representatives of the press, and other members of the public, were excluded from the meeting having regard to the guidance from the Government regarding public gatherings.	
<b>20/69</b>	<b>APOLOGIES</b>	
	Apologies for absence were noted as above.	

## 20/70 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting and introduced Rosemary Mason, Associate Non-Executive Director (ND) and Sue Wilkinson, Interim Executive Chief Nurse.

She thanked everyone for remaining committed during this difficult period; it was regrettable that it was not possible to meet in person to say goodbye to those governors who were leaving at this end of this. She thanked governors for all their hard work and support which was greatly valued by the Trust and wished those who were not standing again all the best for the future, and those who were standing again all the best in the elections.

## 20/71 DECLARATIONS OF INTEREST

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

## 20/72 MINUTES OF THE COUNCIL OF GOVERNORS MEETING HELD ON 11 AUGUST 2020

The minutes of the meeting held on 11 August 2020 were approved as a true and accurate record.

## 20/73 MATTERS ARISING ACTION SHEET

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

- Item 193; arrange for Governwell to give a joint training session for NEDs and governors. This had been deferred due to social distancing requirements but NHS Providers were able to deliver training sessions virtually, eg via Microsoft Teams.

**ACTION:** Details of a session in January for governors and a joint governor/NED session in March would be circulated as soon as dates had been confirmed.

- Item 195; further detail on ward accreditation to be provided to a future meeting. Sue Wilkinson had been working on this with Daniel Spooner, deputy chief nurse, to create a bespoke ward accreditation programme for the organisation. This was being done in co-production with the matrons, ward managers and nurses to ensure that everyone was fully engaged in the process. An update would be provided at a future COG meeting.

**Q** Were there any standards in place so that this would be the same across all the wards?

**A** There were already key performance indicators (KPIs) in place to measure ward performance. The priorities of the organisation, as well as the wards, needed to be embedded so that there was an integrated approach and wards that were performing really well could be identified.

**Q** How would this feed into CQC inspections/monitoring?

**A** The CQC looked at organisations from a quality and safety perspective. The Trust would be demonstrating quality of care through these metrics and would be able to explain why it was measuring these and that they fitted with its quality agenda.

- Item 207; Review terms of reference for Nominations Committee following governor elections. These would be considered as part of the governor training session; a new nominations committee would be established early next year which would bring back proposed recommendations.

G Holmes

A similar exercise would be undertaken for the engagement committee. Cassia Nice would be attending the next CoG meeting to explain what engagement actually involved and how this would feed into the engagement strategy that she was developing.

- Governors noted the ongoing issue log (annex A) and agreed that the following should be added for updated as agenda items or part of this log:
  - Strategy review
  - WSFT people plan
  - Hospital building remediation work
  - Future system programme
  - COVID response and recovery

#### 20/74 CHAIR'S REPORT

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

- No further update had been provided on a date for the report on the external rapid review but the expectation was that this would be in the Spring. Governors would be updated when further information was received.

**ACTION: update governors on external rapid review at February CoG meeting.**

- Q** It was very disappointing that some of the current governors would no longer be able to comment or provide challenge on the content of this report. Bearing this in mind, will these governors still be able to attend board meetings as members of the public via Microsoft Teams?
- A** It was hoped that the public would be able to join the board meeting in December through Teams Live (as used at the AMM) if the technology would work. Details would be available on the Trust's website.

#### 20/75 CHIEF EXECUTIVE'S REPORT

- The Chief Executive echoed the Chair's appreciation of the governors, particularly those who would no longer be in this role and he hoped that they would continue to be engaged with the Trust in some way.
- The Trust was likely to be facing a difficult few months with winter pressures and the second wave of Covid which had resulted in the recent lockdown. The organisation had undertaken a lot of planning for winter, Covid and also maintaining the focus on recovery, as well as supporting staff through what would be another challenging period.
- It was hoped that things would be different this time with improved PPE, treatment and testing and the news yesterday of a vaccine. However, this would still present challenges and supporting staff through the next few weeks was a priority.
- The Trust would also be continuing with its recovery plans as far as possible.
- Pathology staff had returned to WSFT, which was good news. This had been a focus of governors over the last few years. It was intended to invest in additional staff and new equipment to help move this service forward.
- A lot of work was going on around the culture of the organisation; the core approach was the Mersey Care approach which had recently been the subject of a 5 o'clock club and staff were working as a group to adopt this within WSFT. The next 5 o'clock club would be a presentation on 'Civility Saves Lives'.
- The announcement about funding for a new healthcare facility was very good news. The Trust had been able to acquire Hardwick Manor and governors would be given the opportunity to provide input into the selection of a new site and the strategy around this.

- As a result of feedback from What Matters to You the Trust was trying to do a lot more to support community staff who were experiencing a massive increase in workload as more people were being care for at home due to a lack of confidence in care homes.
- Community IT was being brought back in-house and work was accelerating on digital transformation in the community.

**Q** Was there a reason why the lead governor could not be involved in the future systems team in some way to ensure governors were directly involved and that there was transparency?

**A** This had been discussed by the engagement committee and proposals were set out in the report from this committee (agenda item 14).

**Q** At the governors meeting that had taken place a couple of weeks ago, it was understood that the intention was that there would be governor representation as well as lay member representation on the future systems group. It was also suggested that a decision was going to be made on the site option in November. Was this the case?

**A** A decision on the site option would be made at the board meeting in December. A session had been arranged next Tuesday for governors to look at the options that were being appraised and to give their views so that these could be considered when the board made its decision.

**Q** The proposal from the engagement committee was not satisfactory. Why could there not be a separate element that was within the scrutiny of the whole governing body; newly elected governors would not have the knowledge to question things or know how the elements of this worked?

**A** It was important that the whole governing body were kept appraised of the future system work. There was also a need to be aware of the governors' role in seeking assurance from the NEDs, and also the governors' role in gaining feedback from the public. Governors had a strong link with Voice, who were members of the public, and with the Patient and Carers Experience Group (PCEG).

Governors would be appraising the work of the NEDs as the future system programme progressed. It was not the intention that the engagement committee fed back on the future system work to the governors. Governors would receive regular updates from the future system communications team. The engagement committee would be the link for engagement with the public.

- Engagement was a key role of governors in supporting the future system by gaining information from various sources, however this had been limited in the last eight months. The future system programme could influence what areas the engagement committee should focus on.
- The governing body as a whole had a role in providing oversight of the future system and ensuring that this was being delivered and managed in the way that it should be through the NEDs who should be held accountable for this. This would be included as an item in the annex of matters arising.
- It was important to remember that the role of the governors was a collective role and they could not delegate everything to committees.

**Q** Could the patient portal be used as a way of communicating with the public as well as providing patients with information about their appointments etc?

**A** This would be focussed on more as a way of communicating with public.

**ACTION: follow up use of patient portal as a way of communicating with the public.**

**R Jones/  
G Holmes**

**Q** What were the plans for Hardwick Manor during the interim time?

**A** This was one of the options that was being worked through, as well as maintaining and protecting the site.

- It was noted that clinicians were very keen to use this facility and it needed to be promoted to all clinicians as well as partners so that everyone was aware of this.

## **20/76 GOVERNOR ISSUES**

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

**Q** Re question 2; in light of the recent coroner's report, how can we be assured that e-Care alerts are effective? The answer to this was disappointing; it had taken a long time to sort this out, why had it been deferred?

**A** Audit work was currently being undertaken which would provide more comprehensive assurance about the progress that had been made. This was not as straight forward as it seemed and there were issues with e-Care alerts, ie soft stops as opposed to hard stops which could be detrimental to patient care.

**Q** Were other assessments also being ignored?

**A** It was unlikely that this was linked. Further information would be available following completion of the audit work.

There was an issue with people getting alert fatigue, if too many alerts were put out a situation could occur where people were not acting on the ones that needed to be acted on. This was an issue across all organisations and could be the result of systems being too sophisticated.

**Q** Re question 5; can we be assured that the Trust is using new ways of working and technology to minimise the need for patients to physically attend the hospital? The number of telephone consultations in rheumatology seemed to be rather low, although the intention was to move more to this way of working to avoid people having to come into the hospital. Was it the decision of the consultant as to how appointments took place and could this information be provided on the patient portal?

**A** This was partly patient choice as well as consultant choice and also related to issues that were speciality specific. In trauma and orthopaedics (T&O) initially there would be telephone triage and follow-up where possible, however the consultant did need to see a patient at least once. This was very patient specific and the team were still working out the most appropriate use of new technology.

With community paediatrics there was often the matter of space restriction as well as patient choice. A lot of successful face to face consultations took place in main stream and special schools and this was likely to continue with a combination of face to face and telephone/virtual appointments.

In adult community services a considerable number of consultations were taking place with a nurse and patient together holding a video conference with a specialist/consultant.

## DELIVER FOR TODAY

### 20/77 SUMMARY QUALITY & PERFORMANCE REPORT

- Governors had previously had concerns about lack of visibility of some data in the IQPR and this had also been a concern of the NEDs. Due to Covid less data had been available and it had been harder to benchmark.
- There was also a concern that staff were focussing on Covid and recovery and could lose sight of basic quality of care. Governors and NEDs needed to be assured that there was the appropriate visibility of data and that the Trust was focussing on the right areas, as well as identifying and addressing the areas of concern.
- Data in the IQPR had improved with good narrative, but the NEDS were not fully assured about the data they were receiving and to some extent were having to put their trust in what staff were reporting. However, assurance was being provided by the improvement programme board which had been set up to drive through the improvements required by the CQC.
- A number of clusters had been established to focus on specific areas of quality improvement. Further assurance had been provided by the pace of change and transformation and the focus on ensuring that these changes were embedded within the organisation.
- A lot of the CQC's 'must dos' had been completed and the focus was now moving to the 'should dos'.
- Representatives from the CQC and NHSEI attended the improvement board and internal audit had given a high rating of assurance. A deep dive visit by experts had also provided significant assurance of improvement in these areas. Discussions were taking place about how this process could be used to drive quality improvement across other areas of the Trust.
- Current areas of concern were pressure ulcers which had increased but there was helpful narrative in the IQPR explaining why this might have happened. However, pressure ulcers were always an indication of some breakdown of care even if this was unavoidable.
- Community was an area where visibility of data was still lacking. This was partly because it was more difficult to collect and analyse and also because the focus had been on performance in the acute sector. Governors and NEDs needed to continue to focus on quality of care in the community.
- The focus on phase 3 recovery continued and there had been an improvement in elective activity as well as imaging/diagnostics. There had been an increased focus on endoscopy and day surgery but there were ongoing concerns about the consequences of the second phase of Covid and winter pressures.
- A lot of work was going on around winter planning but there were uncertainties relating to the hospital structure and the effect that Covid would have.

**Q** What was a doppler clinic and what were cluster groups?

**A** A doppler clinic was where patients with leg ulcers were seen. A doppler was a way of establishing the cause of an ulcer. The plan was that a doppler should be undertaken every six months, however during Covid this has been suspended and there was now a doppler clinic recovery plan.

Cluster groups were the groups below the improvement board, they were more operationally focussed and reported to the improvement board. Each cluster group was led by an executive director.

**Q** What sort of patient incident required a duty of candour?

**A** A duty of candour was necessary for patients who had experienced moderate/significant harm or greater, ie grade 3 and above pressure ulcer; significant harm such as a fracture as a result of a fall.

## **20/78 SUMMARY FINANCE & WORKFORCE REPORT**

- The Trust continued to breakeven and was expected to do so until of the end of the financial year as long as it continued to be reimbursed for all Covid related costs.
- The focus of the finance team was to ensure that the organisation was in the best possible position as it moved into 2021/22.
- The Trust had been required to submit a revised income and expenditure activity plan in September but this had remained unchanged.
- The additional activity required as part of the recovery plan would incur additional costs. It was not known if these costs would be reimbursed or if the independent sector would be able to deliver the additional activity. The Trust continued to look at options to ease the pressure on clinicians and provide quality of care to patients.
- The cost improvement plan (CIP) target would not be achieved, ie 3.4% of overall budget. To date 2.27% had been achieved and there was a shortfall of £2.1m. This was because the organisation did not have the flexibility to manage all the issues relating to Covid and the capacity to deliver CIPs. Compromises would be seen not in this this year but next year. The NEDs had challenged on this and all divisions were working hard to look at this for the future.
- The cash position continued to be good. Debt management had improved but this required constant monitoring.
- Attain was currently completing an activity analysis to support the remedial programme for the structure and also providing information relating to the future system.
- An improvement scheme was being undertaken to address the structural issues and bring theatre one back into use as well creating additional storage. In order to ensure improved efficiency of the theatre suite the budget for this project had been increased by £600k.
- The Trust had received funding for improvement to the emergency department (ED). However, considering the national financial position and to demonstrate responsibility to be public purse it had been decided that it should not spend this money on a building that would become obsolete in a few years' time.
- £2.7m had been allocated to develop a Covid area and as part of this work it was proposed generate additional a capacity (8 beds) by extending into the medical records area. In order to progress this scheme an additional £1.6m had been approved by the board.

**Q** Would the lack of elective activity this year have a significant effect on the value of the block contract?

**A** This was clearly an issue across the NHS; commissioners all wanted to support Trusts post-Covid in terms of trying to reduce waiting times, therefore this was likely to be part of the negotiations. The Trust would be putting together provisional plans to support the financial position.



**Q** During the last six/seven months staff had worked very hard and had not necessarily been able to take annual leave. With winter approaching would the Trust have to spend more on bank and temporary staff to provide cover which would have an impact on finance?

**A** Patient safety was paramount and a priority would be to ensure that there were enough staff in the hospital and community. Sue Wilkinson had been working on the nursing staff establishment and how to support staff as well as the utilisation of bank and agency staff, however there could also be a challenge around the availability of staff.

A robust review had been undertaken on the management of and supporting staff around sickness and other issues, as well as rostering and rotas. The Trust would have a deficit of staff during the winter due to having to open additional capacity which was not permanently staffed. There was a very robust winter plan which included staffing, however there would always be a need to use agency staff. Staffing was monitored on a daily basis in order to manage this as far as possible, however in the current climate there were a number of staff who were not able to work or were off sick and this had to be mitigated for.

**Q** Was the Trust likely to lose staff as a result of Brexit?

**A** A scoping exercise had been undertaken and there did not appear to be a single European member of staff who was proposing to leave, or had left as a result of Brexit. All relevant staff had been written to by the Trust to make sure that they were aware of the settlement scheme and offering the support of the HR team to help them through this process if necessary. The letter had included a personal message from the Chief Executive about their place in the organisation and its support for them.

## **INVEST IN QUALITY, STAFF AND CLINICAL LEADERSHIP**

### **20/79 NEW ASSOCIATE NED INTRODUCTION**

- Rosemary Mason introduced herself as an associate NED. She had joined the Trust at the end of August and everyone had been very welcoming and helpful given the difficult circumstances.
- She had previously been on boards of public companies that had been involved in building factories. Some of these had been pharmaceutical factories which meant that she was familiar with the standards required in terms of health and quality.
- She had also been involved in restructuring companies, including transformation, mergers and acquisitions.
- She hoped that her experience could assist and support the Trust to be the best it could be and become the preferred provider of the people of West Suffolk.
- She was particularly interested in work involving all aspects of people and culture, as well as strategy and was keen to assist in the future system work.

### **20/80 WSFT PEOPLE PLAN**

- The Trust had developed a people plan and one of the areas that the organisation was working on was to actively listen; this was demonstrated in the plan.
- A number of engagement initiatives had been undertaken including 'What Matters to You' and a survey of medical staff.
- The phrase "culture eats strategy for breakfast" was pivotal to what this was about. It was very difficult to change culture and it would take persistence and resilience.
- Five key themes had been identified as a result of the feedback from the

engagement initiatives. The plan described how each would be developed and achieved.

- The plan provided assurance to the NEDs that this was a focus of the organisation. However, they also needed to understand how progress against this would be measured to ensure that it became embedded throughout the organisation.
- It was important that governors held the NEDs to account on progress against this plan.

## **BUILD A JOINED UP FUTURE**

### **20/81 REPORT FROM ENGAGEMENT COMMITTEE**

- It was noted that the role of the engagement committee in the future system work would be to ensure that engagement activities for all governors provided the right focus on, this as well as other activities
- Assurance reporting to the Council of Governors on the future system work would not be the responsibility of the engagement committee. This would be done on a regular basis through agreed timing of reports and briefings from the communications team.
- An engagement policy was being developed which could include what was involved in being a member of the engagement committee.
- It was proposed that Cassia Nice should attend a Council of Governors meeting to talk about engagement work and what this would look like.
- An update was received on the strategic review and it was noted that governors would be asked to act as readers for the draft strategy.
- The committee was proposing to try to engage with GP patient groups as a method of obtaining feedback on issues. It was noted that this had been tried previously but with it was hoped that it would be more successful as a result of vertical integration.

## **GOVERNANCE**

### **20/82 LEAD GOVERNOR REPORT**

- Liz Steele thanked all the governors that she had worked with over the past six years for the support they had provided.
- The Chair thanked Liz Steele and June Carpenter for everything they had done in their role as lead governor, and Florence Bevan for her role as chair of the engagement committee.

### **20/83 STAFF GOVERNORS REPORT**

- Staff were working very hard across both acute and community services to manage waiting lists, as well as managing the challenges presented by Covid both in their personal and working lives.
- The new vaccine was likely to present further challenges to the workforce and the organisation needed to be very supportive of staff facing multiple challenges.
- Staff were very aware of the support available to them, as well as the day to day support provided from within their individual teams.
- Work was being undertaken to increase the visibility of board members within the community.

## ITEMS FOR INFORMATION

### 20/84 DATES FOR COUNCIL OF GOVERNOR MEETINGS FOR 2021

Thursday 11 February  
Wednesday 12 May  
Thursday 12 August  
Tuesday 21 September (Annual Members Meeting)  
Wednesday 17 November

### 20/85 REFLECTIONS ON MEETING

- The Chair reiterated her thanks to all the governors, some of whom had a wealth of knowledge and experience and been on the whole journey of the organisation achieving Foundation Trust status.

DRAFT

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

For Reference

Presented by Sheila Childerhouse

<b>REPORT TO:</b>	Council of Governors
<b>MEETING DATE:</b>	11 February 2021
<b>SUBJECT:</b>	Matters Arising Action Sheet from Council of Governors Meeting of 11 November 2020
<b>AGENDA ITEM:</b>	6
<b>PRESENTED BY:</b>	Sheila Childerhouse, Chair
<b>FOR:</b>	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
195	11/02/20	20/08 item 2	Further detail on ward accreditation to be provided to a future meeting.	<p>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.</p> <p><b>11/11/20 update from Sue Wilkinson</b> We are commencing work with the ward managers and matrons to co-produce a ward accreditation programme here at West Suffolk. Whilst doing this Dan and I are working on training and supporting ward managers in preparation for this. We are aiming to have commenced the programme by March 2021. However, all that we are doing with the teams is building the foundations for this.</p> <p><b>22/01/21 update from Sue Wilkinson</b> We remain focused on ensuring this programme continues to progress, however due to the current pandemic we have been limited in what progress we have been able to make. Proposed amended timeframe of April to provide opportunity to further develop.</p>	S Wilkinson	6/05/20 Feb 2021 April 2021	Red

Ref.	Date of Meeting	Item	Action	Action taken	Lead	Target date	RAG rating for delivery
207	07/07/20	20/08	Review terms of reference for Nominations Committee following governor elections.	<p>To be actioned through the Nominations Committee (including input from Governors after elections)</p> <p><b>Election to the new committee to be held on 11 Feb 21. Terms of reference for nominations committee to be reviewed by the newly appointed nominations committee and brought back for approval at CoG in May.</b></p>	R Jones	May 2021	Green

See separate sheet for completed action points



### Completed action points

Ref.	Date of Meeting	Item	Action	Action taken	Lead	Target date	RAG rating for delivery
193	11/02/20 Closed meeting	20/05	Arrange for Governwell to give a joint training session for NEDs and governors	<p>Agreed induction schedule circulated to governors:</p> <ul style="list-style-type: none"> <li>- December/January – executive-led induction sessions including: <ul style="list-style-type: none"> <li>• Welcome and introduction – 7 December 5.30pm (SC &amp; SD)</li> <li>• NHS finances – 12 January 5.30pm (CB)</li> <li>• NHS quality/standards - 18 January 5.30pm (HB &amp; SW)</li> </ul> </li> <li>- 27 January – externally facilitated session introduction to role of governor and expectations – Governwell (NHS Providers)</li> <li>- 9 March - externally facilitated session with NEDs, including role and future working - Governwell (NHS Providers)</li> </ul>	G Holmes / R Jones	February 2021	Closed
212	11/11/20	20/74	Update governors on external rapid review at February CoG meeting.	Update provided in agenda item 7 for CoG meeting, 11 February 2021.	S Childerhouse	February 2021	Closed
213	11/11/20	20/75	Follow up use of patient portal as a way of communicating with the public.	The project manager has confirmed that this is being used to send targeted messages as well as global messages e.g. service access issues.	G Holmes / R Jones	February 2021	Closed

See Appendix A - ongoing issues

## Annex A – ongoing issues log

The Governors are asked to:

1. Note the updates to ongoing issues
2. Consider whether any other items from the action list should be considered for inclusion in this log. Consider adding the following, in terms of engagement and holding to account, as regular agenda items or issues for update as part of this log:
3. Consider whether any items from the log can be removed.
  - **Consider removal of transport from the log**

Issue	Update
1. Community IT	<p><b>Recent actions/achievements:</b></p> <ul style="list-style-type: none"> <li>• The exit from the IT support contract for community staff with NEL CSU (North East London Clinical Support Unit) is due for completion in February 2021. All of the adult community health teams (CHTs) have been switched onto WSFT IT support and hardware, and the integrated community paediatric service (ICPS) is part-way through their migration at present, due for completion in early February 2021. A few standalone teams will be moved over in February to complete the move.</li> <li>• The migration includes moving staff from NEL computers to WSFT computers, emails and support as well as bringing them into ‘cloud-based’ storage for files and folders using Microsoft SharePoint – a starting place for the wider Trust to move to this in the longer term.</li> <li>• This programme of work includes an extensive training and support programme.</li> <li>• The planned network upgrades at some of our community sites was completed by the end 2020 as planned but we have experienced some ongoing challenges with networks due to the pressure on the Trust with many staff working off-site.</li> <li>• We continue to support digital projects that assist with managing patient caseloads and flexible working due to the COVID-19 pandemic. We are continuing with virtual consultations with patients as well as beginning a series of more transformational work.</li> </ul> <p><b>Plans for next 3-6 months:</b></p> <ul style="list-style-type: none"> <li>• Deployment of Moodle – an online learning management system which will allow us to provide online learning resources to patients and parents.</li> <li>• Deployment of an auto-scheduling solution from Malinko. This works with the clinical records system and staff skills to guide scheduling of patient appointments based on skills, geography and clinical need, as well as providing visibility on real-time capacity.</li> <li>• Ongoing training and support – several months of consolidation for the staff with their new computers and ways of working.</li> <li>• Optimisation of the design and functions within SystemOne – the core electronic patient record.</li> </ul>

	<p><b>Communication plan to staff:</b></p> <ul style="list-style-type: none"> <li>• Regular communications and updates with migrating staff, to include key dates and important information.</li> <li>• Fortnightly drop-in sessions for team leads to engage with the IT team – these have been really valuable.</li> <li>• Regular community digital bulletins and updates on the progress on the NEL exit in the Green Sheet.</li> <li>• Rolling update of email addresses into distribution lists etc to make communication easier with WSH email addresses.</li> <li>• Dedicated training and support website, with frequently asked questions and contact details.</li> </ul>
2. Transport	<p>We continue to receive enhanced services from E-Zec in support of our elective recovery efforts. Broadly service provision continues to be delivered to an improved standard with a reduced number of patient complaints. It is likely that this enhanced service provision will continue.</p> <p><b>ACTION – consider removal from log and monitoring through normal arrangements</b></p>
3. Pathology	<p>Following on from the update in November, we have made great strides in progressing the WSFT Pathology Strategy. The morale and enthusiasm of staff is high, despite the ongoing challenges of COVID. The new Quality Management System (QMS) has been implemented and validated and the new Quality Manager starts in post early February 2021. In November 2020, we received a successful internal audit review of the dissolution process from East Suffolk and North Essex Foundation Trust (ESNEFT).</p> <p>The pathology service has a robust plan for accreditation of each discipline and progress with the plan is being monitored and managed on a monthly basis, with full accreditation expected by end of 2022. We have progressed significantly with recruitment, filling five senior posts since 1.11.2020. Internal approval has been gained for a significant number of lower grade posts but we are awaiting final budgetary approval.</p> <p>Projects such as digital pathology, phlebotomy re-design and the send-away review are progressing at pace with significant updates or completion due March 2021, in line with the end of the financial year. Considerable asset replacement schemes have been approved to replace old equipment and introduce new, innovative assets for both Microbiology and Cellular Pathology, demonstrating the commitment to investment. The Board approved the investment business case for histopathology equipment at its meeting in January.</p> <p>The Transformation Team are working with Estates to determine the future of pathology's location to significantly improve and enhance the working environment for our staff, ahead of the new healthcare facility being developed.</p>
4. Strategy Review	Agenda item 14.
5. WSFT people plan	Agenda item 12.

6. Future system programme (including hospital building remediation work)	Agenda item 13.
7. Covid response and recovery	Included under agenda item 10.

7. Chair's report (enclosed)

To receive an update from the Chair

For Reference

Presented by Sheila Childerhouse

<b>REPORT TO:</b>	Council of Governors
<b>MEETING DATE:</b>	11 February 2021
<b>SUBJECT:</b>	Chair's report to Council of Governors
<b>AGENDA ITEM:</b>	7
<b>PRESENTED BY:</b>	Sheila Childerhouse, Chair
<b>FOR:</b>	Information

First of all I hope this finds you and your family are safe and well. I wrote the last report during the second wave of Covid and I recall saying how fortunate we were in Suffolk not to have faced the high number of Covid patients that others were experiencing. Unfortunately, the same cannot be said during the third wave. The period since Christmas has been extraordinarily difficult with a high number of very sick patients. It has been extremely tough for our staff, for our communities and our families. We have all experienced family, friends and colleagues who have been unfortunate enough to experience the epidemic at first hand and some have not made it.

I cannot speak highly enough of staff already exhausted from nearly a year of this intense working. Their professionalism has been awesome and their willingness to flex their roles in any way that can assist their colleagues and assist patient care. We owe them an enormous debt for the way that they have worked and continue to work.

Performance improvement and new developments have continued despite the pandemic. There have been examples of real, positive progress in the trust. Including performance against the CQC action plan, the initiatives around growing a truly positive people culture and the development of a strategic outline case of the new health campus, and the identification of a site for that facility. The trust still faces some important challenges: the building itself and the remedial work needed during the coming months, a very challenging recovery agenda as we hopefully move out of this wave of the Covid epidemic and areas of performance where there is still room for improvement. In addition the 'rapid review' that was commissioned a year ago has not yet reported. The trust has changed in very many ways in that period but there will undoubtedly be some very key learning points for the trust to take on board when it is published. We have no date for that publication but we anticipate it will be sometime in the spring.

We are all more expert in the use of MS teams than we were and, as you can see from my list of meetings, much normal business still takes place. I am sure that we will continue to use this facility well past the ending of any pandemic. However, I do look forward to meeting you all in person in the Northgate room (Quince House), hopefully before the end of 2021.

We are currently advertising for a new non-executive director to take on the specialist role of audit committee chair. The recruitment to this important role will be overseen by the nominations committee with the final decision at a future meeting of the Council of Governors.

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

- There have been a number of ICS meetings during this period. We have continued to evolve the governance of the wider system and work in a collaborative way with the more locally based alliances. I am particularly pleased that West Suffolk alliance now has an

independent chair, Sarah Howard, who I meet with regularly to discuss alliance matters. In addition to those meetings I have asked Rosemary Mason to take on the liaison roll with the West Suffolk alliance which she will be picking up in the next few months. I continue as chair of chairs and we meet monthly both to review the ICS board papers and to provide mutual support and shared learning which has been particularly useful during the pandemic. We have also held a number of virtual visits to other ICSs so that we can learn from the work of other systems and we have also somatically explored some of the systemwide initiatives which are beginning to impact on patient care. It does seem likely that the ICS is will become statutory organisations in the near future and this will have considerable implications for trusts such as ours. I would suggest it is a topic for discussion at a future COG.

- On 17 November, and on other occasions, I met with the chairs of the 'best-buy' hospitals and we have continued to discuss how we manage the current building issues, how we communicate the risks and concerns in a balanced and measured way and how our Estates teams can best work together. I have convened this as chair of West Suffolk and it's been very much welcomed by colleagues. We will continue to meet together regularly and, where appropriate, use our collective voice to seek support for further funding and future plans.
- On 14 January I attended the medical staff committee (MSC). This is a meeting for the consultants within the hospital and I am sure that Martin Wood can speak more eloquently about it than I. I certainly value the opportunity to speak directly to and gain a feel for the anxieties and concerns of the consultant body. Unsurprisingly, Covid has been very much a focus of discussion at recent meetings.

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

## Annex A: List of meetings attended

Date	Meetings and events (01/11/20 until 31/01/21)
02/11/2020	MS Teams Induction Meeting with Dr James Barrett, FTSU Guardian
02/11/2020	NHS Confederation Workshop via MS Teams
03/11/2020	1:1 with Richard Jones via MS Teams
03/11/2020	Future System Discussion via MS Teams
03/11/2020	1:1 with Steve Dunn
03/11/2020	MS Teams Induction Meeting with Dr Ian Lord – Consultant in General Surgery & Colorectal (Rearranged)
03/11/2020	Telephone Conversation with Helen Beck
03/11/2020	1:1 with Rosemary Mason
05/11/2020	Weekly NED Teleconference Call
05/11/2020	1:1 with Jeremy Over via MS Teams
06/11/2020	Trust Board Meeting via MS Teams
06/11/2020	ICS System Transformation: Kings Fund – Opportunities to evolve our system working via MS Teams
06/11/2020	Audit Committee via MS Teams
09/11/2020	Teleconference Call with David Wilkes, Rosemary Mason & Alan Rose
09/11/2020	Improvement Programme Board via MS Teams
09/11/2020	1:1 with Steve Dunn via MS Teams
10/11/2020	1:1 with Richard Jones via MS Teams
10/11/2020	Meeting with Liz Steele and Florence Bevan via MS Teams
10/11/2020	Meeting with Emma Jones via MS Teams
10/11/2020	1:1 with Kate Vaughton via Ms Teams
10/11/2020	MS Teams Induction Meeting with Helen Davies, Head of Communications
10/11/2020	Telephone Conversation with Helen Beck
10/11/2020	MS Teams Meeting with Val Dutton
11/11/2020	Scrutiny Committee Meeting via MS Teams
11/11/2020	Dr Bright – Presentation to Board Members vis MS Teams
11/11/2020	MS Teams Meeting with June Carpenter
11/11/2020	Council of Governors Meeting via MS Teams
12/11/2020	Weekly NED Teleconference Call
12/11/2020	Suffolk & North East Essex STP Chairs' Group via MS Teams
13/11/2020	Suffolk and North East Essex STP/ICS Partnership Board via MS Teams
17/11/2020	1:1 with Richard Jones via MS Teams
17/11/2020	Meeting with Chairs of James Paget University Hospitals NHS Foundation Trust, The Queen Elizabeth Hospital Kings Lynn NHS Foundation Trust and North West Anglia NHS Foundation Trust via MS Teams
17/11/2020	1:1 with Steve Dunn via MS Teams
17/11/2020	1:1 with Jeremy Over via MS Teams
17/11/2020	1:1 with Sue Smith via MS Teams
17/11/2020	1:1 with Sue Wilkinson via MS Teams
17/11/2020	Governor Session – site appraisal via MS Teams
18/11/2020	Telephone Conversation with Helen Beck
18/11/2020	NED Training for Consultant AAC Panels via MS Teams
18/11/2020	MS Teams Meeting with Rosemary Mason
18/11/2020	1:1 with Richard Davies
19/11/2020	Weekly NED Teleconference Call
19/11/2020	SNEE ICS “Thinking Differently Together” about the impact Population Health Management approaches can have to our ambition around integrated, intelligence led health and care models in Suffolk and North East Essex via MS Teams
19/11/2020	5 O’Clock Club via MS Teams
24/11/2020	1:1 with Richard Jones via MS Teams
24/11/2020	1:1 with David Wilkes via MS Teams
24/11/2020	Meeting with Julie MacLeod



Date	Meetings and events (01/11/20 until 31/01/21)
24/11/2020	West Suffolk NHSFT OSM via MS Teams
24/11/2020	Telephone Conversation with Helen Beck
24/11/2020	1:1 with Steve Dunn via MS Teams
24/11/2020	1:1 with Angus Eaton via MS Teams
25/11/2020	Weekly NED Teleconference Call
25/11/2020	1:1 with Helen Davies via MS Teams
26/11/2020	Shadowing AAC Consultant in Cardiology via MS Teams
26/11/2020	New Hospital Site Appraisal Board Session via MS Teams
01/12/2020	1:1 with Steve Dunn
01/12/2020	Chaplaincy Engagement Meeting via MS Team
01/12/2020	Telephone Conversation with Helen Beck
01/12/2020	MS Teams Meeting with Catherine Waller
03/12/2020	Weekly NED Teleconference Call
04/12/2020	Trust Board Meeting via MS Teams
04/12/2020	Charitable Funds Committee Meeting via MS Teams
04/12/2020	Meeting with Liz Steele and Florence Bevan via MS Teams
07/12/2020	1:1 with Steve Dunn via MS Teams
07/12/2020	New Governor Session – Welcome and Introduction to WSFT via MS Teams
08/12/2020	1:1 with Richard Jones via MS Teams
08/12/2020	Telephone Conversation with Helen Beck
08/12/2020	Executive Chief Nurse Presentations via MS Teams
08/12/2020	1:1 with Kate Vaughton via MS Teams
08/12/2020	MS Teams Meeting with Steve Dunn and Helen Davies
08/12/2020	Executive Chief Nurse Interview via MS Teams
09/12/2020	Scrutiny Committee Meeting via MS Teams
09/12/2020	1:1 with Louisa Pepper
09/12/2020	Board Development Session – Community Engagement: ReThink via MS Teams
10/12/2020	Weekly NED Teleconference Call
10/12/2020	MS Teams Meeting with Mark Price, Governwell
10/12/2020	Chair Conference with Ann Radmore via MS Teams
10/12/2020	Suffolk & North East Essex STP Chairs' Group via MS Teams
11/12/2020	Suffolk and North East Essex STP/ICS Partnership Board via MS Teams
11/12/2020	System Thinking about “Integrating Care: Next Steps to building strong and effective integrated care systems across England” via MS Teams
14/12/2020	Improvement Programme Board via MS Teams
14/12/2020	Telephone Conversation with Helen Beck
14/12/2020	Preferred Choice Engagement Event – Local Residents via MS Teams
15/12/2020	1:1 with Richard Jones via MS Teams
15/12/2020	MS Teams Meeting with Paul Pearson, UNISON
15/12/2020	1:1 with Helen Davies via MS Teams
15/12/2020	1:1 with Steve Dunn via MS Teams
15/12/2020	Conference Call with Local Residents (Preferred Location Engagement)
16/12/2020	MS Teams Meeting with Sarah Steele
16/12/2020	Meeting with Liz Steele and Florence Bevan via MS Teams
16/12/2020	Meeting with Ayush Sinha, BAME Chair
16/12/2020	“Thinking Differently Together” about ...Community assets as we move on from 2020 event via MS Teams
16/12/2020	Preferred location engagement event – general public via MS Teams
17/12/2020	Weekly NED Teleconference Call
21/12/2020	Clinical Director – Theatre & Anaesthetics – Stakeholder Event – Candidate 1 via MS Teams
21/12/2020	Clinical Director – Theatre & Anaesthetics – Stakeholder Event – Candidate 2 via MS Teams
22/12/2020	1:1 with Richard Jones via MS Teams
22/12/2020	Weekly COVID Briefing via MS Teams

Date	Meetings and events (01/11/20 until 31/01/21)
22/12/2020	Telephone Conversation with Helen Beck
22/12/2020	MS Teams Meeting with Louise Jaynes
22/12/2020	1:1 with Steve Dunn via MS Teams
04/01/2021	Telephone Conversation with Steve Dunn
05/01/2021	1:1 with Nick Jenkins via MS Teams
05/01/2021	1:1 with Richard Jones via MS Teams
05/01/2021	Weekly COVID Briefing via MS Teams
05/01/2021	Telephone Conversation with Helen Beck
05/01/2021	1:1 with Steve Dunn via MS Teams
06/01/2021	Weekly NED Teleconference Call
06/01/2021	MS Teams Meeting with Richard Jones and Angus Eaton
11/01/2021	Improvement Programme Board via MS Teams
12/01/2021	1:1 with Richard Jones via MS Teams
12/01/2021	Meeting with Liz Steele and Florence Bevan via MS Teams
12/01/2021	1:1 with Steve Dunn via MS Teams
12/01/2021	1:1 with Kate Vaughton via MS Teams
12/01/2021	Telephone Conversation with Helen Beck
12/01/2021	Governor Finance Training via MS Teams
13/01/2021	Scrutiny Committee Meeting via MS Teams
13/01/2021	ICS Chairs Group Pre-Meeting via MS Teams
13/01/2021	Suffolk & North East Essex STP Chairs' Group via MS Teams
13/01/2021	Telephone Conversation with Alison Wigg
14/01/2021	Weekly NED Teleconference Call
14/01/2021	Medical Staff Committee via MS Teams
15/01/2021	Suffolk and North East Essex STP/ICS Partnership Board via MS Teams
15/01/2021	1:1 with Louisa Pepper
18/01/2021	Governor Quality and Performance Training via MS Teams
19/01/2021	1:1 with Craig Black via MS Teams
19/01/2021	Telephone Conversation with Liz Steele
19/01/2021	1:1 with Richard Jones via MS Teams
19/01/2021	Weekly COVID Briefing via MS Teams
19/01/2021	1:1 with Jeremy Over via MS Teams
19/01/2021	Telephone Conversation with Helen Beck
19/01/2021	1:1 with Steve Dunn via MS Teams
20/01/2021	EoE Chairs Conference with Ann Radmore via MS Teams
20/01/2021	MS Teams Meeting with Sarah Howard, Independent Chair of Suffolk Alliance
20/01/2021	MS Teams Meeting with Anna Hollis
20/01/2021	1:1 with Richard Jones via MS Teams
20/01/2021	Presentation to Governors on SoC via MS Teams
21/01/2021	Weekly NED Teleconference Call
21/01/2021	MS Teams Meeting with Angus Eaton and Zoe Selmes, Future System Programme Finance Lead
21/01/2021	5 O'Clock Club via MS Teams
26/01/2021	1:1 with Richard Jones via MS Teams
26/01/2021	MS Teams Meeting with Richard Jones and Georgina Holmes
26/01/2021	1:1 with Steve Dunn via MS Teams
26/01/2021	Weekly COVID Briefing via MS Teams
26/01/2021	1:1 with Helen Davies via MS Teams
26/01/2021	Telephone Conversation with Helen Beck
26/01/2021	1:1 with Nick Jenkins via MS Teams
27/01/2021	Governor Induction Training via Zoom
28/01/2021	Weekly NED Teleconference Call
28/01/2021	MS Teams Meeting with Amanda Bennett and James Barrett, FTSU Guardians
29/01/2021	Trust Board Meeting via MS Teams
29/01/2021	Charitable Funds – Annual Accounts Sign Off Meeting via MS Teams
29/01/2021	Audit Committee Meeting via MS Teams



## 8. Chief executive's report (enclosed)

To note a report on operational and strategic matters

For Reference

Presented by Stephen Dunn

## Council of Governors – 11 February 2021

<b>AGENDA ITEM:</b>	8
<b>PRESENTED BY:</b>	Steve Dunn, Chief Executive Officer
<b>PREPARED BY:</b>	Steve Dunn, Chief Executive Officer
<b>DATE PREPARED:</b>	2 February 2021
<b>SUBJECT:</b>	Chief Executive's Report
<b>PURPOSE:</b>	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.

As I write my first Governors' report of 2021 it's so important not to lose sight of how challenging this last year truly has been. To say that 2020 was extraordinary is an understatement. First of all, with Sheila Childerhouse I want to pay a massive tribute to all of our staff for the way they have stepped up to play their part in dealing with the Covid-19 pandemic. We know it has been hugely difficult and unsettling for all of us and particularly challenging for staff working on the front-line of this pandemic. The can-do attitude of staff and the spirit of camaraderie, both in the hospital and in the community, has been truly humbling. And although we have often had to learn as we go, we have seen the best in all of our staff.

And while there's never a good time to deal with a worldwide pandemic, Covid-19 arrived on the back of the Trust receiving a "requires improvement" rating from CQC. This was a massive disappointment for all of us and we're sorry for the shortcomings outlined in this report. Since then, we have shown real commitment to recover and improve and there has been a tremendous amount of effort feeding our improvement plan. And what is truly amazing is that we been doing that while dealing with Covid-19. I have talked previously about our commitment to create a just and learning culture at the Trust which will empower and support staff more than ever before. We've spoken to other trusts, such as Mersey Care, and we are determined to make the Trust a more inclusive and supportive place to work. We also have more staff networks such as the BAME, LGBT+ and disability networks active at the Trust, as well as new and extended wellbeing services. Without the commitment of our staff, the Trust does not work and we want to go above and beyond to make working for the West Suffolk NHS Foundation Trust a happy and fulfilling experience.

What is more, supporting our staff has never been more important. At the start of 2021 we are in our third lockdown and the NHS remains under pressure across the country due to the spread of Covid-19. During January, we experienced a significant increase in the number of Covid-19 patients to nearly four times the level seen in the first peak. Like the rest of the NHS, we have also experienced a doubling of staff sickness which has put further pressure on the operational and clinical teams in the hospital and out in the community. I just want to say a big thank you for all that our staff have been doing for our community. We know how tough it's been and how flexible and professional you have been. Our very own ward manager Rosie Cawston recently shared her experiences of nursing during the pandemic for a feature in the East Anglian Daily Times. I've shared more of what Rosie said at the end of my report. I sincerely thank Rosie for sharing her experience. What Rosie and all

our staff have done, and continue to do, is truly amazing. The People Plan report to the Council of Governors outlines in more detail the work we are undertaking to ensure we engage with our staff, support them and continue to learn and improve.

I am delighted that at its meeting in January the Board approved the recommendations of the **nursing establishment review** which will result in an investment of over £650,000. The review focused on 20 inpatient areas across the trust. Areas such as ITU, ED and outpatients have been excluded from this review and will have separate reviews in the near future to ensure nurse staffing is appropriate. The output of the review, and subsequent triangulation, recommended:

- Eleven wards/departments require no change in establishment
- Five wards would benefit from an uplift in establishment
- Four wards would benefit from an adjustment to the skill mix of the establishment in favour of registered nurses (RNs)

To further help with infection prevention and control, I am also pleased to confirm that in November we rolled out new testing for staff through the distribution the **rapid COVID-19 self-testing kits** for patient-facing staff. These are kits staff can use at home, twice a week, to help prevent the spread of COVID-19. A nasal swab is used, put in extraction fluid, and then a sample of that fluid placed on a test strip that indicates the result. The process takes about 5 minutes, plus a 30 minute wait for the result. We are now issuing further testing kits to staff to allow this work to continue. Any staff testing positive will then take a PCR swab test to confirm the result.

To help support staff we have been sharing some simple but important messages with our staff to ensure they consider their wellbeing. We have also improved access to rest rooms to give them some much needed space and time. There are a number of 'calm rooms' in the acute hospital available to staff who need some space and quiet time away from their work base and this week we have created more. These have been designated and equipped by our My WiSH charity. Within these spaces staff, nevertheless continue to adhere to mask wearing and social distancing rules. For our community colleagues, who do not have access to these facilities, it is equally important that they do all they can to focus on their own wellbeing – including keeping nourished and hydrated and taking breaks, as difficult as that may be. We are also offering free workshops for parents to help support the emotional wellbeing of their children.

To improve our communication with staff we have also put in place weekly staff briefings on the pandemic, which I have chaired and executive team colleagues have presented at. These meetings, which have also been recorded and shared with staff, have been a massive success. Every week over 300 staff, board members and governors have joined these briefings. At these sessions we have talked about what is happening to us regionally and locally around the pandemic, what it means for us operationally and how we are responding. We have also recently had briefings from our well-being team led by the brilliant psychologist Dr Emily Baker, and we will be hearing about some of the issues facing our community teams this week. I am also delighted that we have launched a Facebook group for our staff. We know many of our staff don't always have the time or have access to their emails, so we have set up the new group to allow staff to communicate with us via Facebook and for us to share things such as the recordings of the staff briefings, staff stories and the weekly staff newsletter, Green Sheet. What has been particularly humbling has been how, in the midst of a pandemic, literally hundreds of staff introduced themselves to colleagues and talked about the real pride they have working at the Trust, either in the hospital or in the community. So, can I say a big thank you to our communications team who have worked tirelessly behind the scenes to get things like this up and running.

And with many of us are using our laptops, PCs and screens a lot more these days, can I make a plea that we also need to take time out for our eyes. We all know that prolonged sitting or staring at screens can be bad for our health. Too much screen time without a break can cause eye strain and headaches. We blink less when using a screen, which can cause lack of focus and dry eyes. Eye health charity "Fight for Sight" recommends regular screen breaks and using the '20-20-20' rule – this advises looking at something approximately 20 feet away for 20 seconds, for every 20 minutes you look at a screen.

But while our eyes might be straining, there is light at the end of the tunnel. As we ramp up our vaccination programme for healthcare workers - thousands of our staff and local health and care providers have received the game-changing Covid-19 vaccination. Since kicking off our staff vaccination programme on 4 January, we have vaccinated more than 15,000 priority staff from the Trust and local partner organisations. This has literally been a big shot in the arm for us all and a huge morale boost. It should also help to reduce staff sickness. I want to say thank you to everyone, including our volunteers, who have played a huge part in vaccinating staff. I have been lucky enough to spend time with the team and I have nothing but admiration for their work ethic and kindness.

Patients and staff have missed our volunteers and have been asking when they will be returning to their roles at the Trust to support our staff and patients. In October, we welcomed back our first small cohort of volunteers to the information desk, but this was put on hold when increased Covid-19 restrictions for outpatient appointments and inpatients were introduced in December. We have recently reinstated more volunteers and now have 36 covering three supporting roles for the Covid-19 vaccine programme in Quince House and they are all delighted to be back. With Covid-19 restrictions continuing to limit the areas our volunteers can return to we will be developing alternative roles for them where we can.

It would be naive to make predictions for what 2021 will bring, based on what the last 12 months has shown us, but there is a lot of hope ahead for us as a Trust. We are fortunate enough to be one of the hospitals that will be rebuilt as part of the government's Health Infrastructure Plan, meaning that this decade will see the introduction of a new health and care campus. The trust's new Future System Team is leading the programme and they are very keen to involve as many staff as possible in this process. We're very proud that the new campus will be based on a new 'co-produced' clinical model and we are looking forward to driving forward our consultation and engagement as part of that co-production process.

Previously, we had discussed how Hardwick Manor was one of a small number of options for the Trust to consider as a preferred location for the new healthcare facility. Now that the detailed evaluations of all the sites have been completed and thoroughly scrutinised, in December it was with great pleasure that we announced Hardwick Manor as the preferred site for our future healthcare facility. Four potential sites were investigated and rated by technical experts and representatives of our patients, staff and partners with over 3,000 pages of detailed reports produced. We considered all of the most important factors such as our ability to buy the site, the likelihood of gaining planning permission, public transport, future growth and ecological impact. It was close, but Hardwick Manor came out on top. One of the big benefits about this proposal is the possibility of keeping some of the current site based at Hardwick Lane, including many of the most recent additions such as Quince House, the new staff accommodation as well as the Drummond Education Centre, and Eye Care Centre. This will allow us to make the best use of public funds. The Trust is also incredibly fortunate to have partner organisations on our site such as St. Nicholas Hospice, mental health provider Norfolk and Suffolk NHS Foundation Trust, and the Busy Bee's nursery that supports our staff. If we can base our new facility at the site of Hardwick Manor, this will mean that close relationships with co-located services such as these can continue. We are also keen to develop further integrated working with our health and care colleagues. More detail and updates are provided in the future system report as part of the main Board meeting agenda.

The Trust is due to renew its five-year corporate strategy with the previous strategy 'Our patients, our hospital, our future, together' completing in 2020. Moving forward, given our focus on, and the impact of, the coronavirus pandemic, and the recovery period we will need to navigate when we get through this current peak, we are recommending a simplified approach to our overall direction that reflects the Trust's key commitments going forward. The draft strategy is in progress and has been through an initial set of feedback, including having been presented to Governors, with further feedback ongoing. An update is included on the agenda of this Council of Governors meeting, but given the current circumstances it is difficult to determine when will be the best time to launch; we are sensitive to the heavy demands that everyone is dealing with at the moment. A potential date of late Spring will be reviewed as the strategy progresses.

2021 will also see further development and support for our community teams who have been doing an amazing job through this pandemic. I am delighted that Shelley Lee has been appointed as a second senior matron for the Trust's community services, working with fellow senior matron Amanda Keighley to provide clinical leadership to nursing staff across west Suffolk. I am delighted that we are continuing to strengthen and invest in community nursing. Our senior matrons are part of our commitment to ensuring we provide safe, quality healthcare to our patients, and support to our compassionate and diligent nurses. The demands on our nurses, our services, the age of our patients and the complexity of their needs are increasing all the time, and having these highly-trained and experienced clinical leaders is a great asset to our community.

Care for patients living with neurological conditions is also being boosted by two new specialist therapists. Physiotherapist Claudia Olhero and occupational therapist Beckie Kent are supporting the community teams with patients who have neurological conditions, offering support, training, and supervision, as well as having a small caseload themselves. Based at the Disability Resource Centre in Bury, they will be working with adults with a broad spectrum of neurological conditions, which could include Parkinson's, multiple sclerosis, stroke, motor neurone disease and Guillan-Barre syndrome. Experienced in specialist rehabilitation, the team will be providing expert advice to therapists in the community health teams. They are aiming to support existing community therapists in their ever-increasing workload, and build up networks with community nurses, the voluntary sector and our neighbouring trusts to grow existing integrated working. While virtual consultation is possible, ideally, they would be going out to see patients face to face. They will also train relatives and carers to use specialist equipment. The team will be bridging a gap between the inpatient and outpatient services at the hospital, and can work with patients within their own homes.

I had the privilege to go out with registered district nurse Michelle and meet some wonderful patients who really appreciated what our district nurses and community teams do for them. I saw the challenges of donning and doffing personal protective equipment going into patient's homes and observed the variety that makes a district nurses case load, including wound care, insulin injections, tinzaparin injections and syringe driver care. It's easy to forget that our community teams' offices are their cars and this is one of the reasons we need to improve their IT which is so crucial for them. So I am delighted to say that prior to Christmas, the IT team completed the migration of all adult community health teams, including management, business support and therapy teams, into WSFT IT support. This has long been a source of community staff discontent and I am delighted that we have taken back control of community IT, with our community health teams all now having WSH email addresses. This is a staged process, so from mid-January to early-February, we will be moving the integrated community paediatric service staff across, and they will be followed by the community informatics team and the community pain service during February.

Major improvements also lie ahead for our community services and alliance partners, thanks to major investment in new joint hub sites. As part of a drive to bring public services together, working in partnership and accessible at one site, a number of hubs are being developed across Suffolk. The Mildenhall Hub is expected to open this year, and among those moving into it will be our colleagues from the Mildenhall community health team. A virtual tour has been created to allow people to see the progress at the Sheldrick Way site. For our colleagues it means they will be able to see patients in clinic rooms, and signpost them to other facilities such as exercise classes or swimming. This is a very positive move for our services and patients. We have already gained benefits from being co-located with our social care colleagues, especially helping to care for patients with complex needs. This will give us immediate and prompt access to a wide range of beneficial services for the people we care for. You can access the virtual tour [here](#). Already co-located with social care staff as part of an integrated neighbourhood team, the nurses, therapists and generic workers will be working with professionals from across the system. The Hub brings together a new school for Mildenhall College Academy; new leisure facilities including bigger swimming pools; a health centre; library, advice centre and children's centre. There will also be space for Suffolk Police and West Suffolk Council. Wow. Now that is what we mean by alliance working and integration!

In terms of other brightness amongst the winter gloom, I am also pleased to say that we have



recently completed phase 2 of the Trust's LED lighting project. This project has seen the introduction of LED lighting to a series of hallways and wards across the West Suffolk Hospital site with the view to save on electricity bills and lower our carbon footprint. LED lighting uses less electricity than traditional forms. The LED lights installed at the Trust have been fitted with 'Smart Scan' technology which provides us with greater control of our lighting, contributing to a more comfortable environment for our patients and staff. Since the project began, we've saved a whopping £23,000 on our electricity bills and enough electricity to supply an average home for 51 years. Our CO<sub>2</sub> savings work out at over 13 tonnes - it would take a woodland of 82 trees 50 years to absorb this amount!

In and amongst all the pandemic pressures staff also continue to take a real pride in the quality of the services we provide. The high quality of endoscopy services at West Suffolk Hospital has been nationally recognised by the Royal College of Physicians. The college's Joint Advisory Group (JAG) on endoscopy awarded the service its highly sought-after professional accreditation, which focuses on standards and identifies areas for development. It is regarded as one of the most innovative and effective in the healthcare sector, and has been used as a model and source of inspiration for similar schemes both in the UK and overseas. JAG accreditation is based on evidence linked to clinical quality, patient experience, workforce and training. This is fantastic news for the very hard-working team in endoscopy as well as for our patients, who will continue to receive brilliant support from talented professionals. The accreditation from JAG goes to show how talented and caring the individuals and team are.

I am truly humbled by the fact that our **stroke team has managed to retain its top ranking** throughout the COVID-19 pandemic, newly published research shows. Researchers at King's College London review data from hospitals across the country as part of the Sentinel Stroke National Audit Programme. The scheme assesses stroke care against 41 key indicators, including how fast patients are seen, scanning, delivery of thrombolysis (treatment to dissolve blood clots), and support to help patients with recovery. In the latest data, covering April to June 2020, West Suffolk again received the top-grade A overall assessment - the ninth time in a row. To maintain an A-level rating for stroke care over such a long period, and particularly alongside COVID-19, is an incredible achievement! It reflects the sustained effort and team work of colleagues right across the hospital to do the best for our patients, whatever the circumstances.

Congratulations are also due to the orthopaedics team, which has been reconfirmed as a National Joint Registry (NJR) Quality Data Provider for 2019/2020. The NJR Quality Data Provider award scheme has been developed to offer hospitals a blueprint for reaching standards relating to patient safety through National Joint Registry (NJR) compliance and to reward those who have met targets in this area. The NJR is currently the largest joint registry in the world and has brought incredibly important information to the orthopaedic world which underpins our quality improvement activities that have supported the achievement of some of the best orthopaedic outcomes data in the country. The data has also been used for very valuable publications in top level peer reviewed orthopaedic journals.

There was also a happy new year surprise for members of the WSFT catering team, when they were presented with the Hospital Catering Award they won at the recent Health Business Awards. As there could only be a virtual ceremony, the award was sent to the Trust to be handed over by Director of Resources, Craig Black at Quince House. Health Business magazine's editorial team put the Trust forward for an award in recognition of its catering team "going above and beyond this year to provide arrangements for overnight staff", as well as the introduction of an 'afternoon tea' service as a special culinary treat for inpatients. I am delighted for our splendid catering team, who have rightly been recognised for the excellent work they do for our staff, patients and visitors. In these most challenging of times, their excellent service is a vital part of the care we provide. Congratulations to the whole team on this richly deserved award.

Lastly, I should mention that we have agreed with West Suffolk CCG that we will reduce our outpatient phlebotomy opening times to enable phlebotomy staff to offer further support to the inpatient phlebotomy team at West Suffolk Hospital. The phlebotomy department at Bury will be open 7.15am – 4pm with effect from Monday, 11 January, until further notice. All Saturday

appointments will be cancelled with effect from Saturday, 30 January 2021 until further notice, (though existing booked appointments on Saturdays 9, 16 and 23 January will be honoured). These changes will be kept under review should the Government advice change.

In addition to the items already highlighted, key areas of focus for the Trust's senior leadership team are reflected on the Board and Council of Governors meeting agendas. Key items include continued focus on quality and performance report and a report from the most recent improvement programme board.

# Being a nurse in a pandemic



Hello, my name is Rosie and I've been a ward manager at the Trust since December 2019. My ward has been a Covid-19 ward throughout both waves of the pandemic.

It continues to be a challenging time for us; the numbers of Covid-19 admissions and how dramatically they have risen in recent weeks is frightening. Like a lot of people I know within the NHS, I often struggle to sleep before a shift, something I have not struggled with before. I now have anxiety about what the day ahead holds.

## **The way we work has changed**

Like many NHS Trusts, staffing is difficult at the moment, with many of us having to isolate or having tested for Covid-19. This does put pressure on a hospital; our staff have had to be flexible in moving around to support other areas.

The way we work has changed and we have to prioritise our workload differently. As a nurse, you have to administer medications morning, lunchtime, evening and bedtime. With Covid-19 measures, such as applying and removing PPE between each patient and washing your hands, you try to administer medications efficiently. You don't have time unfortunately to stop and chat to patients for long; they don't have visitors to keep them company so we are the only people they see.

## **Being a ward manager**

As a ward manager, I have an open-door policy and I'm always at the end of phone, should my colleagues want to talk about anything. At the staffing huddle at the start of a shift, it is my opportunity to check in with staff and see how they are doing. Like most wards, we have a really positive team spirit – to pitch in and help one another. Staff often come in on their days off and are doing additional shifts because they want to support their colleagues.

In my experience, at West Suffolk Hospital we really do support one another. Ward managers will often pop in on each other. What is clear is that we are all in this together and everyone feels similar emotions, frustrations and feelings. We often have the chief nurses, heads of nursing and

chief executive visiting the wards, wanting to know how we are doing and what they can do to help. This goes a long way to know we are on everyone's radar.

We also have a psychological wellbeing team service. They have visited the ward regularly to see how staff are. A lot of the staff have struggled mentally so it's good that we have the opportunity to debrief and chat about what's going on.

Our hospital charity, My Wish, has done a phenomenal amount of work to help make staff feel valued and make our day better. In the last wave, we received money to make a staff room for the ward and that has really boosted morale.

### **'A hoax'**

It's frustrating when people say Covid-19 is a hoax or 'blown out of proportion'. I go on social media and see things where people are carrying on like normal. I think if people worked just five minutes on any NHS ward at the moment, they would change their mind.

Staff have been working in this environment for nearly a year and I think everyone is exhausted. I have met people who are sceptical of Covid-19 - it is very much real and I have witnessed first-hand the implications it has, not just on staff at the hospital, but on patients and their family too.

### **The future**

I am hopeful about the vaccines that are being rolled out. Initially it did feel that we were no further forward than we were in March. However, I need to remember that we have climbed this mountain and we are nearly at the top. The vaccines will make a difference, we need to hang onto this. I've had the vaccine and I know a lot of my colleagues are signed up and eager to have theirs.

Everyone at the Trust is trying their best. It is really challenging. It feels so much worse than the previous wave in March. Staff are tired and exhausted. Yet they are coming into work every day with a smile under their masks and working in really difficult situations.

I hope the public remain patient with us, and remember we are continuing to adapt to an ever-changing situation.

## 9. Governor issues (enclosed)

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

For Reference

Presented by Liz Steele

<b>REPORT TO:</b>	Council of Governors
<b>MEETING DATE:</b>	11 February 2021
<b>SUBJECT:</b>	Governor issues
<b>AGENDA ITEM:</b>	9
<b>PREPARED BY:</b>	Liz Steele, Lead Governor Richard Jones, Trust Secretary & Head of Governance
<b>PRESENTED BY:</b>	Liz Steele, Lead Governor
<b>FOR:</b>	Approval

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

**1. How does the Trust plan on managing frontline staff who have refused the vaccine and the potential ongoing risk to patients, colleagues and service provision?**

This issue was raised at the Board meeting on 29 January 2021. A summary of the discussion and conclusion is set out below. This will be considered further as the vaccination programme continues locally and nationally.

There were a number of issues contributing to staff not having had the vaccine:

- A significant number of staff have had Covid recently and it was not recommended that people had a vaccine within 28 days of having Covid. Therefore, there was a cohort of staff who could not yet have a vaccination but wanted one and there would be provision for them to do so
- There was also a group of staff who could not easily have the vaccine due to health issues and provision had been made for them to have a conversation with a senior doctor. To date all of these staff had had a vaccine without any adverse reactions.
- There would also be people who were concerned about having the vaccine and the Trust was trying hard to address this through the executive team, weekly briefings, leaders across the organisation and other members of staff from diverse groups, ie Filipino, to support staff and encourage them to have the vaccine.
- There would be a very small group of staff who did not want the vaccine and this was their right, as it was not currently compulsory. Neither flu or Covid vaccinations were on the mandatory list for front line staff. The Trust would continue to try to support and persuade these people and mitigate their fears.

**2. Given the increased transmission of the new variant of Covid-19, can the Trust provide assurance that the Trust is providing appropriate levels of PPE in non-Covid and other clinical areas?**

The Trust adheres to NHS England's COVID infection prevention board assurance framework (BAF) which includes key standards relating to PPE (personal protective equipment) relating to: stock availability, appropriate PPE to be used based in clinical setting and context, training for staff on how to safely wear and remove PPE ('donning and doffing') and personalised fitting for specialised PPE.

The Board has a monthly update on the COVID infection prevention BAF and has recorded full compliance with all of the PPE standards.

Our purchasing team review all areas to ensure that appropriate PPE is available and a Trust PPE resource group has been in place throughout the pandemic to oversee supply and usage. Any concerns would be escalated directly to our COVID tactical command.

Adherence to Public Health England (PHE) national guidance on the use of PPE is regularly audited using our Perfect Ward tool and recent data shows good compliance with availability and appropriate use. This will be reported to the Board from February as part of the COVID infection prevention BAF.

In addition to providing suitable and sufficient staff PPE; we also advise our patients and visitors to adhere to the required precautionary measures (Hands / Face / Space) and surgical masks are available at points of entry to the hospital and for inpatients. Information leaflets and posters support and explain this request.

**3. *Whilst the Governors fully appreciate the pressure on the Trust with the pandemic at present, can we be assured that there is a firm plan for the recovery regarding waiting lists and outstanding elective work?***

Recovery is currently being talked about in all the local, regional and national forums but no one has described exactly what this will look like at this time. The overriding message is that we must build in mechanisms to support staff recovery after this wave, if we don't we risk losing our staff.

We then have a further complication of the reinforced autoclaved aerated concrete (RAAC) plank remediation programme which will combine with what we hope will be the end of this Covid wave and the potential start of recovery.

It is important to recognise that recovery will be 2-3 years away if defined as getting back to previous patient waiting times. But to be more positive we have stood up services once already so we do know how to do that in each service area which should mean we can be more agile, notwithstanding the issues described above.

Staff support and access recovery will continue to be a major focus of the discussions at the Board through the operational and people plan reports as well as being shared with the Governors.

**Recommendation:**

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

## 10. Quality and performance report (enclosed)

To note the report

For Reference

Presented by Alan Rose



<b>REPORT TO:</b>	Council of Governors
<b>MEETING DATE:</b>	11 February 2021
<b>SUBJECT:</b>	Summary quality & performance report
<b>AGENDA ITEM:</b>	10
<b>PREPARED BY:</b>	Helen Beck, Chief Operating Officer Sue Wilkinson, Chief Nurse Richard Jones, Trust Secretary & Head of Governance
<b>PRESENTED BY:</b>	Alan Rose, Non-Executive Director
<b>FOR:</b>	Information - To update the Council of Governors on quality and operational performance

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

### Quality indicators

Performance against key quality indicators is summarised below.

### Nurse staffing

Nursing fill rates have fallen below 90% in December across many areas and this is linked to staff sickness and isolation rates which both increased over this period. The vacancy rate has remained static in December. The Board meeting in January approved the recommendations of the nursing establishment review which will result in an investment of over £650,000.

### Incident reporting

The number of patient safety incidents reported in December rose however the number of those resulting in harm decreased following a rise in November. The incidents reported per 1,000 bed days rose slightly in December but remains within the normal limits of the recent 12 months. The rise in (total reported) incidents in December was as a consequence of increased numbers of pressure ulcers (Pus) present on admission and falls (see detail below).

### Falls

Falls per 1000 bed days reduced in November, but saw a sharp rise in December. While all falls were deemed as minor/no harm in November, four falls were recorded as moderate and severe harm in December. These will follow the serious incident process to understand causative and contributory factors.

### Pressure Ulcers

October saw one of the highest month on month incidences of hospital acquired pressure ulcers (HAPU). This number has reduced in November and December. This reduction is mirrored in occupied bed days which follows a similar pattern; indicating that the reduction is not attributed to low bed occupancy.

### Compliments and Complaints

There was an increase in formal complaints overall for December and the highest received this year and since the pandemic has started. An emerging issue over these months is around communication with relatives. This is likely to be due to the staffing shortfall that has been observed in December and is reflected in the reduction in fill rates. The 'keeping in touch/clinical

helpline' should address this and returned to service in January, which will be a welcome assistance for staff, patients and their relatives.

### **Community 18 week performance**

The aggregated percentage of patients treated within 18 weeks for all community services in December was 91.8% with the lowest individual service being paediatric speech and language therapy (SLT) at 76.5%.

### **Community activity**

The total activity for community services has returned to pre-COVID levels although the ratio of face-to-face and other means of contact (telephone, video and email) has altered. The integrated network teams (INTs) activity is still face-to-face but some other services have successfully moved to telephone contacts. Overall activity is lower in December than the previous three months but this is in line with historical seasonal variance.

### **Maternity Services**

#### Red Flag events

National Institute for Health and Care Excellence (NICE) safe midwifery staffing for maternity settings 2015 defines Red Flag events as negative events that are immediate signs that something is wrong and action is needed now to stop the situation getting worse. Action includes escalation to the senior midwife in charge of the service and the response includes allocating additional staff to the ward or unit. Appendix 4 illustrates red flag events as described by NICE. Red Flags are captured on Datix and highlighted and mitigated as required at the daily Maternity Safety Huddle.

There were twelve red flag incidents reported in November; ten due to the labour suite co-ordinator not being supernumerary, two related to staffing shortages that delayed care. All due to Covid related staff absence. There were twelve red flag incidents reported in December – seven delayed inductions of labour due to reduced staffing, two labour suite co-ordinators not being supernumerary and three reports of short staffing, however when investigated, escalation policies were activated, all women received 1:1 care in labour, there was no delay of care and no adverse outcomes. Staff shortages were all due to Covid related staff absence.

#### Midwife to Birth ratio

In November 2020 the Midwife to Birth ratio was 1:27 this is within the limit of a safe ratio, Birthrate+ recommend a Midwife to Birth ratio of 1:27.7. In December 2020 the Midwife to Birth ratio was 1:25. To note, Midwife to birth ratio does not reflect the acuity of women/babies in our care. In November there was a high number of inductions of labour which will increase the acuity and in December the peaks in activity unfortunately corresponded with reduced staffing levels. Staffing is reviewed at least four times a day, however the majority of the workload is unpredictable.

#### Supernumerary status of the labour suite co-ordinator

This is a requirement for the Clinical Negligence Scheme for Trust (CNST) ten steps to safety and was highlighted as a 'should' from the CQC report January 2020. The band 7 labour suite co-ordinator should not have direct responsibility of care **for any** women. This is to enable the co-ordinator to have situational awareness of what is occurring on the unit and is recognised not only as best but safest practice.

In November 2020 we achieved 70% compliance and December 2020 91%. There were some significant shortages in shifts and the majority were last minute which resulted in the shifts not being filled. The escalation policy was activated, however there is a time delay from on-call staff being called to them physically being present on the unit. To note all women received one to one care in labour. The midwifery senior team are currently working with our NHS Improvement officer to find long-term resolution to this problem. A recruitment drive for further labour suite co-ordinators has been completed and awaiting start dates.

### **New ways of working through eCare SmartZone**

A number of drivers have focused our attention on how we manage alerts in e-Care; this includes national campaigns, feedback from medical staff and local incidents. In addition to an increasing number of alerts there was the additional problem whereby all alerts popped-up unrelated to the user in the record and some alerts were aimed at the wrong staff group (e.g. an Allied Health Professional (AHP) getting alerts only able to be actioned by Medical staff).

eCare has a 'behind the scenes' web-based analytics platform known as the Lights On Network. This allows a review of data rather than relying on anecdotal evidence of alert overriding and it identified high override rates. The data showed an average of 500,000 pop up alerts firing at clinicians each month. One alert was overridden on 93% of the occasions it fired, which questions its purpose. Two major improvements have been put into place to address these issues:

1. Alerts linked to user group (i.e. only doctors get 'medical' alerts such as Escalation Plan and Resuscitation Status (EPARS)), a review was undertaken to tailor the alerts to the recipient user groups even more than the original settings. A future development ambition is the linking of alerts to the individual for whom they apply rather than just their staff group (e.g. Dr Smith needs to complete EPARS for his patient Mr Jones)
2. Introduction of SmartZone Smartzone moves from pop-up alerting to display elsewhere in the Electronic Patient Record (EPR), thus alerts can be actioned by the right clinician at the appropriate time, and remove the disruption to clinical workflows within the EPR. In addition, Smartzone has the facility to click on the alert and be taken directly to the relevant page within the eCare record to speed up the process although there are some limitations (the link does not work for EVOLVE specific sections for example).

### **Patient safety incident response framework (PSIRF)**

The Trust is an early adopter for the new PSIRF approach which replaces the previous serious incident framework. This sets out how we learn from patient safety incidents reported by staff and patients, their families and carers as part of our work to continually improve the quality and safety of the care we provide. PSIRF will help us measurably improve the efficacy of our local patient safety incident investigations (PSIIs) by:

1. refocusing PSII towards a systems approach and the rigorous identification of interconnected causal factors and systems issues
2. focusing on addressing these causal factors and the use of improvement science to prevent or continuously and measurably reduce repeat patient safety risks and incidents
3. transferring the emphasis from the quantity to the quality of PSIIs such that it increases our stakeholders' (notably patients, families, carers and staff) confidence in the improvement of patient safety through learning from incidents
4. demonstrating the added value from the above approach.

Reporting will be maintained including an overview of the work through the quarterly learning report to the Board.

### **Operational report**

This section provides an update on the key operational areas of work during the month. This includes; an update on current operational pressures and the most recent forecast data and community services.

### **Operational summary**

In the last month the Trust has seen an unprecedented rise in COVID demand which reflects the pressures being felt across the country. Facing rising COVID cases and significant staffing and capacity shortages we took the decision to pause all non-urgent elective and diagnostic work in mid-December. As it stands we are undertaking P1 (priority procedures to be performed in less than 72 hours) and P2 (priority procedures to be performed in less than 1 month) operations in line with NHS England/Improvement direction and Federation of Surgical Specialty Associations guidance. This decision supports our front-line teams and we have seen many staff redeployed to

alternative clinical areas.

Learning from our wave one experience we are trying to maintain some high priority diagnostics within endoscopy, MRI and CT scanning. We continue to treat our cancer patients in a timely way once diagnosed but are still working through the previous backlogs of patients still awaiting a diagnosis. The integrated care system (ICS) has been given permission to trigger surge capacity with the independent sector which gives us access to 100% of the BMI staffed capacity, however it should be noted that this is only a small unit and their staffed capacity is a maximum of 2 theatres per day.

As with the first wave of Covid emergency department (ED) attendances and non Covid admissions have fallen significantly during December and January, which has been a significant factor in the Trust's ability to manage its capacity during this unprecedented surge. At our peak we had 185 Covid positive inpatients; this has reduced somewhat over the last two weeks. The reduction is a combination of a slowing admission rate and increased availability of designated settings which has facilitated patient discharge. A designated setting is a nursing or residential home which can take medically optimised patients who are isolating due to having testing positive for Covid or having been in contact with other Covid positive patients.

Critical care admissions continued to be high after the peak, however at the time of writing there were six patients being cared for by the critical care team (maximum capacity is 20). We have provided mutual aid to the wider critical care network and are expecting to see increased admissions to critical care for some time.

Our planning assumptions considered a peak of 250 positive inpatients which, thankfully, we have not yet seen. Recent data provided by the Cambridge Judge Business School shows West Suffolk with a declining forecast with potential reduction of inpatients by 50% by early February, however these forecasts tend to have a wide degree of uncertainty and we believe are potentially being influenced by our recent increase in discharges to the newly identified designated settings. It is worth noting that the WSFT's forecast is in stark contrast to Colchester and Ipswich, both showing continued growth.

### **Community beds**

Community teams have been working incredibly hard to support the pandemic effort over the past month. We currently have over 128 beds commissioned within the community to support patient discharge. This includes designated settings at Newmarket and Silverbirch (nursing home) in Ipswich. We continue to work collaboratively with system partners but have been hampered by the number and frequency of outbreaks in the community which reduce the number of available beds. That said there are now pathways in place for positive, contact and reablement patients who are medically optimised, good processes to manage patients regardless of setting and weekly multidisciplinary team meetings (MDTs) to ensure patient safety and 'flow' through the beds.

### **COVID Virtual Ward**

The COVID virtual ward supports step down management for positive patients who are clinically suitable to be managed in a virtual ward. The ward sits with the chronic obstructive pulmonary disease (CPOD team) and sees patients cared for in their home environment whilst remaining under the care of WSFT. The use of pulse oximeters to enable patients in the virtual ward to monitor and record vital signs, such as oxygen saturation levels, will support this initiative.

### **Enhanced Integrated Neighbourhood Team (INT)**

Progress with the enhanced INT is being made and Newmarket is now live. Under this new model up to five patients will be supported at home in each of the six localities. The remaining localities go live by February.

## Quality improvement

The improvement programme board (IPB) has continued to meet during December and January to ensure the focus with improvement is maintained. The meetings include:

- Reports from senior responsible officer (SRO) cluster groups. This includes approval of issues escalated from the groups and proposed changes to the improvement plan
- Review the updated improvement plan - the published version has been updated based on the changes approved by the IPB
- Consideration of additional items to be added to the improvement plan – this has included inclusion of the improvement actions from the national Ockenden report relating to maternity services
- Consideration of assurances on embeddedness of actions and movement to business as usual - the use of external teams (including regional head of midwifery and West Suffolk Clinical Commissioning Group (CCG)) and our internal auditors support this work.

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

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

Below is a copy of the CQC rating for acute services for the Trust. This provides a useful reference to reflect on the focus of the activities over the last year.

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and Emergency care	Requires improvement ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020
Medical care (including older people's care)	Requires improvement ↓ Jan 2020	Good ↓ Jan 2020	Good ↓ Jan 2020	Good ↔ Jan 2020	Requires improvement ↓ Jan 2020	Requires improvement ↓ Jan 2020
Surgery	Requires improvement ↓ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020
Critical care	Good Aug 2016	Outstanding Aug 2016	Good Aug 2016	Requires improvement Aug 2016	Outstanding Aug 2016	Good Aug 2016
Maternity	Requires improvement Jan 2020	Requires improvement Jan 2020	Good Jan 2020	Good Jan 2020	Inadequate Jan 2020	Requires improvement Jan 2020
Services for children and young people	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
End of life care	Good Jan 2018	Good Jan 2018	Outstanding Jan 2018	Good Jan 2018	Outstanding Jan 2018	Outstanding Jan 2018
Outpatients	Requires improvement ↓ Jan 2018	Not rated	Good ↔ Jan 2018	Requires improvement ↓ Jan 2018	Requires improvement ↓ Jan 2018	Requires improvement ↓ Jan 2018
<b>Overall trust</b>	Requires improvement ↓ Jan 2020	Good ↓ Jan 2020	Good ↓ Jan 2020	Requires improvement ↓ Jan 2020	Requires improvement ↓ Jan 2020	Requires improvement ↓↓ Jan 2020

[Extracted from the CQC report published in January 2020]

### Recommendation:

To note the report.

# 11. Summary finance & workforce report (enclosed)

To note the summary report

For Reference

Presented by David Wilkes

<b>REPORT TO:</b>	Council of Governors
<b>MEETING DATE:</b>	11 February 2021
<b>SUBJECT:</b>	Summary Finance & Workforce Report
<b>AGENDA ITEM:</b>	11
<b>PREPARED BY:</b>	Nick Macdonald, Deputy Director of Finance
<b>PRESENTED BY:</b>	David Wilkes, Non-Executive Director
<b>FOR:</b>	Information - update on Financial Performance

### EXECUTIVE SUMMARY:

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

- The plan for the year is to break even. This includes receiving all Financial Recovery Fund (FRF) and Marginal Rate Emergency Rule (MRET) funding associated with meeting our Financial Improvement Trajectory (FIT – formerly “Control total”).
- We anticipate receiving all FRF and MRET funding associated with meeting the FIT
- We have either received or accrued income for all costs relating to COVID-19
- Our focus is on our underlying income and expenditure position in readiness for 2021-22

### Income and Expenditure Summary as at December 2020

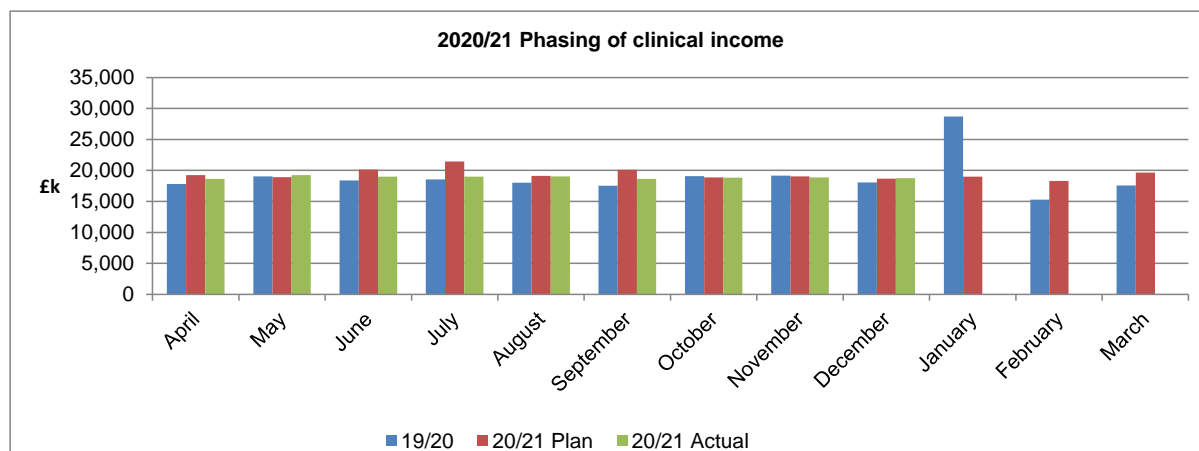
The reported I&E for December YTD is break even. Due to COVID-19 we are receiving top up payments that includes MRET and FRF. The ‘top up’ for December YTD £22.6m

### Performance against I & E plan

SUMMARY INCOME AND EXPENDITURE ACCOUNT - December 2020	December 2020			Year to date			Year end forecast		
	Budget £m	Actual £m	Variance F/(A) £m	Budget £m	Actual £m	Variance F/(A) £m	Budget £m	Actual £m	Variance F/(A) £m
NHS Contract Income	17.6	17.8	0.2	166.5	161.6	(5.0)	220.4	216.0	(4.4)
Other Income	2.5	2.1	(0.5)	26.6	25.0	(1.6)	35.4	31.3	(4.2)
<b>Total Income</b>	<b>20.1</b>	<b>19.9</b>	<b>(0.2)</b>	<b>193.2</b>	<b>186.6</b>	<b>(6.6)</b>	<b>255.8</b>	<b>247.3</b>	<b>(8.5)</b>
Pay Costs	16.6	17.4	(0.8)	144.2	149.8	(5.6)	199.6	202.7	(3.1)
Non-pay Costs	6.4	5.2	1.2	71.9	64.9	7.0	87.3	80.8	6.5
<b>Operating Expenditure</b>	<b>22.9</b>	<b>22.6</b>	<b>0.3</b>	<b>216.1</b>	<b>214.6</b>	<b>1.4</b>	<b>286.9</b>	<b>283.5</b>	<b>3.4</b>
Contingency and Reserves	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<b>EBITDA excl STF</b>	<b>(2.8)</b>	<b>(2.7)</b>	<b>0.1</b>	<b>(22.9)</b>	<b>(28.0)</b>	<b>(5.2)</b>	<b>(31.1)</b>	<b>(36.2)</b>	<b>(5.1)</b>
Depreciation	0.7	0.6	0.1	6.0	5.3	0.8	8.1	7.0	1.0
Finance costs	0.3	0.4	(0.1)	2.9	3.9	(1.0)	3.9	5.2	(1.3)
<b>SURPLUS/(DEFICIT)</b>	<b>(3.8)</b>	<b>(3.7)</b>	<b>0.1</b>	<b>(31.9)</b>	<b>(37.2)</b>	<b>(5.4)</b>	<b>(43.1)</b>	<b>(48.5)</b>	<b>(5.4)</b>
<b>Provider Sustainability Funding (PSF)</b>									
PSF / FRF/ MRET/ Top Up	3.8	3.8	(0.0)	31.9	37.2	5.4	43.1	48.5	5.4
<b>SURPLUS/(DEFICIT) incl PSF</b>	<b>(0.0)</b>	<b>0.1</b>	<b>0.1</b>	<b>0.0</b>	<b>(0.0)</b>	<b>(0.0)</b>	<b>(0.0)</b>	<b>0.0</b>	<b>0.0</b>

## Performance against Income plan

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



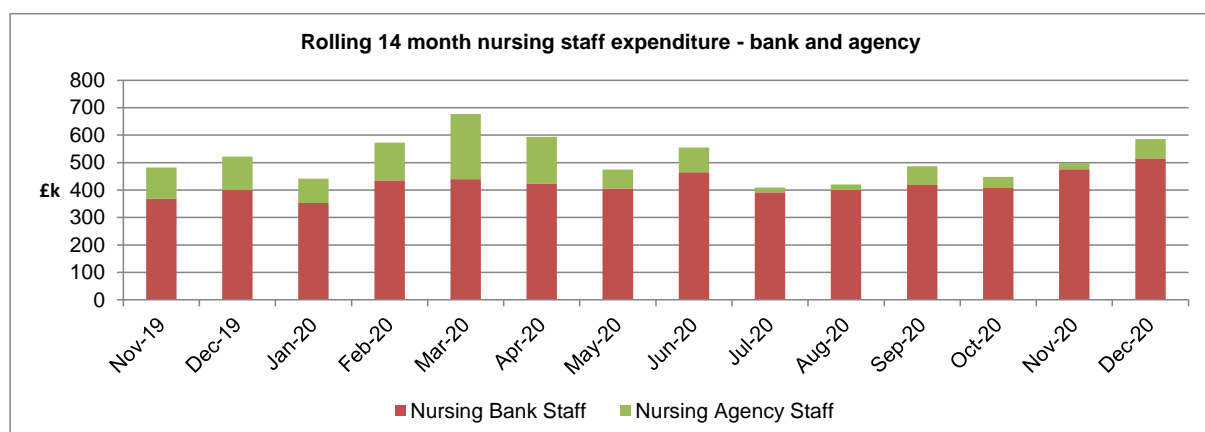
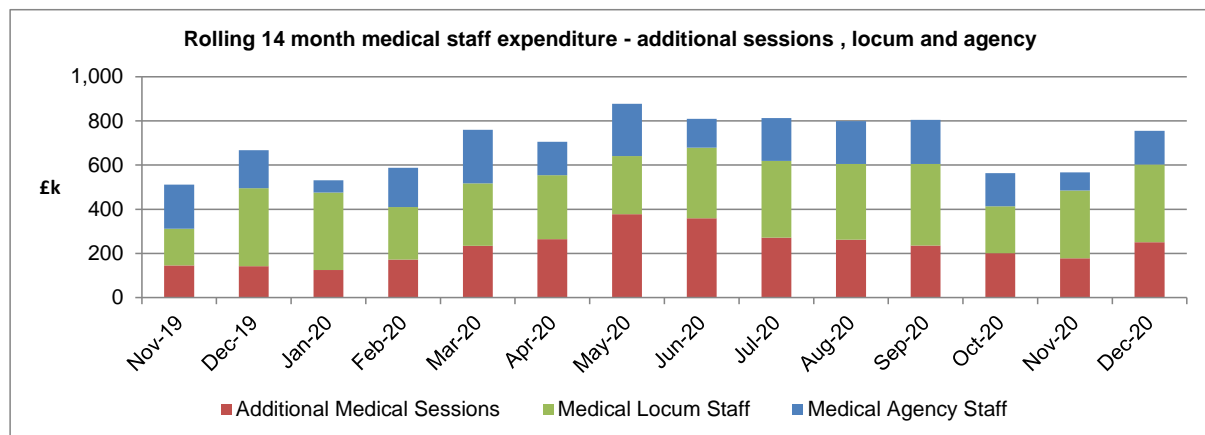
Income (£000s)	Current Month			Year to Date		
	Plan	Actual	Variance	Plan	Actual	Variance
Accident and Emergency	1,007	829	(178)	9,203	7,638	(1,565)
Other Services	2,003	4,016	2,013	25,529	46,265	20,736
CQUIN	180	161	(19)	1,624	1,306	(319)
Elective	2,730	2,112	(618)	25,888	12,959	(12,930)
Non Elective	6,710	6,512	(198)	58,595	58,104	(491)
Emergency Threshold Adjustment	(354)	(354)	0	(3,076)	(3,076)	0
Outpatients	3,078	2,318	(760)	28,627	18,229	(10,397)
Community	2,988	2,988	0	26,892	26,892	0
<b>Total</b>	<b>18,340</b>	<b>18,580</b>	<b>240</b>	<b>173,282</b>	<b>168,316</b>	<b>(4,966)</b>

## Performance against Expenditure plan - Workforce

Monthly Expenditure (£)				
As at December 2020	Dec-20	Nov-20	Dec-19	YTD
	£000's	£000's	£000's	£000's
<b>Budgeted Costs in-month</b>	16,577	16,172	14,483	144,207
<b>Substantive Staff</b>	15,565	15,014	13,352	134,457
Medical Agency Staff	153	82	171	1,489
Medical Locum Staff	351	306	354	2,800
Additional Medical Sessions	251	179	142	2,402
Nursing Agency Staff	70	23	122	569
Nursing Bank Staff	516	475	400	3,902
Other Agency Staff	62	46	73	466
Other Bank Staff	239	217	161	1,899
Overtime	130	109	56	1,021
On Call	87	94	79	752
<b>Total Temporary Expenditure</b>	<b>1,859</b>	<b>1,531</b>	<b>1,557</b>	<b>15,301</b>
<b>Total Expenditure on Pay</b>	<b>17,424</b>	<b>16,545</b>	<b>14,910</b>	<b>149,758</b>
Variance (F/(A))	(847)	(373)	(427)	(5,551)
Temp. Staff Costs as % of Total Pay	10.7%	9.3%	10.4%	10.2%
memo: Total Agency Spend in-month	285	151	366	2,525



Monthly WTE				
As at December 2020	Dec-20	Nov-20	Dec-19	YTD
	WTE's	WTE's	WTE's	WTE's
<b>Budgeted WTE in-month</b>	4,190.7	4,191.7	3,898.4	38,125.4
<b>Substantive Staff</b>	3,922.8	3,887.8	3,626.5	34,164.9
Medical Agency Staff	10.6	10.8	11.1	136.7
Medical Locum Staff	26.5	29.0	30.3	245.4
Additional Medical Sessions	7.5	3.2	5.9	45.7
Nursing Agency Staff	16.4	3.6	16.2	117.7
Nursing Bank Staff	153.1	139.1	120.2	1,167.9
Other Agency Staff	15.1	8.7	11.4	91.5
Other Bank Staff	89.5	86.6	64.7	752.2
Overtime	30.3	27.2	13.9	268.5
On Call	5.2	6.4	6.8	57.5
<b>Total Temporary WTE</b>	354.2	314.7	280.5	2,883.2
<b>Total WTE</b>	<b>4,277.0</b>	<b>4,202.5</b>	<b>3,907.0</b>	<b>37,048.1</b>
Variance (F/(A))	(86.3)	(10.9)	(8.5)	1,077.3
Temp. Staff WTE as % of Total WTE	8.3%	7.5%	7.2%	7.8%
memo: Total Agency WTE in-month	42.1	23.1	38.7	346.0



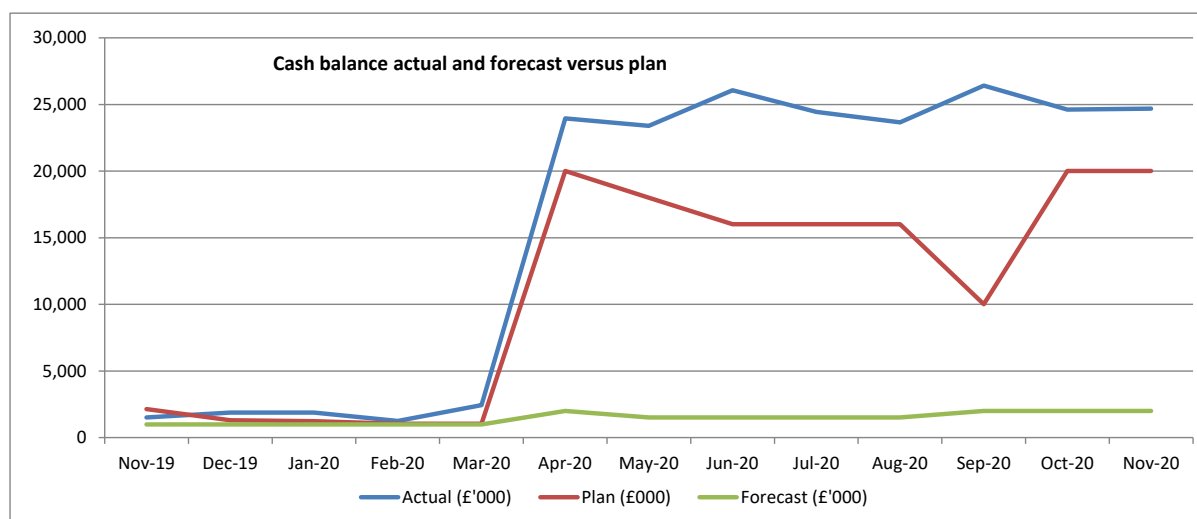
## Balance Sheet

### STATEMENT OF FINANCIAL POSITION

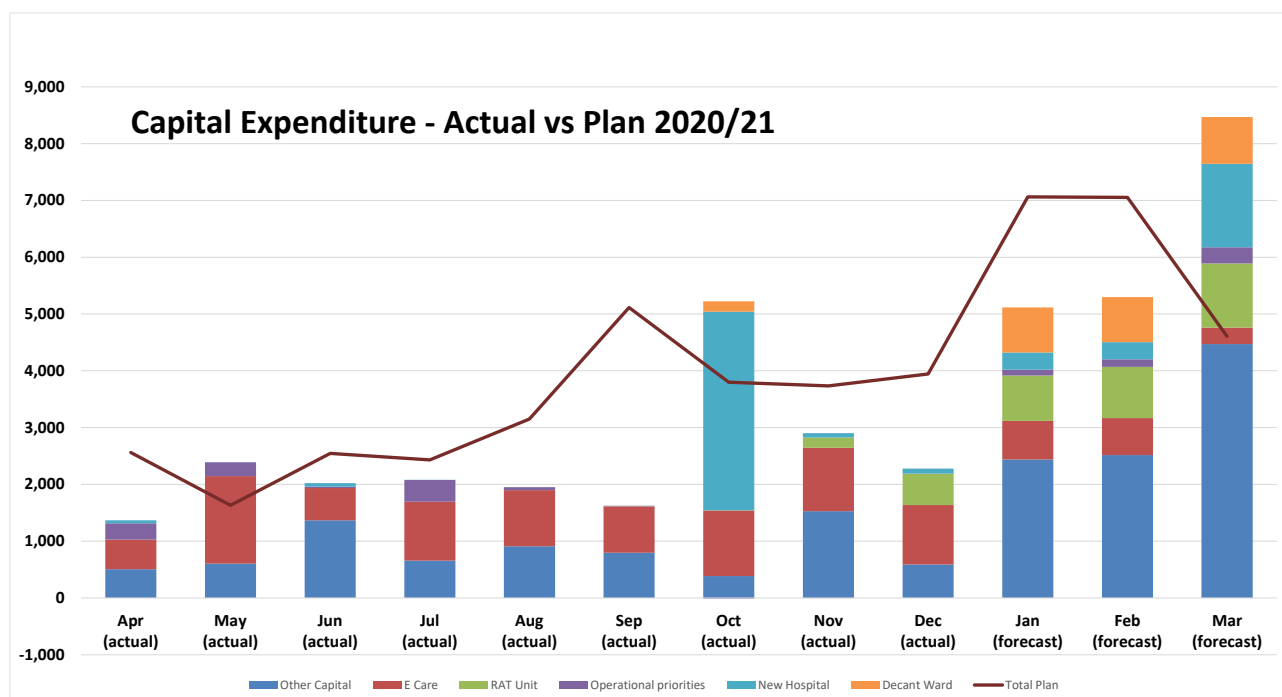
	As at		Plan		Plan YTD	Actual at	Variance YTD
	1 April 2020	31 March 2021	31 December 2020	31 December 2020			
	£000	£000	£000	£000	£000	£000	£000
Intangible assets	40,972	48,986	45,743	44,236	(1,507)		
Property, plant and equipment	110,593	142,614	129,957	123,880	(6,077)		
Trade and other receivables	5,707	6,366	6,366	5,707	(659)		
<b>Total non-current assets</b>	<b>157,272</b>	<b>197,966</b>	<b>182,066</b>	<b>173,823</b>	<b>(8,243)</b>		
Inventories	2,872	3,000	3,000	3,369	369		
Trade and other receivables	32,342	18,000	18,000	20,699	2,699		
Cash and cash equivalents	2,441	2,005	20,005	23,745	3,740		
<b>Total current assets</b>	<b>37,655</b>	<b>23,005</b>	<b>41,005</b>	<b>47,813</b>	<b>6,808</b>		
Trade and other payables	(33,692)	(30,838)	(30,302)	(37,357)	(7,055)		
Borrowing repayable within 1 year	(58,529)	(3,200)	(3,200)	(4,669)	(1,469)		
Current Provisions	(67)	(70)	(70)	(57)	13		
Other liabilities	(1,933)	(2,000)	(22,000)	(24,869)	(2,869)		
<b>Total current liabilities</b>	<b>(94,221)</b>	<b>(36,108)</b>	<b>(55,572)</b>	<b>(66,952)</b>	<b>(11,380)</b>		
<b>Total assets less current liabilities</b>	<b>100,706</b>	<b>184,863</b>	<b>167,499</b>	<b>154,684</b>	<b>(12,815)</b>		
Borrowings	(52,538)	(51,358)	(52,672)	(51,529)	1,143		
Provisions	(744)	(750)	(750)	(744)	6		
<b>Total non-current liabilities</b>	<b>(53,282)</b>	<b>(52,108)</b>	<b>(53,422)</b>	<b>(52,273)</b>	<b>1,149</b>		
<b>Total assets employed</b>	<b>47,424</b>	<b>132,755</b>	<b>114,077</b>	<b>102,411</b>	<b>(11,666)</b>		
<b>Financed by</b>							
Public dividend capital	74,065	164,063	143,057	129,054	(14,003)		
Revaluation reserve	6,942	6,900	6,900	6,942	42		
Income and expenditure reserve	(33,583)	(38,208)	(35,880)	(33,585)	2,295		
<b>Total taxpayers' and others' equity</b>	<b>47,424</b>	<b>132,755</b>	<b>114,077</b>	<b>102,411</b>	<b>(11,666)</b>		

The cash at bank as at the end of December 2020 is £23.7m.

### Cash flow forecast for the year compared to actual



## Capital Progress Report



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Forecast	Forecast	Forecast	2020-21
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
E Care	520	1,541	568	1,037	988	813	1,156	1,118	1,048	681	653	289	10,412
RAT Unit	0	0	0	0	0	4	1	177	550	800	900	1,133	3,565
Operational priorities	289	243	24	382	52	11	-12	-1	2	100	135	281	1,506
Decant ward	0	0	0	0	0	0	181	0	0	794	794	825	2,594
New Hospital	51	2	62	3	0	0	3,501	78	90	302	302	1,471	5,862
Other Schemes	507	605	1,369	658	911	797	385	1,529	589	2,438	2,515	4,470	16,773
<b>Total / Forecast</b>	<b>1,367</b>	<b>2,391</b>	<b>2,023</b>	<b>2,080</b>	<b>1,951</b>	<b>1,625</b>	<b>5,212</b>	<b>2,901</b>	<b>2,279</b>	<b>5,115</b>	<b>5,299</b>	<b>8,469</b>	<b>40,712</b>
<b>Total Plan</b>	<b>2,562</b>	<b>1,632</b>	<b>2,546</b>	<b>2,430</b>	<b>3,151</b>	<b>5,113</b>	<b>3,799</b>	<b>3,734</b>	<b>3,945</b>	<b>7,063</b>	<b>7,053</b>	<b>4,608</b>	<b>47,636</b>

The initial capital budget for the year was approved at the Trust Board Meeting in January 2020. The capital programme is under constant review and there have been a number of amendments made since it was approved.

The Coronavirus pandemic has had a significant impact on the capital programme both in terms of the items on the capital programme and the timing. The ED (Emergency Department) scheme is now being deferred indefinitely and the decant ward has been delayed; these are the main reasons for the reduction in the forecast capital expenditure figure. However, expenditure on the new hospital has been forecast the figures include the purchase of Hardwick Manor. The prime focus of the programme has been to support the Coronavirus response with significant expenditure on medical equipment, building works and IT including greater provision of home working. The figures shown are as submitted to NHSI these have remained unchanged since the previous month. The forecast is currently in line with the plan. Meeting the forecast will be challenging. Ecare figures reflect the latest forecast position.

### Recommendation:

To note the summary report.








## 12. WSFT people plan (enclosed)

To receive an update on progress and  
future plans

For Reference

Presented by Jeremy Over

## Council of Governors – Thursday 11 February 2021

<b>Agenda item:</b>	12						
<b>Presented by:</b>	Jeremy Over, Executive Director of Workforce and Communications						
<b>Prepared by:</b>	Jeremy Over, Executive Director of Workforce and Communications						
<b>Date prepared:</b>	01 February 2021						
<b>Subject:</b>	Update on the WSFT People Plan						
<b>Purpose:</b>	✓	For information				For approval	
<p><b>Introduction and background</b></p> <p>Our West Suffolk People Plan is founded on the feedback and experience of our staff and ‘what matters’ to them.</p> <p>Our team of ‘What Matters to You’ facilitators fed back to the Board in August the overarching themes from their work (including the BWLG survey of medical staff, and learning from the staff psychological support service), and we have shared those ‘top 5’ messages with staff through Green Sheet. This involved around 2,000 staff feeding in their views through surveys and discussion workshops.</p> <p>In addition the NHS has published its national People Plan for 2020/21 which sets out a number of priorities for NHS organisations to take forward, predominantly informed by the learning during COVID and how we respond. It has been deemed beneficial to align these two drivers and have a clear plan for what happens next. This is over and above the plans contained with the ‘culture’ actions that form part of the WSFT Improvement Programme Board structure.</p> <p>We also received positive feedback on the 5 o’clock club session, learning from Mersey Care’s approach to a just and learning culture.</p> <p>We have therefore built all of these priorities into our West Suffolk People Plan, which has been endorsed by the Board of Directors.</p> <p>The attached paper provides Governors with an update on recent activity to take forward our West Suffolk People Plan.</p>							
<b>Trust priorities</b> <i>[Please indicate Trust priorities relevant to the subject of the report]</i>	<b>Deliver for today</b>		<b>Invest in quality, staff and clinical leadership</b>			<b>Build a joined-up future</b>	
	✓		✓			✓	
<b>Trust ambitions</b> <i>[Please indicate ambitions relevant to the subject of the report]</i>							
	<i>Deliver personal care</i>	<i>Deliver safe care</i>	<i>Deliver joined-up care</i>	<i>Support a healthy start</i>	<i>Support a healthy life</i>	<i>Support ageing well</i>	<i>Support all our staff</i>
							✓

<b>Previously considered by:</b>	N/A
<b>Risk and assurance:</b>	Research demonstrates that staff that feel more supported will provide better, higher quality and safer care for our patients.
<b>Legislation, regulatory, equality, diversity and dignity implications</b>	Certain themes related to culture are reflective of legislation such as the Equality Act, and regulations such as freedom to speak up / protected disclosures.
<b>Recommendation:</b>	
To note and discuss the attached update.	

## West Suffolk NHS Foundation Trust - Council of Governors

### Our West Suffolk People Plan - “What Matters” to our staff

In November the Board received and endorsed our West Suffolk People Plan, drawn directly from the ‘bottom-up’ feedback from staff through our ‘What Matters to You’ (WMTY) programme, the learning from supporting staff through our enhanced staff psychological wellbeing service, the national People Plan, and learning from Mersey Care’s cultural transformation through adopting a ‘just and learning culture’.

The plan identifies a set of priorities for the next six months, aligned with the five themes of feedback from the WMTY work:

- WMTY 1: Promote the value of great line management
- WMTY 2: Creating an empowering culture
- WMTY 3: Build relationships and belonging at WSFT
- WMTY 4: Appreciating All Staff
- WMTY 5: The Future and Recovery

The impact of the pandemic has meant that a detailed action tracker remains in development, as we have focused our time and attention on delivery of improvements and interventions that are needed *now*, as a priority. A number of these are included in the summary discussion below:

#### **WMTY1: Promote the value of great line management:**

The ongoing pandemic is continuing to highlight the positive impact good line management can have on staff and the value that it brings is clear. While the winter period will continue to place massive pressure on our teams, work continues on reviewing current training and development for line managers.

Through discussion with the Covid workforce group and the leads of our cultural work, we are developing a shift brief / debrief checklist for managers, to support great leadership, teamwork and staff well-being. This is founded on the human factors approach, with particular recognition of the importance of maintaining well-being during times of pressure and stress. We plan to launch this next week.

#### **WMTY2: Creating an empowering culture**

The ongoing work to provide an empowering culture is the golden thread throughout the West Suffolk People Plan.

In order to support this work a ‘*supporting staff in stressful times*’ survey was conducted. The purpose of this project was not whether to improve the support provided to staff in these situations, rather how best to do it. It asked for staff experiences during a range of events from patient complaints, attendance at coroners court to participation in HR processes.

There were over 200 responses to this survey. The data gives insight into the experiences of staff and has already been used to support HM Senior Coroner, Nigel Parsley, talking about inquests and coroner’s court at the 5 o’clock club on 21<sup>st</sup> January, which had strong attendance and participation from our staff.

The qualitative data shows that going to a coroners court not only impacts on the emotional wellbeing but also on the time of a clinician, which in turn has a detrimental impact on patient care: "I had to then cancel clinical days to attend legal debriefs - when no-one asked me anything at all about the case or the statement I had written."

Key words that came up were:



This helped us develop our appreciation of the impact on individuals when they are in these situations and what worked well and what would have benefitted staff. It also highlighted two themes: the need for a clear offer of support offered at the start of the incident, and the importance of civility amongst colleagues.

### **WMTY3: Build relationships and Belonging at WSFT**

The impacts of working during Covid-19 continue to influence this priority. The equality, diversity & inclusion action plan is on-going and training and we will be using the result of the 2020 Staff Survey to further develop key strategies.

Further discussions have taken place with Dr Sinha, BAME Staff Network Chair to support his role, provide capacity and promote the role of the network, the next meeting of which is planned for February. This work is ongoing and the Board will be updated verbally.

We will also be monitoring take-up of the Covid vaccine by ethnicity, to provide assurance around equal access for all our staff.



#### **WMTY4: Appreciating All Staff**

One key deliverable has been prioritising staff safety in relation to COVID/ Winter 20/21, which is ongoing including staff Covid vaccinations. The other key deliverable has been strengthening support for our staff's physical and mental wellbeing, which was a dedicated part of the staff briefing on 19th January 2021. A separate detailed update is provided later in this paper.

We know that it is improving the day-to-day experience at work that is often the most impactful – hence our continued commitment to support such as free hot drinks, car parking, and hot food at night. The impact of social distancing has constrained capacity within our staff rest areas and this has been an issue for a number of our teams. We will be establishing new temporary staff rest areas in two of our courtyards to increase the space available.

#### **WMTY5: The Future and Recovery**

The future and recovery has been shaped by the current pandemic. The working landscape has been irrevocably changed and continuing work is being undertaken to ensure that policies and guidance are updated to reflect that.

The key to a successful recovery will be underpinned by the people plan and the work that is ongoing. It is also the wider SNEE system that will be able to support the WSFT people plan.

Over recent weeks we have established two new and additional communication forums with and for our staff. The first of these is a weekly 'MS Teams Live' forum for staff to hear directly about the current situation with the opportunity for Q&A with the exec directors. This has proven popular with up to 300 staff attending in any one session. The sessions are recorded and made available for playback, with key themes summarised in the next day's staff briefing e-mail. The second is a Facebook group for all staff. This has proven popular with over 1,200 joining in the first month. The most noticeable benefit has been the ability for staff to share their 'story' and experience of working at WSFT with colleagues, breaking down the barriers between teams and departments.

Our People Plan commits to the ongoing use of the WMTY-style discussion groups for staff. Given the particular impact on staff working in ITU and Theatres at the current time, our WMTY facilitators are undertaking some sessions for staff in these teams to provide a safe place for reflection, discussion and organisational learning – in order that we may further support these teams as much as we can with what they need.

Recruitment and education planning has, similarly, been focused on the support that is provided at this moment in time. Recruitment to key roles continues, to ensure there is no backlog in recruitment activity. We have also developed and implemented an incentive scheme for our registered nurse, midwife and AHP bank workers, to support safe staffing levels.

**Jeremy Over**  
**Executive Director of Workforce & Communications**  
01 February 2021

## 13. Future Systems (enclosed)

To receive an update

For Reference

Presented by Angus Eaton

<b>REPORT TO:</b>	Council of Governors
<b>MEETING DATE:</b>	11 February 2021
<b>SUBJECT:</b>	Future system report
<b>AGENDA ITEM:</b>	13
<b>PREPARED BY:</b>	Craig Black, Executive Director for Resources Gary Norgate, Programme Director
<b>PRESENTED BY:</b>	Angus Eaton, Non-Executive Director
<b>FOR:</b>	Information

**The following paper was written as a general update on the activities of the Future Systems Programme. It is included here to provide the Council of Governors with an overview of progress.**

Since last month's discussion with Governors regarding the Future Systems Programme and the content for the strategic outline case (SOC), we have finalised the first draft of the document and started to present it to key stakeholders. Feedback is broadly supportive, but not without reasonable challenge, the following paper outlines some of these challenges and our responses along with a general update on progress.

**Estates** – Since ratifying the choice of Hardwick Manor as our preferred site for a new Hospital, our Estates team have been busy working with our planning colleagues to identify all of the risks that could cloud a planning application, e.g. veteran trees, endangered wildlife, specific highway restrictions etc. Having identified a detailed risk list, the team are now working on the mitigations which include; negotiations with local land owners on the potential to lease space for storage and on joint initiatives which may yield a wider range of highways options. Following our announcement of Hardwick Manor, we have held three public events at which we encouraged discussion of objections, all of which have been noted and are reflected in our risk list. The Estates team have submitted changes to the local plan, highlighting that we are unlikely to progress with Westley as a site for a new Health and Care facility and that our preference is to retain our Hardwick Lane site and Hardwick Manor for this purpose. As part of the SOC process we have been encouraged to reflect the impact of modern methods of construction and the need to produce net zero carbon. Our architects, Ryder, and other members of our technical team, are helping in both areas and have provided input into the SOC. Ryder have also helped us gain additional information into the co-produced Texas hospital that inspired us in the creation of our own co-production approach. Finally, the Estates team are providing expert input into the clinical workstream as it considers the design of generic / repeatable rooms.

**Clinical Design** – Phase 1 of the clinical modelling is now complete. The next phase, which will be completed over the following 6-8 weeks, will focus on training our clinical contributors on the areas that they will need to consider when embarking on the more detailed design requirements of the outline business case. Three sets of four different workshops have been scheduled:

- 1) Understanding the business case requirements and process
- 2) Realising the service vision – (including opportunities for both vertical and horizontal integration)
- 3) Understanding Flow – exploring the association between different rooms
- 4) Demand and capacity planning.

Feedback on our SOC rightly highlighted the need for a full discussion of the benefits that could stem from system-wide provider collaboration. The strategic outline does not require this level of detail, however, realising the efficiency and experiential gains outlined in the case are dependent upon the system working together, hence, Helena Jopling is working on the creation of a framework for a clinically led exploration of said benefits and a dedicated period of time has been built into the project plan to ensure this is completed.

In addition, a clinical peer review of the clinical model took place on 12 January and the development of the designs for repeatable rooms (facilities management, clerical and administration) is underway. Next steps include relating the digital blueprint to the clinical model and the development of the community model that will underpin the clinical model (meetings are planned with the Alliance and transformation teams).

**Financial and economic cases** – The financial and economic cases within the SOC have been built observing the need for capital and revenue affordability. The revenue case has been built using activity growth rates that have been agreed with the clinical commissioning group, this approach ensures alignment whilst leaving a flat future revenue profile. The capital envelope is, however, unknown and the programme team have adopted an approach of benchmarking the capital cost of its preferred option (new facility built to modern standards with an optimised clinical model on Hardwick Manor) to that of Princess Alexandra Hospital in Harlow (a hospital improvement programme (HIP) wave 1 trust currently progressing its outline business case).

At this stage, all of the investment costs of the potential programme are centred upon the build of a new facility, this is obviously not where we want to end up (as per our strategic principles we want investment to follow service), however, it is in line with the business case process that suggests our financial cases at this stage should be c.30% developed. In submitting the SOC at this point in time, the programme team hope to:

- Encourage a discussion on the phasing of our programme (our existing building has a limited future life, we believe we have a strong, well developed case that supports prompt investment)
- Tease out the size of our capital envelope – so we know what we are working with
- Inform the local system of the potential revenue impact of the programme.

**Structure** – Although not strictly a workstream within the Future System Programme, we cannot ignore the impact that the infrastructure challenges faced by WSFT have upon the strategic case and timeline for the construction of a new hospital. In the last month, the report from Attain, our consultant partners, has been worked on and developed to a point where its first issue is imminent. Next steps will be to consider the benefits to be gained from system-wide provider collaboration – activities that will be progressed as a part of the clinical workstream of the Future System programme, as discussed above. In parallel, the Trust continues to develop its plans for additional maintenance, strengthening and repair and has received planning permission for the erection of additional ward space which will be provided in a way that means it could be re-used as part of a future system build.

All in all, a period in which the strategic outline case has been socialised and for which support has been secured. This is an excellent milestone to have met, however, work continues apace with clinical design and estates planning to ensure we maintain momentum towards securing funding for our new facility.

As agreed the Future System Programme will continue to report to the Council of Governors to outline overall performance and progress through reports such as this. We will also work closely with the Governors' engagement committee to ensure effective and join-up approach to engagement activities focused towards relevant areas of the programme.

**Recommendation:**

To note the report.

14. Trust's strategy update (enclosed)

To note progress and future timescale

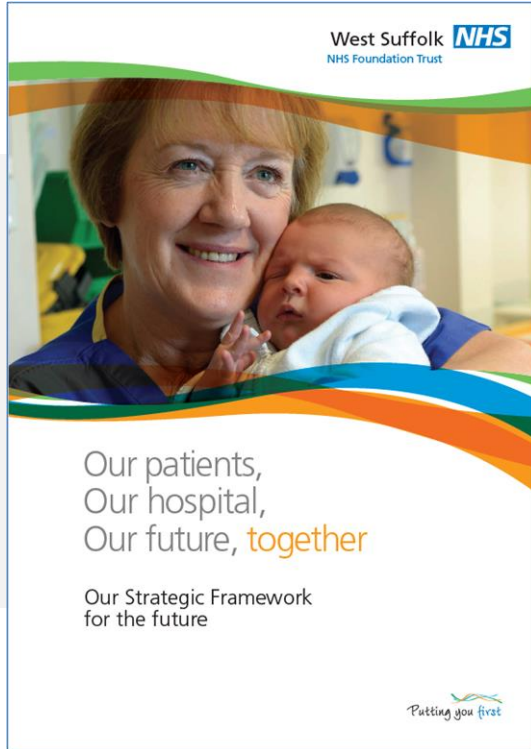
For Reference

Presented by Helen Davies



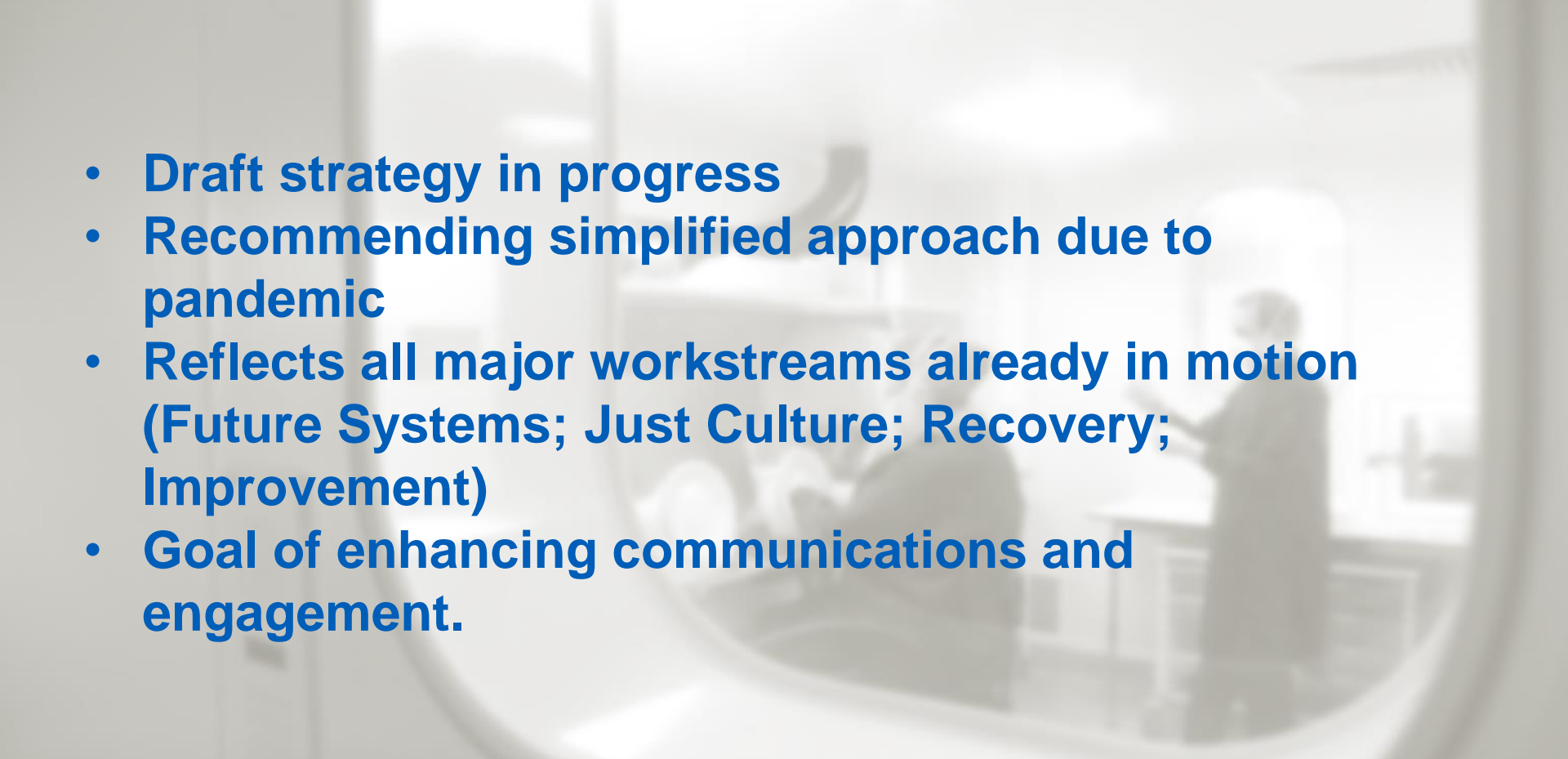
# Trust strategy 2021 and beyond

West Suffolk NHS Foundation Trust



# The Trust is due to renew its five-year corporate strategy



- 
- **Draft strategy in progress**
  - **Recommending simplified approach due to pandemic**
  - **Reflects all major workstreams already in motion (Future Systems; Just Culture; Recovery; Improvement)**
  - **Goal of enhancing communications and engagement.**

# Current direction

## One vision

To deliver the best quality and safest care for our community



## Three priorities

Deliver for today | Invest in quality, staff and clinical leadership | Build a joined-up future

## Seven ambitions



Putting you first

# Proposed direction

## Vision:

Deliver the best quality and safest care for our community

### Priority 1: First for our patients

- Deliver high quality, safe care
- Undertake research and innovation to improve care and outcomes.

### Priority 2: First for our staff

- Improve culture and communication
- Support staff well-being
- Invest in education, training and workforce development.

### Priority 3: First for the future

- Deliver joined-up care for our local community
- Invest in infrastructure, buildings and technology.

## Underpinned by our First Trust Values

Focused on patients; Integrated; Respectful; Staff focused; Two-way communication

# Engagement is key:

- **Listening through the pandemic – What Matters To You, Better Working Lives, future engagement as part of recovery**
- **Annual NHS staff survey**
- **Will reflect clinical engagement from Future Systems – provides opportunities for further consultation and co-production**
- **Further draft will go through test panel and Board.**



## Metrics

- **Measure what matters – how care feels to the people we look after and the people who provide it**
- **Focus on quality improvement.**

# Timeline

- **Potentially late Spring/early Summer 2021**
- **Significant uncertainty (Covid-19, Rapid Review, Recovery) means exact timescales are difficult to ascertain**
- **Updated strategy is an opportunity to look to the future and launch next exciting chapter of the Trust.**



# Questions for you

- **Do you agree with moving away from the seven ambitions to streamline the way we present the strategy?**
- **Is late spring/early summer a reasonable (draft) timeframe to launch?**
- **What else should we be thinking about at this stage, what have we missed?**
- **Volunteers readers/reviewers (in due course)?**

**Thank you: any questions?**



## 15. Subcommittees of the Council of Governors (enclosed)

To approve/elect membership of sub-committees:

a) Engagement Committee – minimum 5 governors plus lead governor

b) Nominations Committee – Chair, 3 public governors, lead governor, 1 staff governor and 1 partner governor

For Approval

Presented by Sheila Childerhouse and Richard Jones

<b>REPORT TO:</b>	Council of Governors
<b>MEETING DATE:</b>	11 February 2021
<b>SUBJECT:</b>	Sub-Committees of the Council of Governors
<b>AGENDA ITEM:</b>	15
<b>PREPARED BY:</b>	Georgina Holmes, FT Office Manager
<b>PRESENTED BY:</b>	Richard Jones, Trust Secretary & Head of Governance
<b>FOR:</b>	Approval

## 1. Background

The Council of Governors has two established sub-committees to support its processes and decision making:

- Engagement Committee; and
- Nominations Committee.

Following the election to the Council of Governors it is appropriate to re-establish the membership of these committees based on the newly elected governing body.

## 2. Nominations for committees

On 1 February governors were invited to self-nominate to join one or both of these committees, providing a short paragraph explaining why they would like to become a member of the committee. The closing date for nominations was 4 February 2021

### (a) Nominations Committee

This Committee supports the Council of Governors in decisions regarding the appointment, appraisal and remuneration of Non-executive Directors.

The composition of the Committee is drawn from the Public, Staff and Partner Governors. This ensures input from across the Council's composition.

- Chair of the Trust (Chair)
- Four Public Governors (one of whom should be the Lead Governor)
- One Staff Governor
- One Partner Governor

The following nominations have been received within each of these groups:

- Public – Roy Mawford, Joe Pajak, Jayne Skinner (three seats)
- Partner - Carol Bull (one seat)
- Staff – Martin Wood (one seat)

### **(b) Engagement Committee**

This Committee plays an important role in structuring and delivering the Trust’s public engagement strategy.

The membership of the committee comprises at least six Governors, including the lead governor.

The following nominations have been received. Therefore, at least one further nomination is sought from governors.

Florence Bevan (Public)  
Robin Howe (Public)  
Ben Lord (Public)  
Laraine Moody (Partner)

### **3. Recommendation**

- (i) The Council of Governors is asked to approve the nominations to for the Nominations Committee.
- (ii) For the Engagement Committee, the Council of Governors is asked to:
  - a. approve the nominations to join the Committee
  - b. invite any other Governors interested in supporting the work of the Committee to contact Georgina Holmes.

**16. Governor Development/Training  
(enclosed)**

**To approve a proposal for future governor  
development**

For Approval

Presented by Richard Jones

<b>REPORT TO:</b>	Council of Governors
<b>MEETING DATE:</b>	11 February 2021
<b>SUBJECT:</b>	Governors training and support
<b>AGENDA ITEM:</b>	16
<b>PREPARED BY:</b>	Richard Jones, Trust Secretary & Head of Governance
<b>PRESENTED BY:</b>	Richard Jones, Trust Secretary & Head of Governance
<b>FOR:</b>	Approval

## 1. Introduction

Since the elections a range of induction, briefing and training sessions have been held to support new Governors and provide refresher sessions for existing Governors. Despite the social distancing restrictions these virtual sessions have also provided an opportunity for Governors and staff to meet and get to know each other.

The purpose of these sessions is to clarify the role of the Governors and support them in their role in:

- **representing the interests of members and the public**
- **holding the NEDs to account for the performance of the Board.**

## 2. Proposal

Building on these events it is proposed to include a focus on the following going forward:

- a. **Second NHS Providers session**, jointly with Governors and NEDs:
  - o Confidentiality and transparency
  - o Relationship between Governors, NEDs and Executives – effective questioning
- b. **Engaging and activating members** – session to promote best practices
- c. **System working**, including: integrated care system (ICS) and Alliance – facilitated joint session with NEDs
- d. **Strategy and operational plans** for 2021/22 – joint session with NEDs and Executives to review strategy and operation plans (timing to be confirmed following national guidance)
- e. **Briefings on progress with identified ‘ongoing issues’** which include: community IT; pathology; Trust strategy; WSFT people plan; future systems programme (including structural remediation); and Covid response and recovery

## 3. Recommendation

The Council of Governors:

- approve the focus of future sessions proposed above
- receive and consider suggestions for other topics to support Governors in their role

# 17. Annual quality report and operational plan (enclosed)

For Reference

Presented by Richard Jones

<b>REPORT TO:</b>	Council of Governors
<b>MEETING DATE:</b>	11 February 2021
<b>SUBJECT:</b>	Annual quality report and operational plan
<b>AGENDA ITEM:</b>	Item 17
<b>PREPARED BY:</b>	Richard Jones, Trust Secretary & Head of Governance
<b>PRESENTED BY:</b>	Richard Jones, Trust Secretary & Head of Governance
<b>FOR:</b>	Approval

## 1. Introduction

This report asks the Council of Governors to make decisions on:

- a) Identify Governors to act as readers for the Operational Plan and put in place a process to engage Governors in the refreshed plan
- b) Identify Governors as readers for the Annual Quality Report

It is regrettable that the timing of some of these requirements is not currently clear, as we are awaiting the publication of national guidance. But we wanted to use the opportunity of this meeting to set out the arrangements as far as possible and seek volunteers to support the process by acting as 'readers' for the documents going forward.

## 2. Proposal

### (a) Governor readers and engagement for the Operational Plan

The guidance from NHSI to refresh operational plans for 2021-22 has not yet been issued but is expected to focus on system-based plans with Board oversight of operational planning to ensure credible, Board-approved plans, against which in-year performance can be judged. First drafts of plans are usually required for April but this timescale is likely to be delayed while trusts respond to the Covid pandemic.

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

- (i) A joint board and governor workshop to review the operational plan is scheduled to fit within the drafting process (timing to be confirmed). The purpose of this session will be to ensure that there is a shared understanding of the operational plan and seek the views of Governors.
- (ii) Up to three Governors are identified as readers for the draft operational plan. This will be to ensure that, while complying with the requirements of the guidance, the document remains accessible for the public in terms of its language and the explanation of proposals.

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

### **(b) Readers for the Annual Report (including aspects for the quality reporting)**

A key document that the Trust produces each year is our Annual Report. This normally includes the annual quality report\* but pending detailed national guidance it has been indicated that this will change for 2020/21 reporting to reflect Covid pressures.

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

Readers will receive the draft Annual Report for comment (timing to be confirmed). The document is likely to be approximately 125 pages in length and it would be expected that comments will be received within two weeks to allow the submission of the final report to the Board.

\* *One of the responsibilities of the Council of Governors has previously been to agree a locally defined quality indicator to be tested by our external auditors as part of their review of the Annual Report. As indicated this will not be available for 2020/21 as this requirement has been withdrawn.*

### **3. Recommendation**

1. Governors note the planned joint Board and Governor workshop to be scheduled to consider the refreshed operational plan
2. Governors seek nominations for up to three governors to act as readers of the draft operational plan
3. Governors seek nominations for up to three governors to act as readers of the Annual Report, including quality reporting



**18. Register of interests (enclosed)**  
**To review the register of governors'**  
**interests**

For Reference

Presented by Richard Jones

<b>REPORT TO:</b>	Council of Governors
<b>MEETING DATE:</b>	11 February 2021
<b>SUBJECT:</b>	Register of Governors' Interests
<b>AGENDA ITEM:</b>	18
<b>PREPARED BY:</b>	Georgina Holmes, FT Office Manager
<b>PRESENTED BY:</b>	Richard Jones, Trust Secretary & Head of Governance
<b>FOR:</b>	Information

## 1. Introduction

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

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

## 2. Recommendation

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

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

## REGISTER OF GOVERNORS' INTERESTS SUMMARY

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

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

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

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

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

	Declared Interest	Date Reviewed
<b>Trust Chair</b>		
Sheila Childerhouse	Partner in T&D Childerhouse farming company Trustee of the East Anglia's Children's Hospices Director of Charles Burrell & Sons (dormant company) Associate Oliver & Co Sole Trader as Childerhouse Consulting	11 February 2021
<b>Staff Governors</b>		
Rachel Darrah	Work once a week for 2-3 hours at BMI St Edmunds which has some NHS contracts. Personally report a few x-rays and do ultrasound scans on some NHS at the BMI	11 February 2021
Sarah Judge	Nil	11 February 2021

	Declared Interest	Date Reviewed
Amanda Keighley	Chairperson of Brockley Community Council (registered charity)- which is a village events organising committee not related to health or social care per say.	11 February 2021
Sarah-Jane Relf	Director of S J Relf consulting Associate Trustee of St Nicholas Hospice	11 February 2021
Martin Wood	Admitting rights at BMI Bury St Edmunds Hospital NHS Community carpal tunnel pathway patients treated.	11 February 2021
<b>Nominated Partner Governors</b>		
Clr Carol Bull	Trustee of Guildhall Feoffment Trust (appointed by West Suffolk Council)	11 February 2021
Dr Andrew Hassan	Wife owns a dental practice holding an NHS contract Trustee of Zoological Society of East Anglia	11 February 2021
Clr Rebecca Hopfensperger	A Cabinet Member of Suffolk County Council, responsible for adult social care. I work with NHS colleagues; Suffolk County Council works with contracts with and commissions NHS services.	11 February 2021
Laraine Moody	Nil	11 February 2021
Dr Thomas Pulimood	Trustee of Friends of Vellore UK Consultant West Suffolk NHS Foundation Trust Honorary Consultant Addenbrooke's Honorary Consultant Papworth	11 February 2021
Sarah Steele	Treasurer of the Friends of West Suffolk Hospital	11 February 2021
<b>Public Governors</b>		
Gordon Baynes	Nil	11 February 2021
Florence Bevan	Director: Pentland Consulting Ltd Chair of UK charity Family Link Myanmar; humanitarian charity working in Myanmar only	11 February 2021
Derek Blackman	Nil	11 February 2021

	Declared Interest	Date Reviewed
Robin Howe	Nil	11 February 2021
Mark Krempel	Director Romark Jewellers Ltd	11 February 2021
Ben Lord	Managing Director, Speedbird Promotions Ltd Managing Director, Speedbird Supplies Ltd Managing Director, Speedbird Concord Ltd Managing Director, Rambling Rose Group Ltd Regional Ambassador, AF Association East Anglia Lead Community Ambassador for Stroke Prevention in Atrial Fibrillation – West Suffolk NHS CCG	11 February 2021
Roy Mawford	None	11 February 2021
Jayne Neal	Volunteer as a patient member of the Patient Participation Group (PPG) at Market Cross Surgery, Mildenhall. The groups seeks to increase patient involvement in the provision of local healthcare and includes discussion around links and services with NHS Trusts, including West Suffolk NHS FT.	11 February 2021
Adrian Osborne	Sudbury Town Councillor Babergh District Councillor Daughter works for NHS Mental Health Trust	11 February 2021
Joe Pajak	Public Governor or Royal Papworth Hospital NHS FT	11 February 2021
Margaret Rutter	Nil	11 February 2021
Jane Skinner	West Suffolk NHS FT volunteer	11 February 2021
Liz Steele	Nil	11 February 2021
Clive Wilson	Director of Broadhaven Ltd; personal consultancy company – no NHS connections Director of Riverside (Wetherby) Management Co Ltd, Leaseholders Association – no NHS connections	11 February 2021

19. Lead Governor report (enclosed)

To receive a report from the Lead  
Governor

Presented by Liz Steele

<b>REPORT TO:</b>	Council of Governors
<b>MEETING DATE:</b>	11 February 2021
<b>SUBJECT:</b>	Report from Lead Governor
<b>AGENDA ITEM:</b>	19
<b>PRESENTED BY:</b>	Liz Steele, Lead Governor
<b>FOR:</b>	Information

We said goodbye and thank you to a number of our governors who were retiring, or for personal reasons had not stood to be governors in the new round. Sheila had sent a piece of cake to our houses which we all shared with a cup of coffee or a drink of something stronger! Thank you very much Sheila for this kind thought.

We all attended a briefing for the new hospital following this meeting. This was welcomed by all.

I would like to welcome all the new Governors as well as those who are long standing. I am sure that by working together we will make a difference and hold the needs of those to whom we represent at the heart of our work.

It is a difficult time to become totally involved and there will be challenges along the way, not least the challenge of not meeting up face to face.

Florence and I meet with Sheila on the second Tuesday of every month so if there is something you wish us to raise then please do send it to me via my email address [liz@lokersteele.co.uk](mailto:liz@lokersteele.co.uk).

Following my re-election, I have attended the following meetings:

- Tuesday 1st December Chaplaincy meeting
- Thursday 3rd December Pre-interview call with candidate for Chief Nurse.
- Thursday 3rd December Lead Governor Area meeting
- Friday 4th December Board Meeting
- Friday 4th December Meeting with Sheila and Florence
- Monday 7th December Welcome and Introduction meeting
- Tuesday 8th December Interviewing for Chief Nurse
- Thursday 10th December Meeting to design the training day in January
- Wednesday 16th December Meeting with Sheila and Florence
- Thursday 17th December Informal Meeting with NEDs and Governors
- Tuesday 12th January Meeting with Sheila and Florence
- Finance training with Craig Black
- Monday 18th January Quality and Performance briefing
- Wednesday 20th January Update on the progress of the New Hospital SOC
- Thursday 21st January 5 O'clock club
- Covid Vaccine update meeting with ICS and community

Monday 25th January Pre-CoG Meeting for governors  
Wednesday 27th January Training Session with Governors  
Friday 29th January Board meeting

I have joined the staff briefings on a Tuesday which have been very informative, thank you for including Governors in these sessions.

Please feel free to email me if you have any issues but questions within our brief should be sent to the generic email address [governorquestion@wsh.nhs.uk](mailto:governorquestion@wsh.nhs.uk).

By using this email address all questions and their answers are sent out to all governors on a monthly basis.

I would like to thank the hospital for allowing governors to have their vaccination.



## 20. Staff Governors report (verbal)

To receive a report from the Staff  
Governors

For Reference

Presented by Amanda Keighley

## 21. Dates for meetings for 2021:

Wednesday 12 May

Thursday 12 August

Tuesday 21 September (Annual Members Meeting)

Wednesday 17 November

For Reference

Presented by Sheila Childerhouse

## 22. Reflections on meeting

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

For Discussion

Presented by Sheila Childerhouse