

COUNCIL OF GOVERNORS MEETING
Thursday 17 June, 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, **17 June 2021 at 17.30 via Microsoft Teams**.

Sheila Childerhouse, Chair

Agenda

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

17.30 GENERAL BUSINESS		
1.	<p>Public meeting The Council of Governors is invited to <u>note</u> the following: “That representatives of the press, and other members of the public, are excluded from the meeting having regard to the guidance from the Government regarding public gatherings.”</p>	Sheila Childerhouse
2.	<p>Apologies for absence To <u>receive</u> any apologies for the meeting.</p>	Sheila Childerhouse
3.	<p>Welcome and introductions To <u>welcome</u> governors and attendees to the meeting and <u>request</u> mobile phones be switched to silent.</p>	Sheila Childerhouse
4.	<p>Declaration of interests for items on the agenda To <u>receive</u> any declarations of interest for items on the agenda</p>	Sheila Childerhouse
5.	<p>Minutes of the previous meeting (enclosed) To <u>note</u> the minutes of the meeting held on 11 February 2021</p>	Sheila Childerhouse
6.	<p>Matters arising action sheet (enclosed) To <u>note</u> updates on actions not covered elsewhere on the agenda</p>	Sheila Childerhouse
7.	<p>Chair's report (enclosed) To <u>receive</u> an update from the Chair</p>	Sheila Childerhouse
8.	<p>Chief executive's report (enclosed) To <u>note</u> a report on operational and strategic matters</p>	Stephen Dunn
9.	<p>Governor issues (enclosed) To <u>note</u> a summary of the questions raised by governors, March – May 2021</p>	Liz Steele

18.05 DELIVER FOR TODAY		
10.	Governor Engagement (enclosed) 10.1 Future systems engagement 10.2 Report from Engagement committee (a) To <u>receive</u> the minutes from the meeting of 22 April 2021, including feedback from the Community Engagement Group (CEG) (b) To <u>approve</u> amendments to Engagement Strategy for 1 April 2021-31 March 2023	Florence Bevan
11.	Summary quality and performance report (enclosed) To <u>note</u> the summary report	Rosemary Mason / Alex Baldwin
12.	Summary finance & workforce report (enclosed) To <u>note</u> the summary report	Louisa Pepper
18.40 INVEST IN QUALITY, STAFF AND CLINICAL LEADERSHIP		
13.	Freedom to Speak Up (enclosed) To <u>receive</u> a report on Freedom to Speak Up	Richard Davies
18.50 BUILD A JOINED-UP FUTURE		
14.	Future Systems – (previously discussed) update on development in action log.	
15.	Trust's strategy update - (previously discussed) update in agenda item 8.	
18.50 GOVERNANCE		
16.	Report from 3i committees To <u>receive</u> feedback from each meeting	R Davies Alan Rose David Wilkes
17.	Annual quality report (to follow) To <u>approve</u> the governor commentary in the Annual Quality Report 2020-21	Liz Steele
18.	Report from Nominations Committee (enclosed) a) To <u>receive</u> a report from the meeting of 17 February 2021 b) To <u>approve</u> amendments to Terms of Reference	Sheila Childerhouse
19.	Lead Governor report (enclosed) To <u>receive</u> a report from the Lead Governor	Liz Steele
20.	Staff Governors report (enclosed) To <u>receive</u> a report from the Staff Governors	Sarah Judge
19.30 ITEMS FOR INFORMATION		
21.	Dates for meetings for 2021 Tuesday 21 September (Annual Members Meeting) Wednesday 22 September Thursday 16 December	Sheila Childerhouse
22.	Reflections on meeting To consider whether the right balance has been achieved in terms of information received and questions for assurance and the Trust's values and behaviours observed.	Sheila Childerhouse
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 February 2021

For Approval

Presented by Sheila Childerhouse

DRAFT

**MINUTES OF THE COUNCIL OF GOVERNORS' MEETING
HELD ON THURSDAY 11 FEBRUARY 2021 AT 17.30pm
Via Microsoft Teams**

COMMITTEE MEMBERS		Attendance	Apologies
Sheila Childerhouse	Chair	•	
Gordon Baynes	Public Governor	•	
Florence Bevan	Public Governor	•	
Derek Blackman	Public Governor	•	
Carol Bull	Partner Governor	•	
Rachel Darrah	Staff Governor	•	
Andrew Hassan	Partner Governor	•	
Rebecca Hopfensperger	Partner Governor	•	
Robin Howe	Public Governor	•	
Sarah Judge	Staff Governor	•	
Amanda Keighley	Staff Governor	•	
Mark Krempel	Public Governor	•	
Ben Lord	Public Governor	•	
Roy Mawford	Public Governor	•	
Laraine Moody	Partner Governor		•
Jayne Neal	Public Governor	•	
Adrian Osborne	Public Governor	•	
Joe Pajak	Public Governor	•	
Thomas Pulimood	Partner Governor	•	
Sarah-Jane Relf	Staff Governor	•	
Margaret Rutter	Public Governor		•
Jane Skinner	Public Governor	•	
Liz Steele	Public Governor	•	
Sarah Steele	Partner Governor	•	
Clive Wilson	Public Governor	•	
Martin Wood	Staff Governor	•	
In attendance			
Richard Davies	Non-Executive Director		
Angus Eaton	Non-Executive Director		
Georgina Holmes	FT Office Manager (<i>minutes</i>)		
Richard Jones	Trust Secretary & Head of Governance		
Rosemary Mason	Associate Non-Executive Director		
Jeremy Over	Executive Director of Workforce & Communications		
Louisa Pepper	Non-Executive Director		
Alan Rose	Non-Executive Director		
David Wilkes	Non-Executive Director		
Mark Price	NHS Providers		
Kim Hutchins	NHS Providers		

GENERAL BUSINESS

21/01 PUBLIC MEETING

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

It was noted that the meeting was being broadcast live via YouTube to enable the public to observe it.

Action

21/02 APOLOGIES

Apologies for absence were noted as above.

21/03 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting, in particular those governors who were attending their first meeting of the Council of Governors.

21/04 DECLARATIONS OF INTEREST

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

21/05 MINUTES OF THE COUNCIL OF GOVERNORS MEETING HELD ON 11 NOVEMBER 2020

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

21/06 MATTERS ARISING ACTION SHEET

The ongoing and completed actions were reviewed and the following updates provided:

- Item 195; further detail on ward accreditation to be provided to a future meeting. The ward accreditation programme had been promoted by the national chief nurse to assess the quality of leadership and strength of individual wards. It was intended that this would inspire and motivate people rather than demotivate them, however his required careful thinking through and due to Covid it had not progressed as quickly as hoped. It was therefore proposed that the target date should be extended until April.

Annex A; the ongoing issues log was reviewed and the following issues discussed:

- Issue 2; transport. It was considered that this should remain an on ongoing issue as due to Covid the situation was not normal which meant that there was not necessarily the demand for patient transport. It was agreed that this should remain on the ongoing issues log and would be reviewed in a few months when the situation became more normal.

ACTION: Patient transport to remain on ongoing issues log for further review when the situation became more normal.

- Issue 3; pathology. This had improved greatly with lots of positives. On 31 October 2020 WSFT had ceased its pathology partnership with ESNEFT and the service been brought back in-house with a view to networking in the future. A considerable amount of investment was being made in this service and accreditation of the labs was being worked towards. The changes and progress that had been made had resulted in a considerable improvement in staff morale.

21/07 CHAIR'S REPORT

- It had been a very challenging time for everyone during this period, particularly for hospital and community staff; everyone had been affected in some way.
- Conversations were now taking place about how to manage recovery taking into account that staff were very tired and the effect that Covid had had on them.
- The governors' frustration around the delay in the rapid review was recognised; it was anticipated that the report would now be available in the spring. In the meantime, the focus had been on learning from this and moving forward, ie a change in culture through Mersey Care, 'What Matters To You' and supporting

R Jones

staff.

- The recruitment process for a new NED/audit chair was currently taking place and there were a number of very good applicants. A meeting of the nominations committee had been arranged to progress this.
- A briefing for governors would be arranged on integration, the work of the integrated care system (ICS) and the future implications of the white paper.

ACTION: schedule governor briefing on the ICS and white paper.

R Jones

21/08 CHIEF EXECUTIVE'S REPORT

- Since the CoG meeting in November when there were only a few Covid patients in the Trust the country had been in lockdown for the majority of the time. During this period the number of Covid patients had peaked at 185, which was nearly four times the number in the first phase, last spring, and had put a great deal of pressure on the hospital and community services.
- There had also been a significant increase in staff sickness or absence due to isolation; this had peaked at 10.5% versus the normal rate of 4%. The Chief Executive paid tribute to staff and teams for their flexibility and willingness to work in different areas and support each other.
- There had been an increase in length of stay which reflected the time that Covid patients had been in the hospital and also issues with staffing in care homes and with care workers.
- There were currently approximately 40 Covid inpatients in the Trust which was similar to the first wave.
- Two additional members had recently been appointed to the staff psychiatric support team had supported just under 500 staff, ie nearly 10% of the workforce.
- The organisation was working hard to improve communication with staff. 200-300 people were now joining the weekly staff briefings which governors were also invited to join.
- The vaccination programme for staff was progressing well; over 15,000 staff and healthcare workers had been vaccinated since 4 January.
- The CQC action plan continued to be focussed on together with the maternity services Ockendon report.
- The ongoing work around culture included presentations at the 5 o'clock club.
- A major investment of £650k in nurse staffing had recently been agreed following completion of the nurse staffing review. This would help to reduce pressure on staff as the organisation moved into the recovery phase. There had been a great deal of national debate on recovery and the need to protect and support staff following Covid.
- The focus continued on accreditation and quality improvement within the Trust and a number of departments/teams had recently achieved accreditation or national recognition including endoscopy, orthopaedics, stroke and catering.
- Hardwick Manor had been announced as the preferred site for the new hospital and work was being progressed on the strategic outline case (SOC).

Q Was the availability of rapid Covid testing kits for staff still an issue?

A Approximately 3000 lateral flow device (LFD) kits had already been issued to staff and a further delivery had recently been received which would be sufficient for staff who were waiting for them. WSFT had the best reporting performance for these tests across the east of England, ie just over 50% vs the regional average of approximately 20%.

Q Was the investment in of £650k staff for permanent staff?

A Yes, this would be an ongoing process.

Q The Chief Executive's report highlighted the amount of work being undertaken by the executive team and organisation despite the challenges. Reflecting on the complexities and intensity of work of the executive team, was there a need for a new sub-committee of the Council of Governors to look at forward and future planning and enable governors to draw on more of the detail than could be covered in meetings, eg future system and strategy update? This would enable governors to feel more empowered and engaged in these areas and also help them to support the team.

A The role of governors and contribution they could make would be considered at the joint governor/NED development day on 9 March. Ongoing training/briefings would also be considered in order to ensure that governors were informed of future developments.

ACTION: ensure governors were appropriately briefed on future plans and developments of the Trust to enable them to fulfil their role.

Q Governors had previously been given a tour of the very impressive new staff accommodation. Was this being utilised by staff, particularly over the past months, as this was a good area for rest and recuperation?

A Yes, this was nearly always full with long-term and short-term residents, including medical students. It was also very useful in relation to international recruitment and had provided free accommodation for staff at times during the pandemic to enable them to stay away from home in order to protect their families.

Q Appointments for blood tests were now required at Newmarket hospital. Could more publicity to be done about this as people were used to just turning up?

A The communications team were aware of this.

21/09 GOVERNOR ISSUES

Q Re the response to question 1, what was the policy on staff who had not had a vaccination working in a frontline situation, for their own safety as well as patients?

A As more was understood about the vaccine national decisions would be made about mandatory requirements for frontline workers. Flu vaccinations were also not mandatory and discussions would continue.

- Re question 3; it was explained that an additional complication relating to the recovery plan would be the RAAC plank remediation programme.

DELIVER FOR TODAY

21/10 SUMMARY QUALITY & PERFORMANCE REPORT

- In the context of quality and performance this had probably been the most challenging that the Trust had experienced in its history.
- Staff sickness/absence had been higher than normal which meant that staff had to be more flexible, however at no time has there been unsafe staffing.
- Applications from nursing staff and other health care professionals had increased which was positive news.

S
Childerhouse
/ R Jones

- The number of falls and pressure ulcers remained at similar rates and continued to be monitored.
- Complaints had increased slightly which was not unexpected, particularly due to staffing issues.
- The clinical helpline had been reinstated which was manned by clinically trained staff who communicated directly with families. During the first wave 14,000 calls had been made to the team at WSFT and it was hoped that this would become a permanent feature on the way that the Trust communicated with relatives.
- Maternity was an issue nationally with pressures from the Ockendon report, the CQC and professional bodies. This had been a major focus of the board; good progress was being made but further improvements were required and the team was working very hard on this. Richard Davies was also providing additional assurance to the NEDs on the progress being made in this service.
- WSFT had been a pilot Trust for the new patient safety incident response framework (PSIRF) process. This would enable incidents to be looked at in a more comprehensive way with the focus on learning rather than blame and would provide further assurance about safety and learning.
- The operational teams were under considerable pressure on a daily basis although the number of Covid patients was now reducing. This had meant that elective work had had to stop which had resulted in waiting lists increasing. This was a concern and would be a challenge to recover
- Recovery could take two to three years to return to pre-Covid levels and would be subject to availability of staff, theatre capacity and RAAC plank remedial work.
- Work in the community during this period had been exceptional and the teams had managed to achieve pre-Covid activity levels and implemented several innovations, eg virtual Covid ward, increased numbers of community beds and greater use of enhanced teams in the community.
- The CQC rating chart for the Trust was over a year old but the three main areas that required focus were maternity services, safety and well led. In the past year the focus of the board had changed to put more focus on safety, people and maternity.
- Maternity services had received an inadequate rating in one area and requires improvement in three areas and this was now a key focus of the Trust.
- Five out of eight services required improvement in safety and the NEDs and board had spent an increasing amount of time on learning from incidents and improving its focus on safety.
- The Trust had been rated requires improvement for well led, ie the culture of the organisation, quality of leadership and listening and learning from staff. This had also been a major focus of the board and the two new executives on the board, ie Jeremy Over and Sue Wilkinson, were overseeing the culture and safety of the organisation.
- In order to help to achieve assurance the NEDs were joining operational teams via MS Teams. Other initiatives were also being looked at as ways of seeking assurance.

Q Was it known if other Trusts were experiencing a reduction in performance in quality indicators. Also, were there similar quality indicators for community staff going into people's homes? These quality indicators were also a good indication of how staff were feeling at the moment.

A There was a similar situation with other Trusts nationally. Benchmarking undertaken by the regional teams on quality showed that WSFT was mirroring what was happening elsewhere in the NHS.

Community indicators were very important and there was a need to focus on this. The executive team were looking at how this could be measured.

Q With regard to non-compliance in maternity staffing, ie 70% in November and 91% in December. Following the nurse staffing review and agreed investment in staffing levels would this area be focussed on, as maternity had been an ongoing issue over a long period?

A The nurse staffing review was across all wards in the hospital and was not specific to maternity, although this would be a part of the investment.

- This non-compliance related to supernumerary labour suite co-ordinator cover. The Ockendon report stated that every maternity unit should have a lead on the unit at all times who did not have responsibility for individual mothers but had an oversight of everything that was going on. This had been a problem for WSFT; although there was someone who did this most of the time it depended on the activity in the unit. This was being actively addressed and a recruitment process was currently being undertaken.
- The Trust had been achieving the recommendations in the Ockendon report the majority of the time but is was challenging at weekends and at night. Karen Newbury, head of midwifery, was working very hard to achieve this and the recruitment process should help to address the issues.
- Maternity leadership had been rated inadequate in January 2020. The Trust now had a new triumvirate of leadership across the maternity division and a lot of actions had been implemented in this area.
- Safety was rated as requires improvement for the overall Trust in January 2020 and there had been a lot of challenge and scrutiny around this. Some of this related to surveillance pathways which affected a number of areas and had resulted in WSFT checking that it had followed up the care of patients on surveillance programmes.

Q It was positive news that more investment was available for nurse staffing but it was difficult to recruit nurses and midwives; how would WSFT recruit enough nurses?

A WSFT did not have too much of an issue with recruitment and its vacancy rate was better than most organisations. There was work to be done on this but the Trust had excellent relationships with nursing student providers and a successful overseas recruitment campaign. This was also an improving picture in the NHS.

Q Why did the CQC rating for acute services, date back to 2016 for some services, eg children and young people?

A In 2016 the CQC inspected every service in the hospital; it then changed its method of approach and did not inspect every part of the hospital and this would be changing again.

21/11 SUMMARY FINANCE & WORKFORCE REPORT

- Finance had also been affected by Covid but in a positive way as there had been a commitment to fully fund all costs that related to this, therefore the Trust expected to breakeven at the end of this financial year.
- The cost improvement plan (CIP) for this year was 3.4% of turnover, ie £8.7m. The organisation had continued to work towards achieving this however Covid had made it very difficult. At the end of December £3.45m had been achieved but it would not be possible to meet the target for this year.
- Not achieving the CIP for this year would have an impact on next year as the shortfall would have to be carried forward.

- National guidance on budget setting for next year had not yet been received due to the uncertainty around Covid. Therefore, the budget would be based on last year but would include some additional costs, ie nurse recruitment; CIP not achieved for last year plus an additional CIP of 1%.
- The department of health had confirmed that Covid reimbursement would continue for the first quarter of the next financial year and organisations would be fully funded for these costs
- Cashflow was very good as a result of the Covid funding received.
- The original capital programme had changed during the year, partly due to Covid and some schemes being put on hold. However, work on the decant ward had been accelerated in order to enable the remedial work on RAAC planks. The Trust was working hard to ensure it utilised the capital that it had been allocated for this year.
- Funding for the new hospital had been capitalised and would not affect the Trust's revenue until the new hospital had been completed.

INVEST IN QUALITY, STAFF AND CLINICAL LEADERSHIP

21/12 WSFT PEOPLE PLAN

- The people plan was fundamental to the future and growth of the organisation and was totally founded on staff feedback.
- Following the first wave of the pandemic a major staff engagement exercise had been undertaken on 'What Matters To You' (WMTY). Feedback was received from approximately 2000 staff which helped to create the people plan.
- The people plan was presented to the board in November and was founded on five key priorities which were based on the five main themes from the feedback from WMTY.
- The ambition of the people plan was for the organisation to be much better at listening to staff and developing and supporting line managers responsible for members of staff as well as considering how to help support and improve staff wellbeing.
- The pandemic had forced the Trust to quickly consider staff wellbeing and implement actions that probably should have already been in place. The second and third wave had focussed the Trust on what it needed to be doing at the present time to support staff.
- As the organisation started to come out of Covid and move forward it would be looking at medium and long-term investment in cultural changes and embedding initiatives that had been implemented in the pandemic. Further details would be presented to the open board meeting at the end of this month.
- Line managers played a crucial role, however feedback from WMTY was that staff did not feel as well supported by their line managers as they should. The Trust should not blame line managers for this but needed to support and train them so that they were in a better position to undertake their role as line managers.
- Sarah-Jane Relf explained that she had been the lead for WMTY and was very pleased that the people plan was addressing everything and the way this was being approached. She was also pleased that she would still be involved in this and had been asked to undertake further workshops.

Q The focus had been on frontline staff in particular during the weeks of the pandemic, but how would the Trust support staff across the community, away from the main site and ensure that staff working from home were not "out of site out of mind".

A These staff groups were both at the heart of WMTY and further engagement had been undertaken with community staff since WMTY to understand what they were proud of and what they would like to see in terms of support. The Trust was getting better at remembering community staff when doing things for staff in the hospital but this still needed to improve. During the pandemic informal weekly online get togethers had been set up which were attended by a range of people across the organisation and there had been very positive feedback from community staff on these.

Working from home had been a big change for many staff over the last year and there had been a lot of feedback about how this had worked for them. It had provided flexibility around people's way of working but there were also a lot of people who did not like it and felt isolated and cut off. This linked with the role of line managers some of whom had been very good at pro-actively bringing their team together with regular online meetings.

Staff support mechanisms were in place to enable feedback from staff across the organisation, including those working from home. The Trust would continue to try to do more; this month the staff psychiatric support team had started regular weekly online wellbeing sessions for staff.

BUILD A JOINED UP FUTURE

21/13 FUTURE SYSTEM

- This was a great opportunity for the Trust and community and was essential for the future and the need to replace the existing building. It was also good to have something to look forward to following such a difficult time.
- Over the last six months the Trust had built a very good team of dedicated individuals including 12 clinical co-production leads, three GPs, four lay members and a project management team.
- Following the purchase of Hardwick Manor, it had been confirmed as the preferred site for the new facility and the team was now working with the planning authorities to identify issues and risks relating to this.
- A strategic outline case (SOC) had been developed and further discussions around this would be taking place with colleagues across the system,
- This project would cost a great deal of money and this was the biggest risk as 40 organisations were competing for funding. The first tranche of money had already been allocated which meant that WSFT was hoping to be part of the second tranche.
- The team had met with department of health to assure them that they were ready to progress and highlight the issues with the current building and the importance of moving forward quickly.
- There would be challenges as this was progressed but the Trust was well placed to overcome these and the governors would continue to be updated on this project.

Q How were three public events mentioned in this report advertised and who attended these?

A These were connected with the planning application and gave an opportunity for collecting objections in relation to this. A mailshot was sent to local residents so that they were aware that these were taking place; they were also publicised through social media and the Bury Free Press had also picked up on these.

21/14 TRUST'S STRATEGY UPDATE

- It was proposed to simplify some of the narrative and the way that the strategy was communicated.
- The four tiers would be reduced to three which would help with communication and engagement with staff, the community and members of the public.
- This had been presented to the scrutiny committee yesterday and feedback included changing 'priority' to 'ambition'; changing the word outcomes; making learning from incidents more specific.
- Engagement in this was very important and the ways in which feedback would be gained were explained. Governors would be involved in the reading/testing process.
- Governors' comments were noted relating to the use of the word 'first' as it was not clear what this meant and the Trust was not necessarily the first choice for patients as it was often their only option. If first referred to quality of care and performance, this would be difficult to measure and demonstrate. It was also questioned whether the word first should be used in relation to research and innovation and if this was appropriate for WSFT.
- It was explained that this was about creating narrative and showing that WSFT was working hard to improve and create a future health care system that was the best for future generations. It should be striving to be the best and first; first was not necessarily about patient choice, although in terms of employment it could be employer of choice.
- The use of the word first highlighted the need to benchmark against others and seek to improve and not be complacent.
- It was important to get this right both for staff and the public. Governors were requested to forward any feedback to Sheila Childerhouse, Richard Jones or Georgina Holmes.

GOVERNANCE

21/15 SUBCOMMITTEES OF THE COUNCIL OF GOVERNORS

- It was explained that these were not decision-making committees but would take back recommendations to the Council of Governors.

a) Engagement Committee

- The membership of this committee was approved. However, it was noted that there were still vacancies and governors who were interested in becoming members of this committee were asked to contact Georgina Holmes.

b) Nominations Committee

- The membership of this committee was approved.
- It was noted that the appropriate number of governors had put themselves forward as members of this committee, therefore it could progress with the recruitment process for a new NED.

21/16 GOVERNOR TRAINING AND SUPPORT

- The proposed focus for future training sessions was approved.

- It was proposed that there should also be training on the use of social media. Although this had huge advantages it could also have pitfalls and put governors in a vulnerable position which could have a knock-on effect on the Trust.

ACTION: arrange for social media training for governors.

R Jones

21/17 ANNUAL REPORT AND OPERATIONAL PLAN

- National guidance for the above had not yet been received.
- A joint board and governor workshop would be arranged to consider the refreshed operational plan.
- Governors who were willing to act as readers for the draft operational plan and/or annual report, including quality report, were asked to contact Georgina Holmes.

21/18 REGISTER OF INTERESTS

- The board received and noted the content of this report.

21/19 LEAD GOVERNOR REPORT

- On behalf of the governors Liz Steele thanked everyone in the Trust for all their hard work during this very difficult time.
- It was noted that the content of the governor handbook was now available on Convene in the document library.

21/20 STAFF GOVERNORS REPORT

- Staff governors had met informally as a group for the first time.
- Quarterly staff governor meetings had been arranged and a report from these would be brought back to Council of Governor meetings.

ITEMS FOR INFORMATION

2121 DATES FOR COUNCIL OF GOVERNOR MEETINGS FOR 2021

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

21/22 REFLECTIONS ON MEETING

- A very long meeting with a lot of key items; it was important that governors had the time to discuss these.
- The Chair thanked governors for the time they were giving the Trust and recognised how hard it was for new governors who were having to learn about their role remotely. She would be arranging to meet with new governors individually and informally online and would then arrange similar meetings with the re-elected governors.

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

For Reference

Presented by Sheila Childerhouse

REPORT TO:	Council of Governors
MEETING DATE:	12 May 2021
SUBJECT:	Matters Arising Action Sheet from Council of Governors Meeting of 11 February 2021
AGENDA ITEM:	6
PRESENTED BY:	Sheila Childerhouse, Chair
FOR:	Information

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

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

Ongoing action points

Ref.	Date of Meeting	Item	Action	Action taken	Lead	Target date	RAG rating for delivery
216	11/02/21	21/16	Arrange for social media training for governors.	Following up with communications.	R Jones / G Holmes	Sept 2021	

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
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>11/11/20 update from Sue Wilkinson We are commencing work with the ward managers and matrons to co-produce a ward accreditation programme here at West Suffolk. Whilst doing this Dan and I are working on training and supporting ward managers in preparation for this. We are aiming to have commenced the programme by March 2021. However, all that we are doing with the teams is building the foundations for this.</p> <p>22/01/21 update from Sue Wilkinson 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> <p>Update provided under agenda item 11.</p>	S Wilkinson	6/05/20 Feb 2021 April 2021	Closed

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.	To be actioned through the Nominations Committee (including input from Governors after elections) Election for the new committee took place on 11 Feb 21. Terms of reference for the nominations committee was reviewed by the newly appointed nominations committee and brought back for approval at CoG in June. Agenda Item 18.2	R Jones	June 2021	Closed
214	11/02/21	21/07	Schedule governor briefing on the ICS and white paper.	Joint board/governor briefing took place 28 April 2021.	R Jones	April 2021	Closed
215	11/02/21	21/08	Ensure governors are appropriately briefed on future plans and developments of the Trust to enable them to fulfil their role.	A schedule of briefings has been developed and is reviewed on a regular basis by the Chair and Richard Jones.	S Childerhouse / R Jones	May 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.

Issue	Update
1. Community IT	<p>Recent actions/achievements:</p> <ul style="list-style-type: none"> • The exit from the IT support contract for community staff with NEL CSU (North East London Clinical Support Unit) was completed by the end of March 2021. This now means that all WSFT staff are supported by the Trust’s IT team and works on WSFT computers and other kit. We are also now the ‘digital anchor’ – the resident IT supplier – at a number of key sites across our estate, providing our network and support to those sites. • We are putting in additional Wi-Fi networks and internet telephony at a number of other sites to improve access to the Trust’s IT networks. • We have also moved all these staff, plus some additional teams, onto Microsoft’s cloud-based SharePoint platform which allows for greater collaboration across the community and integrated services division. We have included an extensive training and support programme for this. • The community digital team continue to work on a number of infrastructure and digital transformation projects such as digital dictation, virtual consultations and automatic scheduling of community visits. We have also gone live with our first clinical team to use an online learning management platform to provide training resources online for parents of children accessing our paediatric clinical psychology service. <p>Plans for next 3-6 months:</p> <ul style="list-style-type: none"> • Deployment of the autoscheduling platform for community visits. • Ongoing training and support to staff using SharePoint • Further work with our SNEE ICS partners to improve access to Trust networks at sites they work from, regardless of who ‘owns’ the site. • Ongoing work with ESNEFT to improve the capabilities and design of SystemOne, the community electronic patient record. • Closer collaboration with ‘acute’ based transformation projects to ensure equitable access to new innovations.

	<p>Communication plan to staff:</p> <ul style="list-style-type: none"> • We continue with regular digital bulletins and updates. • Dedicated online community training library for on-demand resources • Updates in Green Sheet and staff bulletins • Fortnightly drop-in sessions with the community digital team which are well attended and valued.
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 and there have been no further issues or developments (June 21).</p> <p><i>(Agreed at CoG meeting on 11 February that patient transport should remain on ongoing issues log for further when review when the situation becomes more normal.)</i></p>
3. Pathology	<p>Following on from the update in February, we have continued to progress the WSFT Pathology Strategy.</p> <p>Staff morale remains high and we continue to welcome additional colleagues to the team as we move through our post TUPE recruitment programme. We have significantly reduced the whole department's reliance on locum/agency staffing (2.0 WTE pan- pathology remaining) and have moved a number of locum colleagues over to bank or substantive posts. In April the IP phlebotomy team moved over to pathology, so we now have trust wide phlebotomy team. We have moved to an increased booked appointment system for OP phlebotomy, to support social distancing and to distribute the workload evenly throughout the day.</p> <p>The new Quality Management System (QMS) has been implemented and validated with support from the Quality Manager who started in post mid-February 2021. The department held its second Management review day at the end of May and each discipline provided a detailed update of its service delivery, focusing on KPI's, turnaround times and plans for accreditation. Full accreditation across the department is still expected by end of 2022. Quality and performance reports are now provided for CCG colleagues on a monthly basis and the information team also supports the department with data for quarterly national PQAD (Pathology quality assurance dashboard).</p> <p>The Cellular Pathology team applied for UKAS accreditation in October 2020 and have been assigned an assessor and expect the inspection process will be complete by end of the summer.</p> <p>Projects such as digital pathology, phlebotomy re-design and the review of send away tests are progressing well. The Cellular Pathology asset replacement scheme is nearing completion and the team is busy with verification of the new equipment</p> <p>The Pathology Management Team continue to work with Estates to make best use of the space we have available in the pathology footprint whilst also contributing to the schedule of accommodation work as part of the Future System Programme.</p>

4. Strategy Review	Update provided in Chief Executive's report, agenda item 8.
5. WSFT people plan	<p>Since the previous update to Council of Governors, the executive director of workforce and communications and his team have facilitated two interactive workshops with staff representatives, staff governors and other staff 'champions' to consult on the priorities for the next iteration of our People Plan. The previous version of the plan, which has now been delivered, was formulated on the back of What Matters to You and focused on the immediate priorities for our people amidst the pressures of the pandemic.</p> <p>The feedback from the workshops is currently being assimilated, alongside the latest version of the national NHS People Plan, which has just been published. Our new People Plan will focus on more medium to long term priorities and will include an ongoing focus on cultural development, developing line managers and team leaders, staff well-being and workforce resourcing and planning. Further updates will be provided to governors at future sessions.</p>
6. Future system programme (including hospital building remediation work)	<p>Future System Programme</p> <p><u>Recent actions/achievements:</u></p> <ul style="list-style-type: none"> • Completion of immersive “digital fortnight” during which our digital leads, partners and clinical co-production teams worked together to understand the potential contributions of the latest digital tools and techniques and to consider how they could be applied to enhance the emerging visions for the future of our services. • Staff briefing 25th May • Hosted NED visits to preferred site • Formulation and formal launch of environmental impact assessment – soil samples, tree assessments, wildlife assessments etc. are underway and the whole process has been communicated to our immediate neighbours. We await confirmation of the full scope from our planning colleagues. • Archaeological Assessment – discussions are underway to ensure archaeological assessments are carried out thoroughly in a way that supports the overall program • Visits - Secretary of State for Health, Rt. Hon. Matt Hancock and Bury St Edmunds MP Jo Churchill, visited the Hardwick Lane and Hardwick Manor sites and confirmed that the new hospital would be built “this decade”. • Workforce – Dedicated lead for the workforce workstream has now started work on the production of our future strategic people plan. <p><u>Plans for next 3-6 months:</u></p> <ul style="list-style-type: none"> • Phase 2 co-production of an optimised clinical model (including exploration of opportunities for vertical and horizontal integration) – underway - output due 28th July • Production of outline schedule of accommodation (SOA) based upon the clinical design – underway, runs in parallel with the clinical design – output due 28th July

	<ul style="list-style-type: none"> • Turning the SOA into 1:200 architectural drawings – output due 3rd November • Completion of Environment Impact Assessment (EIA) – scope has been produced and the assessment has to run across three seasons to ensure the lifecycle of flora and fauna are understood – output due 12th December • Prepare planning submission – submission will be finalised using the outcome of the EIA and architectural drawings – 12th December to 22nd December. • Formal submission of planning application – 22nd December. • Outcome of planning application – 4th May 2022 • Public planning consultation will happen in two phases, the first will communicate why we are seeking permission to build on Hardwick manor and will be launched on 7th June, the second will seek comments on the outline plans for the new hospital on the site (including number of storeys, positioning, access roads, parking etc.) and will be launched in October. <p><u>Communication plan to staff:</u></p> <ul style="list-style-type: none"> • Hospital Peer review group meets every two weeks to review progress and decisions • Co-production leads invited to attend Programme Board • Ongoing series of regular presentations at Staff Briefings • Ongoing series of hosted staff, governor and NED visits to preferred site • Regular Green Sheet updates • On-going co-production • Staff survey • Regular updates at the Governor Engagement Committee • Governor engagement committee members invited to attend community engagement group meetings in a listening capacity so they can report back to governors. <p>Further information on engagement provided under agenda item 10.1</p> <p>Hospital building remediation work Work continues to progress as planned (as briefed to governors and NEDs on 13 May). Information on the structural decant programme provided under agenda item 11.</p>
7. Covid response and recovery	Update provided under agenda item 11.

7. Chair's report (enclosed)

To receive an update from the Chair

For Reference

Presented by Sheila Childerhouse

REPORT TO:	Council of Governors
MEETING DATE:	17 June 2021
SUBJECT:	Chair's report to Council of Governors
AGENDA ITEM:	7
PRESENTED BY:	Sheila Childerhouse, Chair
FOR:	Information

It has been an extraordinarily busy and challenging period since I last wrote a Chair's report. Post New Year the hospital faced a huge increase in the number of Covid patients. Early 2021 was a challenging year for the Trust and for our communities. Many of us will have faced the loss of friends, family and colleagues. Happily, we now find ourselves in a much better position and Covid numbers have remained very low within the Trust. I think we all feel more positive and the current sunny spell is helping. The Trust is focusing on recovery and we are very aware that there are many patients who are waiting for treatment for longer than before the pandemic. Teams are working immensely hard to address this backlog. You will be aware however that our capacity is reduced as the urgent remediation work is carried out on the ageing building. You may also have seen the Decant ward being constructed near the old residences, it looks amazing.

I am very grateful to the governors for the immense amount of time they have given to the role: attending many more briefings than in the past, participating in informal events so that they can get to know colleagues within the Trust and contributing to the discussions around significant issues such as the new strategy. We have all become more adept at using virtual communications but I do look forward to being able to meet you all properly.

As usual I have picked out three topics from the many meetings I have been involved with (see Annex A). I have tried to focus these around some of the questions that the governors have submitted.

I have attended, as with many of you, the regular 5 o'clock clubs which form part of our leadership development program. Met again with Emily Baker who is leading a psychological support team within the Trust and continue to meet on a very regular basis with the freedom to speak up guardians. All of these are focused on developing the leadership within the Trust, supporting leaders and individuals - often through very difficult and challenging times and ensuring that people have the freedom to speak up and feel listened to and heard. I know that Richard is going to say more about the work of the freedom to speak up guardians later in the agenda and the developments within this.

I continue as chair of chairs of the ICS and we have held a series of reflective and learning opportunities. These are entitled thinking differently together, an excellent description, we have covered topics such as social value and social entrepreneurship, how we heal, mental health and many others.

You will be aware that there is an ongoing debate about boundaries of future ICSs as they moved to become statutory organisations in April 2022. While the structure of the ICS may change it is certain that system working, both at the ICS level and the local alliance level will continue to be fundamentally important to the way organisations work and deliver services in the future.

The future systems work continues apace and you have a report attached. I've had the privilege of engaging with local residents in both teams meetings and by teleconference. The estates team have been extremely proactive in ensuring the immediate local residents are very much kept fully informed. The majority feedback from these events has been positive and supportive. We have had the very welcome opportunity to show the Secretary of State, Matt Hancock and Jo Churchill MP, the preferred site. We also took the opportunity to show him some of the exposed planks so that he could see first-hand the challenge of our ageing building and he was also able to see the new decant ward under construction. It was a very positive visit and we are very fortunate to have his continuing support.

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

Annex A: List of meetings attended

Date	Meetings and events (01/02/21 until 31/05/21)
01/02/2021	Telephone Conversation with Alan Rose
01/02/2021	Telephone Conversation with Steve Dunn
02/02/2021	Weekly NED Catch Up Meeting via MS Teams
02/02/2021	Weekly Staff Briefing via MS Teams
02/02/2021	Chairs Catch Up via MS Teams
02/02/2021	1:1 with Jeremy Over via MS Teams
02/02/2021	Telephone Conversation with Helen Beck
02/02/2021	MS Teams Induction Meeting with Anne Swift, Public Health Consultant
02/02/2021	1:1 with Steve Dunn via MS Teams
03/02/2021	1:1 with Richard Jones via MS Teams
03/02/2021	MS Teams Meeting with Catherine Waller
04/02/2021	1:1 with Angus Eaton via MS Teams
04/02/2021	MS Teams Meeting with potential NED Candidate
04/02/2021	1:1 with David Wilkes via MS Teams
05/02/2021	MS Teams Meeting with Ruth Williamson
08/02/2021	Improvement Programme Board via MS Teams
08/02/2021	1:1 with Rosemary Mason via MS Teams
08/02/2021	5 O'Clock Club via MS Teams
09/02/2021	1:1 with Richard Jones via MS Teams
09/02/2021	Meeting with Liz Steele and Florence Bevan via MS Teams
09/02/2021	1:1 with Steve Dunn
09/02/2021	Medical Staff Committee via MS Teams
10/02/2021	Scrutiny Committee via MS Teams
10/02/2021	MS Teams Meeting with potential NED Candidate
10/02/2021	1:1 with Steve Dunn via MS Teams
10/02/2021	MS Teams Meeting with Ben Lord
10/02/2021	MS Teams Meeting with potential NED Candidate
11/02/2021	Zoom Meeting with Judy Oliver
11/02/2021	Council of Governors Meeting via MS Teams
12/02/2021	Suffolk and North East Essex STP/ICS Partnership Board via MS Teams
15/02/2021	MS Teams Meeting with Richard Jones and Georgina Holmes
16/02/2021	Remuneration Committee via MS Teams
16/02/2021	EoE Chairs Meeting via MS Teams
16/02/2021	Weekly Staff Briefing via MS Teams
16/02/2021	MS Teams Meeting with Steve Dunn and Alistair Currie, Bevan Brittan
16/02/2021	NED Recruitment Meeting via MS Teams
16/02/2021	Telephone Conversation with Helen Beck
16/02/2021	1:1 with Steve Dunn via MS Teams
17/02/2021	1:1 with Richard Jones via MS Teams
17/02/2021	MS Teams Meeting with Clive Wilson
17/02/2021	MS Teams Meeting with Roy Mawford
17/02/2021	MS Teams Meeting with Sue Smith, Fundraising
17/02/2021	1:1 with Ayush Sinha, Lead WSFT BAME Committee via MS Teams
17/02/2021	FT Nominations Committee Meeting via MS Teams
22/02/2021	MS Teams Meeting with Professor Will Pope
23/02/2021	MS Teams Meeting with Derek Blackman
23/02/2021	Weekly Staff Briefing via MS Teams
23/02/2021	1:1 with Helen Davies via MS Teams
23/02/2021	MS Teams Meeting with potential NED Candidate
23/02/2021	MS Teams Meeting with Gordon Baynes
23/02/2021	1:1 with Steve Dunn via MS Teams
24/02/2021	1:1 with Richard Jones via MS Teams
24/02/2021	1:1 with Sarah Howard, Independent Chair of Suffolk Alliance via MS Teams
24/02/2021	Telephone Conversation with Helen Beck

Date	Meetings and events (01/02/21 until 31/05/21)
24/02/2021	Chaplaincy Engagement Meeting via MS Teams
24/02/2021	Board Development Coaching Session via MS Teams
24/02/2021	MS Teams Meeting with Craig Black
25/02/2021	MS Teams Meeting with potential NED Candidate
26/02/2021	Trust Board Meeting via MS Teams
26/02/2021	Charitable Funds Committee via MS Teams
01/03/2021	Corporate Managers Core Brief via MS Teams
01/03/2021	5 O'Clock Club via MS Teams
02/03/2021	MS Teams Meeting with Mark Krempel
02/03/2021	MS Teams Meeting with Steve Dunn, Jeremy Over and Richard Jones
02/03/2021	1:1 with Steve Dunn via MS Teams
02/03/2021	Weekly Staff Briefing via MS Teams
02/03/2021	MS Teams Meeting with potential NED Candidate
02/03/2021	MS Teams Meeting with Allen Drain
02/03/2021	Telephone Conversation with Helen Beck
02/03/2021	1:1 with Kate Vaughton via MS Teams
03/03/2021	MS Teams Meeting with Ann Radmore
03/03/2021	Meeting with Liz Steele and Florence Bevan via MS Teams
03/03/2021	MS Teams Meeting with Val Dutton
03/03/2021	1:1 with Richard Jones via MS Teams
08/03/2021	Improvement Programme Board via MS Teams
08/03/2021	1:1 with Steve Dunn via MS Teams
08/03/2021	Weekly NED Catch Up Meeting via MS Teams
09/03/2021	Joint CoG/NED Training via Zoom
09/03/2021	ICS Chairs Group Pre-Meeting via MS Teams
09/03/2021	Suffolk & North East Essex STP Chairs' Group via MS Teams
10/03/2021	Scrutiny Committee via MS Teams
10/03/2021	MS Teams Meeting with Liz Steele
10/03/2021	1:1 with Richard Jones via MS Teams
10/03/2021	MS Teams Meeting with potential NED Candidate
10/03/2021	MS Teams Meeting with Joe Pajak
11/03/2021	Media Training via MS Teams
11/03/2021	Medical Staff Committee via MS Teams
12/03/2021	Suffolk and North East Essex STP/ICS Partnership Board via MS Teams
16/03/2021	Weekly NED Catch Up Meeting via MS Teams
16/03/2021	NHS Providers Chairs & Chief Executives Virtual Network via Zoom
16/03/2021	Meeting with Steve Dunn, Jeremy Over and Richard Jones via MS Teams
16/03/2021	West Suffolk Hospital Oversight & Support Meeting via MS Teams
16/03/2021	NED Shortlisting Meeting via MS Teams
17/03/2021	1:1 with Richard Jones
17/03/2021	1:1 with Steve Dunn
17/03/2021	"Thinking Differently Together" about... Social Value and Social Entrepreneurs Event via MS Teams
19/03/2021	Meeting with Steve Dunn, Jacqui Grimwood and Jason McCormack
19/03/2021	Panel: Impact Analysis of ICS Boundary Change for Suffolk and North East Essex via MS Teams
19/03/2021	1:1 with Steve Dunn via MS Teams
22/03/2021	Joint Director of Integrated Adult Health & Social Care Stakeholder Panel via MS Teams
22/03/2021	1:1 with Steve Dunn via MS Teams
23/03/2021	Weekly NED Catch Up Meeting via MS Teams
23/03/2021	1:1 with Liz Steele via MS Teams
23/03/2021	NED Interview Pre-meet via MS Teams
23/03/2021	1:1 with Richard Jones via MS Teams
23/03/2021	Weekly Staff Briefing via MS Teams
23/03/2021	1:1 with Helen Davies via MS Teams

Date	Meetings and events (01/02/21 until 31/05/21)
23/03/2021	Telephone Conversation with Helen Beck
23/03/2021	Meeting with Susannah Howard via MS Teams
23/03/2021	Independent Rapid Review Briefing via MS Teams
24/03/2021	NED Interviews via MS Teams
26/03/2021	Trust Board Meeting via MS Teams
26/03/2021	Board Development Coaching Session via MS Teams
31/03/2021	1:1 with Jeremy Over via MS Teams
31/03/2021	Telephone Conversation with Louisa Pepper
31/03/2021	Meeting re Integrated Care Academy via MS Teams
31/03/2021	BAME Committee Meeting via MS Teams
31/03/2021	Induction Meeting with James MacFarlane, Associate Director of QI via MS Teams
31/03/2021	Meeting with Gary Norgate via MS Teams
01/04/2021	Meeting with Sarah Howard, Independent Chair of Suffolk Alliance via MS Teams
01/04/2021	1:1 with Nick Jenkins via MS Teams
01/04/2021	Meeting with Susannah Howard via MS Teams
06/04/2021	Weekly NED Catch Up Meeting via MS Teams
06/04/2021	Telephone Conversation with Helen Beck
06/04/2021	MS Teams Meeting with Martin Wood
06/04/2021	1:1 with Sue Wilkinson via MS Teams
07/04/2021	Virtual Tour of new assessment area via MS Teams
07/04/2021	Weekly Staff Briefing via MS Teams
07/04/2021	MS Teams Meeting with Val Dutton and Denise Pora
07/04/2021	1:1 with Richard Jones via MS Teams
07/04/2021	1:1 with Steve Dunn via MS Teams
08/04/2021	Remuneration Committee via MS Teams
12/04/2021	Telephone Conversation with Louisa Pepper
12/04/2021	1:1 with Steve Dunn via MS Teams
12/04/2021	Improvement Programme Board via MS Teams
12/04/2021	Telephone Conversation with Rosemary Mason
13/04/2021	Telephone Conversation with David Wilkes
13/04/2021	1:1 with Richard Jones via MS Teams
13/04/2021	MS Teams Meeting with Liz Steele and Florence Bevan
13/04/2021	Comms Teams Meeting – Sheila to join
13/04/2021	Weekly Staff Briefing via MS Teams
13/04/2021	1:1 with Kate Vaughton via MS Teams
13/04/2021	Suffolk & North East Essex STP Chairs' Group via MS Teams
13/04/2021	Telephone Conversation with Richard Davies
14/04/2021	Scrutiny Committee via MS Teams
14/04/2021	MS Teams Meeting with Denise Pora
14/04/2021	Briefing Session: ICS Whitepaper & The Way Forward via MS Teams
15/04/2021	Steve Dunn Appraisal
15/04/2021	1:1 with Jeremy Over via MS Teams
16/04/2021	Suffolk and North East Essex STP/ICS Partnership Board via MS Teams
19/04/2021	Telephone Conversation with Lucy at Clearly Essential
19/04/2021	1:1 with Angus Eaton via MS Teams
19/04/2021	Panel: Impact Analysis of ICS Boundary Change for Suffolk and North East Essex via MS Teams
20/04/2021	Weekly NED Catch Up Meeting via MS Teams
20/04/2021	MS Teams Meeting with Thomas Pulimood
20/04/2021	MS Teams Meeting with Sarah Steele
20/04/2021	Weekly Staff Briefing via MS Teams
20/04/2021	Meeting with Richard Jones and Georgina Holmes
20/04/2021	Meeting with Rachel Darrah
20/04/2021	Telephone Conversation with Helen Beck

Date	Meetings and events (01/02/21 until 31/05/21)
20/04/2021	Meeting with Emily Baker
20/04/2021	1:1 with Steve Dunn
21/04/2021	1:1 with Richard Jones via MS Teams
21/04/2021	Induction Meeting with Alex Millington, ENT Consultant via MS Teams
21/04/2021	MS Teams Meeting with Carol Bull
21/04/2021	Board Development Coaching Session via MS Teams
21/04/2021	Closed CoG Meeting via MS Teams
22/04/2021	MS Teams Meeting with Nic Smith-Howell and the NEDs
22/04/2021	MS Teams Meeting with Steve Dunn
26/04/2021	MS Teams Meeting with Chairs & CEOs of James Paget University Hospitals NHS Foundation Trust, The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust and North West Anglia NHS Foundation Trust
27/04/2021	Weekly NED Catch Up Meeting via MS Teams
27/04/2021	MS Teams Meeting with Louise Jeynes
27/04/2021	Telephone Conversation with Liz Steele
27/04/2021	Alliance/ICS and ICA Catch Up via MS Teams
27/04/2021	1:1 with Helen Davies via MS Teams
27/04/2021	MS Teams Meeting with James Barrett and Amanda Bennett, FTSU Guardians
28/04/2021	1:1 with Richard Jones via MS Teams
28/04/2021	1:1 with Craig Black via MS Teams
28/04/2021	Meeting with Ann Radmore via MS Teams
28/04/2021	Meeting with SJ Relf via MS Teams
28/04/2021	Weekly Staff Briefing via MS Teams
28/04/2021	1:1 with Steve Dunn
28/04/2021	MS Teams Meeting with Sarah Judge
28/04/2021	Briefing Session: ICS Whitepaper & The Way Forward via MS Teams
29/04/2021	MS Teams Meeting with David Wilkes and Sue Smith
29/04/2021	Telephone Conversation with Will Pope
30/04/2021	Trust Board Meeting via MS Teams
30/04/2021	MS Teams Meeting with Bevan Brittan
30/04/2021	Audit Committee Meeting via MS Teams
04/05/2021	Weekly NED Catch Up Meeting via MS Teams
04/05/2021	Paediatric Child & Family Clinical Psychology Referral Meeting via MS Teams
04/05/2021	Telephone Conversation with Helen Beck
05/05/2021	1:1 with Richard Jones via MS Teams
05/05/2021	Telephone Conversation with Angus Eaton
05/05/2021	Meeting with Chris Lawrence
05/05/2021	5 O'Clock Club via MS Teams
06/05/2021	1:1 with Rosemary Mason
07/05/2021	Telephone Conversation with Ann Radmore
10/05/2021	Improvement Committee via MS Teams
10/05/2021	Future Systems Programme – Meeting with Local Residents via MS Teams
11/05/2021	Weekly NED Catch Up Meeting via MS Teams
11/05/2021	Meeting with Liz Steele and Florence Bevan
11/05/2021	Weekly Staff Briefing via MS Teams
11/05/2021	1:1 with Nick Jenkins
11/05/2021	MS Teams Meeting with Susannah Howard
11/05/2021	1:1 with Steve Dunn
11/05/2021	Suffolk & North East Essex STP Chairs' Group via MS Teams
11/05/2021	Future Systems Programme – Meeting with Local Residents via teleconference call
12/05/2021	Scrutiny Committee via MS Teams
12/05/2021	Telephone Conversation with Helen Beck
12/05/2021	Induction Meeting with Chris Todd, Assistant Director of Operations, Estates & Facilities
12/05/2021	Chairs Acute Provider Collaborative Discussion and Workshop via MS Teams

Date	Meetings and events (01/02/21 until 31/05/21)
12/05/2021	1:1 with Steve Dunn
13/05/2021	Future Systems & RAAC Plank Briefing via MS Teams
14/05/2021	Matt Hancock, Secretary of State visit
14/05/2021	NED Catch Up via MS Teams
25/05/2021	Weekly NED Catch Up Meeting via MS Teams
25/05/2021	Meeting with Liz Steele
25/05/2021	1:1 with Helen Beck
25/05/2021	1:1 with Steve Dunn
25/05/2021	Weekly Staff Briefing via MS Teams
25/05/2021	Meeting with Georgina Holmes
25/05/2021	1:1 with Helen Davies
26/05/2021	Meeting with Sarah Howard, Independent Chair of Suffolk Alliance via MS Teams
26/05/2021	MS Teams Meeting with Alastair Currie, Bevan Brittan
28/05/2021	Trust Board Meeting via MS Teams
28/05/2021	Charitable Funds 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

REPORT TO:	Council of Governors
MEETING DATE:	17 June 2021
SUBJECT:	Chief Executive's report
AGENDA ITEM:	8
PRESENTED BY:	Stephen Dunn, Chief Executive
FOR:	Information

Since my last report in February, a lot has changed in the world. In March, the Prime Minister set out his plan for exiting lockdown restrictions with the final date – of 21 June – fast approaching. We have also seen an increase of attention given to the Delta (Indian) variant of Covid-19 which has caused Trusts up and down the country to rightfully worry. Working in the NHS we are all acutely aware of the effect the pandemic has had on all of us, not only on our physical health, but also our mental well-being.

That is why we have put staff well-being centre stage across the Trust. At the start of the pandemic, we established a staff support psychology team who are there to provide extra emotional and mental wellbeing support for colleagues across the Trust. The team, led by consultant clinical psychologist Emily Baker, have seen over 600 individuals from the Trust since the Covid-19 outbreak and delivered over 150 group sessions. They have also offered 'Wellbeing Wednesdays' sessions for all staff to attend or catch up on.

Despite our best efforts to look after our staff's well-being, we know that Covid-19 is still the cause of huge amounts of stress and uncertainty. The terrible situation in India is a reminder that whilst Covid-19 is abated in West Suffolk and figures are low across the UK, that we must not be complacent. Many of our colleagues have family and friends in countries where Covid-19 is rampant and healthcare systems are struggling. As such, our staff support team hosted an online support session for anyone affected by Covid-19 abroad. We will continue to do all we can to help our staff through this period and look after their health and welfare.

Emily's team were a huge part of our 'Love Yourself' Week back in March, offering sessions via Microsoft Teams on a wide array of topics such as Managing Anxiety through to cookery classes presented by our own Trust chef, Luke. Local businesses were also invited to put on their own specialist sessions such as Pilates and these proved very popular. Staff in the Trust are now able to benefit from being able to sign up to Abbeycroft Leisure's Wellbeing Scheme for absolutely free and we have seen over 30% of our workforce do so. By signing up, staff are able to access free gym, swimming, group classes as well as classes over the internet.

Since the last update, we have also completed the second round of vaccinations for our staff across our Trust as well as for some of our partners throughout Suffolk. We were lucky enough to welcome Jo Churchill MP as a volunteer steward to support the vaccination programme and she commented on how impressed she was with the work being done. I can't say enough good things about how the vaccination team worked over the last few months. Their hard work and determination were honoured by receiving a Lord Lieutenant of Suffolk Award recognising the outstanding service they provided to the community.

We are always keen to find out about how staff are feeling about working in the NHS and earlier this year we received the results of the latest NHS staff survey. Around 2,000 staff at West Suffolk took part – a 46% response rate and I'd like to thank staff for their contribution to these important results. There can be no doubt that it has been a tough year and some of the changes in scores may or may not be related to the impact of the pandemic. Some of the headlines are:

- West Suffolk's scores in the staff survey have generally improved year-on-year and in 2019 were some of the best in the country
- This year we've seen a reduction in most of our scores, although many remain well above the average for organisations like ours
- In some areas the reductions are small; in others they are more significant
- This is concerning and means it's more important than ever to use the survey results to learn and make improvements, together with our staff
- The results show there is more to do around making sure that staff feel safe to speak up and they survey also revealed a need to improve listening and learning.
- The scores are an average for the whole organisation – there will be groups (departments, divisions, job roles, demographic groups) where the scores are higher or lower than the average.

We will be working to understand these results further and seeking to address the concerns highlighted as we move forward.

We can't forget how difficult it has been over the last 15 months or so for both patients and their loved-ones. With restrictions on visiting to help stop the spread of Covid-19 meant it was very difficult for patients to see their family, so the installation of a free entertainment system by WiFi SPARK was very welcome in the Trust. Any patient can now access TV, radio, newspapers and magazines all for free through their smartphone or tablet. Combined with our brilliant Keeping in Touch team, this has gone a long way to helping keep our patients comfortable during their stay with us.

While coronavirus has been the headline across the nation, as a Trust we have still aimed to keep improving our services. Our radiology department has been accredited with the Quality Standard in Imaging (QSI) by the United Kingdom Accreditation Service (UKAS) for the tenth year in a row; an amazing achievement by all involved. Equally as impressive is the hip fracture clinic coming top of the league of all Trusts in the UK for meeting best practice criteria when assessing patients with a hip fracture. These are just two examples of how we have tried our very best to continue the 'business as usual' work we do to look after patients – and all in the midst of a global pandemic!

In May we celebrated International Nurses Day and the 201st anniversary of Florence Nightingale's birth. The theme for the anniversary was "nursing the world back to health". Our wonderful nurses, along with all of their dedicated colleagues across the Trust, played a superb role looking after some of the sickest and most vulnerable in our community throughout the pandemic. They responded magnificently and went above and beyond looking after people with care and compassion day after day in hugely stressful circumstances.

It was fantastic to be able to use International Nurses Day to celebrate our nurses and tell some of their stories. We heard from one of our student nurses, Molly, who is studying at university whilst also working full time at the Trust with the goal of becoming a paediatric nurse. It was also wonderful to hear from Amanda, one of our senior matrons in our community team, who has been with us since 1988. Being able to shine a light on the profession and celebrate the vital role nurses play in the Trust was humbling and it was touching to be involved in a special service of celebration and commemoration in our chapel.

A couple of weeks ago, I was lucky enough to present Linda Potts with her long service award. Linda, who is very well known around the Trust has been with us since 1971! Her 50

years have seen her working across different sites and wards and she now works in the King Suite at Glastonbury Court. It was so interesting talking to Linda about how she has seen medicine change since the 70s and to see she's still so passionate about looking after others. Thank you, Linda!

As life returns more back to normal in the UK, we are seeing increasing demands on our services. In recent weeks we have seen a surge in the numbers of people coming to our Emergency Department. Our system partners have also reported a surge in demand and work is ongoing to understand why we're seeing this rise in numbers. We also continue to care for high numbers of vulnerable patients in the community, many of whom have been directly affected by Covid-19 and have multiple health conditions requiring complex care plans.

In order to make sure we see patients as quickly as possible and to get through our waiting lists, we have signed up to be one of 12 integrated care systems to lead a £160 million initiative to tackle waiting lists and develop a blueprint for elective recovery. These 'elective accelerators' will each receive a share of the funding alongside support to implement and evaluate innovative ways of working to ensure services are sustainable for the future.

We are also improving services for young patients coming into our emergency department. Claire Thompson has joined us as a play specialist. Based in our Emergency Department, Claire is working with children up to the age of 16 and can also attend patients in the neonatal unit or day surgery. Her role involves preparing children for procedures such as imaging, blood tests and theatres, helping them to deal with anxieties and worries. The role has been funded by the My WiSH charity and will support the post for two years.

Of course, the brilliant work our staff and charity do across the Trust is only part of our story. We are delighted to be able to welcome some of our volunteers back into the Trust. Our volunteers undertake hugely valuable roles across our many teams and they have been hugely missed throughout the pandemic. We are beginning to welcome those who wish to return back into our sites - albeit with the necessary protocols and risk assessments in place to keep them, our staff and our patients as safe as possible. We recently celebrated 'Volunteers' Week' at the Trust and it was a great opportunity to thank our volunteers who have really suffered from a frustrating year.

In April we announced some forthcoming changes to the executive leadership team. Dr Nick Jenkins has now stepped down from his role as our medical director in order to spend time supporting his family and providing care, as they deal with a period of illness. However, I am happy to tell you that Nick will continue his work with us as a part-time emergency medicine consultant. Deputy medical director Dr Paul Molyneux has taken over in the interim while the recruitment process for our next medical director takes place.

In addition, Helen Beck, our chief operating officer, has confirmed she will be retiring at the end of November. The process to recruit for her replacement will start shortly or so and we hope to appoint a successful candidate to commence in post by December. On behalf of the WSFT Board, I would like to thank both Nick and Helen for their dedication and leadership over the years. Their commitment to the Trust has been unwavering and they have achieved so much. In particular, over the last year, they have both played pivotal roles in helping to steer the West Suffolk through our response to the Covid-19 pandemic. We will be very sad to see Helen go later in the year, but wish her all the very best in her retirement.

The construction site outside occupational health is part of the preparation works for the new decant ward which will be known as G10. The new decant ward will help to minimise disruption to patients while we carry out maintenance work in the current building. It is designed as a modular structure which means it has the potential to both be put in place quickly – due to complete in July - and also to be moved and re-used in the future. As well as delivering the maintenance work described above our focus is on preparing, supporting and delivering the operational reset for our patients waiting for planned care and treatment. We are

acutely aware of the impact for patients that long waits have and the operational report on the board agenda sets out how we are responding to this challenge.

At the end of 2020 the Trust was confirmed as one of 40 across the country to receive funding for new build projects from the Government's New Hospital Programme (part of the Health Infrastructure Plan). A significant number of public and staff took part in the first phase of engagement at the end of last year which looked at what future clinical services could look like. The next stage will focus on how to plan hospital wards, how to improve patient experience and the use of technology in patient care. We are gathering both staff and patient views through a survey and bespoke discussion workshops. The survey is now live and can be accessed on the website at <https://www.wsh.nhs.uk/New-healthcare-facility/Please-tell-us-what-you-think.aspx>. A more detailed update will be received by the Board as part of the regular agenda item on this work.

As part of looking to the future we have also been doing a considerable amount to work to refresh our Trust strategy. The direction of the new Strategy, with updates to the vision and ambitions has been agreed, with all feedback received so far considered. There is no doubt that the feedback received from staff, governors and stakeholders, as part of the consultation exercise, has made the document stronger, more robust and representative. Thanks to those of you on the Council of Governors that submitted feedback.

An interactive session including the Board and TEG recently took place on 2nd June, which profiled how the nursing, midwifery and AHP, and digital, strategies are already working to align with the new direction. The workshop also considered and agreed the metrics in more detail.

A final version of the strategy is being prepared for Trust Board in June, as well as the reader panel, with a view to moving it into the design phase thereafter. Further work on how to support divisions/departments/teams to map their local strategies to the new Trust strategy and weave the new strategy into the fabric of the organisation is ongoing.

An overview of the strategy is found below.



As well as the behind the scenes work to embed the strategy into the organisation, we will also be producing a suite of materials to help with the launch, including the full report; 'strategy on a page' (for use on social media/posters etc) and a short animation to help our staff and stakeholders visually connect with the strategy and how it relates to our day to day work.

The final launch date of the new strategy is to be confirmed.

As part of the work on our strategy, we are also taking the opportunity to refresh our First Trust Values.

Our existing First Trust Values were developed back in 2008. As a set of guiding principles for how staff should behave they have served the Trust well. However, since the values were developed 13 years ago, the Trust has seen many changes and developments. The organisation has grown and now comprises of two hospitals (Bury St Edmunds and Newmarket); a community team operating across West Suffolk and a GP surgery in Glemsford as well as the main hospital site in Bury St Edmunds.

As well as changes to its size and structure, the Trust has also been on a journey in terms of its CQC ratings. Since 2008 it has gone from being rated as ‘good’ to ‘outstanding’ and then in 2019, the Trust dropped to a rating of ‘requires improvement’. Since then the Trust has been on a path to learn and improve.

The Trust’s 2015-2020 strategy has now expired. It is right, as part of the work to refresh the strategy, and in looking forward to the next few years, to question whether our values still reflect the organisation we have become.

The new strategy proposes changes to the way we frame our ambitions. We plan to retain the existing vision “Deliver the best quality and safest care for our community” but streamline our current three priorities and seven ambitions into just three ambitions, which will be powered by our First Trust Values.

As part of the development process for the new strategy we have consulted staff. Some of the feedback around the existing First Trust Values is that they are conflicting and confused. So, to reflect the new ambitions in the strategy and how the organisation has evolved and adapted, we propose altering some of our values.

These revised values do not move us dramatically away from what has gone before, but simply reflect the evolution of the organisation. They are also closely connected to the overall [NHS values](#) and should therefore provide common ground for co-operation to achieve shared aspirations, at all levels of the NHS.

Our existing values are: Focused on patients; integrated; respectful; staff focused and two-way communication.

The proposed revised First Trust Values are:

Proposed new Value	Explanation
Fairness	We value and prioritise fairness and treat each other appropriately and justly.
Inclusion	We are inclusive, appreciating the diversity and unique contribution everyone brings to our organisation.
Respect	We respect one another and our patients. We seek to understand each other’s perspectives so that we all feel safe and able to express ourselves.
Safety	We put safety first for our patients and staff. We seek to learn from our mistakes and create a culture of learning and improvement.
Teamwork	We work and communicate as a team. We support one another, collaborate and drive improvements across the Trust and wider local health system.

We are currently gathering feedback from staff on these revised values and welcome any thoughts or feedback from the Council of Governors at this stage.

9. Governor issues (enclosed)

To note a summary of the questions raised by governors, March – May 2021

For Reference

Presented by Liz Steele

REPORT TO:	Council of Governors
MEETING DATE:	17 June 2021
SUBJECT:	Summary of questions raised by governors, March-May 2021
AGENDA ITEM:	9
PREPARED BY:	Georgina Holmes, FT Office Manager
PRESENTED BY:	Liz Steele, Lead Governor
FOR:	For information

The following is a summary of the subject matter of questions submitted by governors for March to May 2021.

In accordance with the agreed process, all questions are logged and a response sent to the governor who submitted the question. A summary of questions and responses is then circulated to all governors on a monthly basis.

March:

- VTE assessment prompts, and other care intervention prompts
- Staff Covid briefings
- Volunteering

April:

- Blood test waiting times
- Public attendance at public board meetings
- Phlebotomy services

May:

- New buildings development - limiting the potential impact on the local environment and on the health of local residents, patients and staff
- RAAC planks
- Safe guardian report; sepsis; discharge letters; staff leaving info (*response outstanding*)

10. Governor Engagement (enclosed)

10.1 Future systems engagement

10.2 Report from Engagement committee

(a) To receive the minutes from the meeting of 22 April 2021, including feedback from CEG

(b) To approve amendments to Engagement Strategy for 1 April 2021-31 March 2023

For Discussion

Presented by Florence Bevan

REPORT TO:	Council of Governors
MEETING DATE:	17 June 2021
SUBJECT:	Future System Engagement
AGENDA ITEM:	10.1
PREPARED BY:	Emma Jones, Future System Communications and Engagement Lead
PRESENTED BY:	
FOR:	Information

The following paper outlines the communications and engagement activity relating to the Future System programme to date.

Clinical Engagement

On 1st March, an online survey capturing both patients, visitors, and staff views about clinical services, technology, and their ambition about how our services could look in the future was launched. This activity is a part of our ongoing co-production and will result in clinical service visions that have been created with our patients, staff and wider community. You will see posters across the Hardwick Lane and community sites advertising the opportunity to staff, patients, and visitors. We have also been working with numerous stakeholders such as charities, ICS, CCGs both in Norfolk and Suffolk, Norfolk and Suffolk district, parish and county councils, PPG's, Healthwatch Suffolk and Voluntary organisations to share the opportunity with staff, patients, clients, and users.

We have recently re-advertised the survey via the local press, social media, newsletter, community engagement group and system partners. This phase will be ongoing until the end of July and will be supplemented with bespoke discussions held with the community engagement group.

One element of our overall communications and engagement strategy is to implement engagement opportunities which patients and staff can complete whilst in situ for example whilst waiting for an appointment or taking a break at work. To make sure these engagement opportunities are as safe as possible we are working with the infection, prevention and control team. Possible items we are exploring include iPads in waiting areas, 'thought trees' and suggestion boards.

It is important that we hear and include views from a range of perspectives. The following activity has been undertaken to work towards this aim;

- We have presented to the Forest Heath Disability Forum and have been working with Learning Disability Charity ACE to develop easy read versions of our materials. They will also be working with us to host workshops adapted to those with learning disabilities. To capture those with physical and mental disabilities and not just learning difficulties we are in discussion with the Suffolk Coalition of Disabled people about the areas they may be able to facilitate and support. The Speech and Language Therapy (SALT) team within the trust

are assisting in ensuring communications are aphasia friendly from both a staff and patient perspective.

- We are working with our system colleagues at Suffolk County Council to target specific audience groups such as the homeless, rough sleepers and street sex workers to capture marginalised voices.
- We continue to team up with our Communities & Families colleagues at West Suffolk Council, Babergh and Mid-Suffolk Council and South Norfolk Council to extend our reach and capture those seldom heard.
- We are collaborating with our system associates to capture the voices of younger audiences and will be holding bespoke sessions with the Youth Advisory Group and the Western Assembly of Youth. We are also in discussion with several schools regarding carrying out workshop sessions as part of RE / PSE lessons and presenting in school assemblies. The opportunity to join the online survey and the community engagement group has also been extended to the parents of both primary and secondary pupils.
- We hosting workshops with the West Suffolk Maternity Voice Partnership to ensure we capture the aspirations and concerns from new and expectant parents recognising that many will also be parents to siblings and able to feed into the paediatric workstream. The first of these sessions will focus on neo-natal care and is being held on 16 June 2021.

Community Engagement Group

The ethos of co-production is embedded in the future system programme. One of the key elements of this is developing clinical and design proposals with the inclusion of our patients, stakeholders such as Governor' and the community – working with those it affects the most.

At the meeting in March, we introduced the Community Engagement Group (formally known as the Co-Production Community Engagement Group). Two members of the Governor's Engagement Committee attend these meetings each time.

To date we have more than 100 members of the community engagement group who we can call on to participate in bespoke focus groups and workshops to develop our clinical visions.

The VOICE group assisted in developing a new name for the co-production community engagement group which will now be called the community engagement group going forwards.

The first Community Engagement Group session was held on Wednesday 24th March. The discussion was fruitful and focussed on ward configuration. In total we had 22 attendees from a variety of backgrounds which provided a rich session.

Conversations centred primarily around the challenges that single rooms presented especially loneliness and isolation in all age groups – not just the older generation.

The group proposed a variety of elements which could be implemented to mitigate this and talked about the benefits that single rooms did also present.

Considerations needed to be made for those staying with a patient such as a parent and/or carer.

At the end of the call, we asked for the participants to rate using the scale of agreement how they felt about 100% single rooms. The scores were insightful with those you wouldn't expect not necessarily wholeheartedly supporting the idea. 15 attendees voted with a combined score of 38.5.

To put this into context 15 would be all attendees fully supporting the idea and 120 being completely against it.

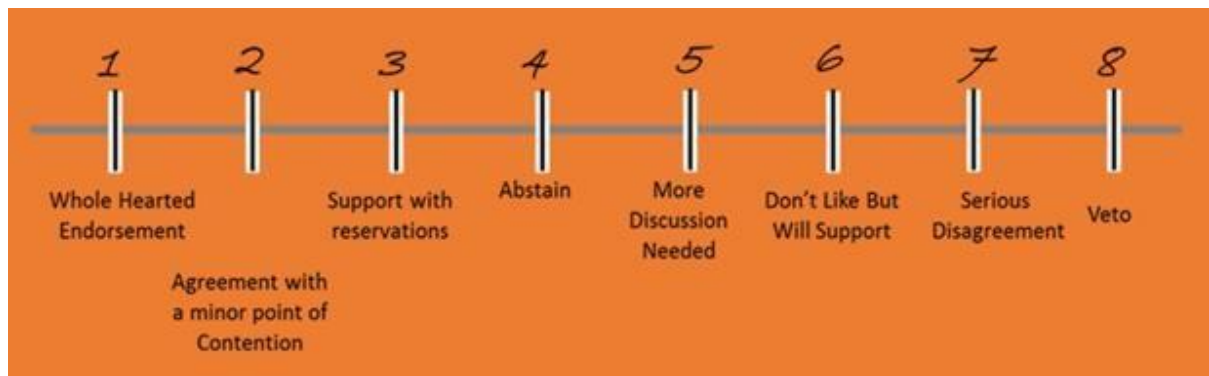


Figure 1 Scale of agreement

Subsequent Community Engagement sessions have centred on the name and strapline of the project. The next meeting is to be held on 9 June 2021 and will be about the entrance to the hospital. All the sessions follow a similar format.

Preferred site engagement

Our initial preferred site engagement has drawn to a close, this engagement ran for six months from December to May. Healthwatch Suffolk are in the process of evaluating our feedback, engagement methods and identifying the predominate themes raised. This will allow us to apply any learnings to future engagement phases.

Public planning Engagement

The project team is aiming to submit a planning application for the site during the winter. However, ahead of this we will be gathering the views of our patients, staff and local community to help inform and shape the application and will be holding two planning engagement phases.

The first of two opportunities will feature early plans for the new hospital, how and why the site has been selected, over other shortlisted sites, and share comments and feedback. This phase will run from Monday, 21 June – Sunday, 1 August.

A second opportunity, due to be launched later in the year in the autumn, will allow the local community to find out more once further investigations have been carried out and initial plans have been developed. Feedback gathered during these engagement phases, and our investigations, will help formulate the planning application due to be submitted at the end of the year.

Our approach and methods employed seeks to engage as widely as possible within the local community and surrounding towns and villages given that people who use the hospital live across West Suffolk and across the border in Thetford. This will allow the local community to provide feedback in various ways in order to ensure responses are maximised.

To remain inclusive a range of digital and non-digital approaches are being taken. These include;

- 4-page leaflet posted to the community and feedback form for all pop-up events.
- Articles placed in established project newsletter with a circulate of more than 200 people.
- Community pop-up events in Bury St Edmunds, Haverhill, Thetford and Newmarket.

- Virtual engagement event.
- Social media adverts to publicise the engagement events and drive traffic to the website.
- Organic social media posts.
- Stakeholder meetings with Town Council, West Suffolk Councillors, Suffolk County Councillors and MPs.
- Dedicated project website (including an online feedback form).
- Press releases to local media.
- Freepost address and project email address.
- Opportunity shared with members of the community engagement group, trust members, governors, charitable donors, volunteers, VOICE group and staff through existing channels.

This engagement approach underlines the commitment to the local community and surpasses the requirements set for planning engagement by West Suffolk Council.

A number of COVID secure face to face events have been planned for the following locations, the dates and times of the events are currently being finalised with the venues.

The locations are:

- Bury St. Edmunds
- Haverhill
- Newmarket
- Thetford

A virtual meeting will also be held for the general public, a separate one for local residents and a further one for staff.

Information on the proposals and an online feedback form will be available on the dedicated website from Monday, 21 June. To make sure everyone has a chance to share their views and get involved, the online form is compatible with screen readers and the language can be amended.

Hardcopy versions of the feedback form will be posted to households most affected by the proposals and will be available at each face-to-face engagement event. The feedback form is provided with a return freepost address and is available in an easy read format. For those not sent a copy, hard copy versions of the information and feedback form can be requested.

How can Governors support

Governors are valued as both members of the public / patients and as members of the Trust. There are a number of opportunities that we would appreciate the Governor's support with.

Clinical co-production survey

The survey mentioned at the beginning of the paper is still live. We would appreciate the Governors completing this survey as a member of the public / patient if they choose to do so but also to assist with the promotion of the survey. This could be placing posters in the local fish and chip shop, hairdresser, community centre, newsagent etc. Posters have been circulated previously but can be shared again. We would also ask Governor's to publicise the survey verbally during their everyday duties and to share the link to the survey online.

Planning engagement

We will shortly be commencing the first of two phases of engagement which will help to shape and inform the planning application to be submitted during the winter. We would value the Governor's support in sharing the opportunity so as many people as possible can be involved.

REPORT TO:	Council of Governors
MEETING DATE:	17 June 2021
SUBJECT:	Report from Engagement Committee, 22 April 2021
AGENDA ITEM:	10.2
PREPARED BY:	Georgina Holmes, FT Office Manager
PRESENTED BY:	Florence Bevan, Governor (Chair of Engagement Committee)
FOR:	Information and Approval

BACKGROUND

This attached minutes (appendix A) provide a summary of discussions that took place at the engagement committee meeting on 22 April 2021.

Also appended to this report is feedback from the Community Engagement Group (CEG) meetings on 24 March, attended by Carol Bull and Ben Lord, and 9 June, attended by Florence Bevan and Liz Steele

At this meeting the membership engagement strategy (appendix B) was reviewed and has subsequently been amended to reflect the extended membership area and restrictions on engagement due to social distancing requirements.

The recruitment targets have been updated to take into account restrictions due to Covid 19. These will be reviewed in 2022 and amended according to the situation.

RECOMMENDATION

The Council of Governors is asked to:-

- i) Note the minutes of the meeting of 22 April 2021 (appendix A).
- ii) Approve the proposed amendments to the Membership Engagement Strategy (appendix B) prior to submission to the Board for approval.

Report from Community Engagement Group meeting, 24 March 2021 (Carol Bull)

Ben Lord and I attended as observers at this first meeting of the engagement group. The topic was Single rooms v Multi-bedded rooms for the new hospital.

There was no agenda or papers but there was an excellent presentation from Mark Manning.

He started his presentation with some details of the current ward set up, noting that NHS new builds are now required to have a minimum of 70% single bedded units which would mean a significant "culture" change to the way we now operate wards to meet even this minimum requirement. He noted that we must determine what is best for the hospital now and for the next 40 years and that this decision is a priority in the design process of the new hospital. As such consideration needed to be given to whether we went with the 70% or chose to go for 100% single bedded wards. Although it was clear we could opt for another percentage between 70 and 100 in fact discussions centred on either / or which most were comfortable with.

Mark identified in a very clear way what were considered to be the advantages and disadvantages for both staff and patients of single bed and multi-bed wards. This was both comprehensive and extensive and took into consideration both the workability and safety and wellbeing of patients.

The meeting was then thrown open to the group to discuss. This discussion was very well managed with everyone being given an opportunity and encouraged to speak and whilst there were some strongly held opinions it was a very relaxed discussion so people were very happy to air their opinions. Some very helpful and interesting additional points were raised that were picked up by mark and the team.

As the meeting time drew to a close Mark asked all the members how they would vote if 100% single rooms were proposed. It was not a straight yes or no vote but members were asked to award points on a scale of 1 to 8 but again this was not straight forward. 8 was a definite yes and 1 a veto but points in between were qualified with for example "yes but with minor reservations". It seemed to me a very good way of getting a feel for things.

Mark had already had staff input and all this feedback will go into the Clinical Vision Document.

There was a good cross section of participants representing a wide variety of interests but I don't have a definitive list or am aware exactly how they were selected. Some participants had canvassed members of their organisation and brought their views to the meeting as well which was very helpful, whilst for a few it was their own personal thoughts from their and their family and friends experiences.

Overall, I thought it a thoughtful and well prepared presentation which provided participants with the information needed to have a well informed debate and it allowed them to develop ideas and suggestions.

Report from Community Engagement Group meeting, 9 June 2021 (Florence Bevan)

This meeting was well-attended by members of the public and observed by Liz and myself. The object of this session was to gather opinions on the entrance to the new hospital.

Following a presentation with actual and computer-generated possibilities, the discussion mainly focused on the following needs:

- Clear signage including for sight-impaired patients.
- IT technology for signs and checking-in. Alternatives for the less able, or using volunteers to help.
- Recognition that an entrance is also an exit. Hence space to avoid congestion.
- Light and airy atrium as opposed to the fairly gloomy current entrance.
- Adequate seating outside and in long corridors.
- Privacy at all reception desks.
- Wheelchair accessibility and Blue Badge parking close to entrance.
- Possibility of multi departmental entrances.
- Easy flow from entrance to all areas especially blood testing, radiology.
- Discharge area sited near pharmacy and exit.

There was well thought out discussion with interesting contributions.

DRAFT

MINUTES OF THE COUNCIL OF GOVERNORS ENGAGEMENT COMMITTEE

HELD ON THURSDAY 22 APRIL 2021, 5.00pm

Via Microsoft Teams

COMMITTEE MEMBERS		Attendance	Apologies
Florence Bevan	Public Governor	•	
Carol Bull	Partner Governor	•	
Robin Howe	Public Governor	•	
Ben Lord	Public Governor	•	
Laraine Moody	Partner Governor		•
Liz Steele	Public Governor (Lead Governor)	•	
In attendance			
Georgina Holmes	FT Office Manager		
Richard Jones	Trust Secretary / Head of Governance		
Emma Jones	Future System Communications and Engagement Lead		

21/11 APOLOGIES

Apologies for absence were received from Laraine Moody.

Cassa Nice had also sent her apologies.

21/12 MINUTES OF MEETING HELD ON 3 MARCH 2021

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

21/13 MATTERS ARISING ACTION SHEET

The ongoing actions were reviewed and the following issues raised:

Item 35; Diabetes talk; appropriate speaker needed to be identified.

Item 53: Virtual talk on mental health issues as a result of Covid; Natalie Bailey was due to give an update to the board in July. She felt that this might not be the appropriate time to give a talk to the public but would review following her presentation to the board.

The completed actions were reviewed and there were no issues.

21/14 EXPERIENCE OF CARE

- Cassia Nice had advised that there was nothing of significance to update the committee on.

21/15 FUTURE SYSTEM ENGAGEMENT

15.1 To receive a report from the Co-Production Community Engagement Group (CCEG) meeting on 24 March 2021

- It was noting that the name of this committee had been changed to Community Engagement Group (CEG).

Action

R Jones

R Jones

DRAFT

- Carol Bull considered this to have been a very good meeting that had been well prepared for with good engagement.
- There was some confusion as to whether governors were attending these meeting in an observational/assurance capacity, so that they could feedback to the governing body, or whether they should have an input.
- It was explained that governors had been invited to attend these meetings as observers, so that they could hear what was being discussed and provide assurance to the Council of Governors on the process. The purpose of these meetings was to give a voice to the local community stakeholders. Stakeholder groups who attended these meetings would vary depending on the subject matter.

15.2 To receive an update on Future Systems programme engagement

- The committee received a very informative report from Emma Jones who explained the current engagement activities for the future system and the different groups that the team was engaging with, as well as further arrangements for communication with local residents.
- The proposed project name, 'The West Suffolk Way Forward' and strap line, 'Healthcare for the Future' had been discussed at the programme project board last Tuesday. These were now being taken out for testing before they were finally confirmed.
- Emma Jones would forward George Holmes details of the next CEG meeting so that this could be forwarded to committee members for a decision as to who would attend.

ACTION: forward date of next CEG meeting to committee members.

- Alongside the purpose of governors attending these meeting to receive assurance on engagement, there might be occasions when this was used to inform governor engagement activity. This was likely to be at the request of Emma Jones or Cassia Nice if further feedback was required to assist in making a decision.

**E Jones /
G Holmes**

15.3 To agree how to feedback information from CEG meetings to governors

- The engagement committee would feedback on the CEG meetings in its quarterly report to CoG meetings. This would provide assurance to governors on the future system engagement process as well as the aims of the meetings.

ACTION: include report on CEG meetings in engagement meeting report to CoG.

- Additional briefing sessions would be arranged for governors as required.

F Bevan

21/16 **ENGAGEMENT STRATEGY, TERMS OF REFERENCE AND ENGAGEMENT PLAN**

- The engagement strategy would be amended to reflect the extended membership area.

ACTION: update engagement strategy to reflect new membership area.

- A number of governors, particularly those who were newly elected/appointed, were not aware of the governor role in recruitment of new members. Engagement activities, eg specialist talks and Courtyard Café surveys had previously been the most effective method of recruitment but this had not been possible during the past year.
- Membership leaflets would be sent out to all governors so that they could sign up new members (families/friends etc). Engagement committee members to feedback any suggestions for updating.

R Jones

ACTION: email governors explaining role in recruitment and send out membership leaflets.

G Holmes

DRAFT

Engagement committee members to put forward suggestions for updating/improving leaflet.

All

- It was suggested that information on becoming a member should be more obvious and easier to find on the website.

ACTION: invite Helen Davies to attend next Engagement committee meeting re governor area on website.

G Holmes

- The engagement committee needed to consider ways in which it could engage with members more, as well as recruiting new members. It was proposed that as soon as face to face meetings of more than six people were able to take place a half-day session should be arranged to review engagement and decide the aims and goals of the committee.

ACTION: arrange a half-day session for committee when restrictions allow.

G Holmes

21/17 FEEDBACK REPORTS

17.1 Membership numbers

- The membership numbers were received and noted.
- It was agreed that the targets should not be increased as it was more important to have a smaller number of members who were engaged rather than a larger number who were not interested.

21/18 ISSUES FOR ESCALATION TO THE COUNCIL OF GOVERNORS

- There were no issues for escalation.

21/19 DATES OF FUTURE MEETINGS

The dates for Engagement committee meetings for 2021 were noted:

Thursday 22 July, 5.00pm

Thursday 28 October, 5.00pm

Membership Engagement Strategy

April ~~2019-2021~~ to March ~~2021-2023~~

Engagement Strategy

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1. Introduction

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

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

1.1 Purpose of strategy

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

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

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

1.2 Engagement objectives

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

Deliver for today

- Increase understanding amongst the public and members of the Trust's strategy and the range of services offered by it, including current changes in health services and the challenges the Trust and local health and care services are facing
- Maintain our existing membership base and ensure that it reflects the diversity of our local communities

Invest in quality, staff and clinical leadership

- Actively engage with the public and members to understand their views and aspirations for the Trust, including how it can develop and improve
- Through our representative membership learn from, respond to and work more closely with our patients, public, staff and volunteers to develop and improve our services

Build a joined up future

- Deliver a range of engagement events and activities to focus on engagement and communicating the strategic plans for the Trust
- Strengthen engagement with users of community services and staff delivering these services
- Through the range of events and contacts promote wellbeing

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

2.0 The membership

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

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

Our members will:

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

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

2.1 Becoming a member

Our potential members can be drawn from the following:

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

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

All members must be 16 years of age or over.

A person can become a member by:

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

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

2.2 Defining our membership

2.2.1 Public

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

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

As we continue to develop and provide more services in community settings the Trust recognises that this may mean that services grow beyond the current boundaries of the organisation. Therefore, the Trust expanded its membership area in ~~2016/17~~ May 2021 and will continue to review this on an annual basis to ensure it is representative of the area served by the Trust.

2.2.2 Staff

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

- be employed by the Trust under a contract of employment which has no fixed term or has a fixed term of at least 12 months; or have been continuously employed by the Trust under a contract of employment for at least 12 months; or
- exercise functions for the purposes of the Trust, without a contract of employment, continuously for a period of at least 12 months. For clarity this does not include individuals who exercise functions for the purposes of the Trust on a voluntary basis.

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

3.0 Recruitment of members

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

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

3.1 Methods of recruitment

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

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

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

Methods of recruitment used in the past include:

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

3.2 Who is responsible for recruiting members?

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

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

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

3.3 Recruitment plan

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

3.3.1 Public members

Direct recruitment plan

(subject to social distancing restrictions)

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

Indirect recruitment plan

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

Media coverage

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

3.3.2 Staff

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

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

4.0 Engaging with public and members

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



Figure 1: Feedback collection methods from Experience of Care Strategy

4.1 Members' newsletter

The membership newsletter is distributed to all members.

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

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

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

4.2 Public and Member events

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

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

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

4.3 Staff involvement

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

4.4 Engagement plan

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

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

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

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

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

5.0 The membership register

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

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

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

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

6.0 Monitoring success

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

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

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

6.1 How will the success be measured?

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

Criteria	As at 31 March 2020 2021	Target (Mar 2023 ¹)
1. Achievement of the recruitment target: a. Total number of Public members b. Staff opting out of membership	6295 6251 <1%	6,000 <1%
2. Achieve a representative membership for our membership area, Priorities for action: a. Age – recruitment of under 50s b. Engagement and recruitment events in all market towns of Membership area (Thetford, Newmarket, Stowmarket, Haverhill and Sudbury)	1212 1240 20% ¹	1,250 100% (40%) 40%
3. An engaged membership measured by: a. number of member events b. member attendance – total all events c. annual members' meeting attendance (each year)	2 362 ^{2*} 295 (2019)	6 (3) 3 ³ 800 [*] (400) 400 ^{2 and 3} 200

* ~~Includes people attending Annual Members' Meeting~~

~~Figures shown in brackets have been adjusted due to COVID-19~~

~~¹ Figure as at March 2020 (paused due to Covid-19)~~

~~² Includes people attending annual members' meeting – figure as at March 2020 (paused due to Covid-19)~~

~~³ Figures have been adjusted due to Covid-19~~

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

DRAFT

Appendix 1

PUBLIC ~~CONSTITUENCY~~ CONSTITUENCIES OF THE TRUST

The Trust has two public constituencies made up of the wards below. The minimum number of members in each public constituency will be 100. Patients and members of the public who reside in the following areas are eligible to join our public constituency~~es~~es:

A. Suffolk and bordering areas

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

Mid Suffolk:

~~All wards. Bacton & Old Newton, Badwell Ash, Barking & Somersham, Bramford & Blakenham, Claydon & Barham, Debenham, Elmswell & Norton, Eye, Fressingfield, Gislegham, Haughley & Wetherden, Helmingham & Goddenham, Hoxne, Mendlesham, Needham Market, Onehouse, Palgrave, Rattlesden, Rickingham & Walsham, Ringshall, Stowmarket Central, Stowmarket North, Stowmarket South, Stowupland, Stradbroke & Laxfield, The Stonhams, Thurston & Hissett, Wetheringsett, Woolpit, Worlingworth.~~

South Norfolk:

Bressingham and Burston, Diss and Roydon

West Suffolk:

~~All wards. Abbeygate, All Saints, Bardwell, Barningham, Barrow, Brandon East, Brandon West, Cavendish, Chedburgh, Clare, Eastgate, Eriswell & the Rows, Exning, Fornham, Great Barton, Great Heath, Haverhill East, Haverhill North, Haverhill South, Haverhill West, Horringer and Whelnetham, Hundon, Icen, Ixworth, Lakenheath, Kedington, Manor, Marham Park, Market, Minden, Moreton Hall, Northgate, Pakenham, Risby, Red Lodge, Risbygate, Rougham, Southgate, St Marys, Severals, South, St Olaves, Stanton, Westgate, Wickhambrook, Withersfield~~

B. Rest of Norfolk, Cambridgeshire and Essex

All wards of Norfolk, Cambridgeshire and Essex, excluding wards mentioned in public constituency A (Suffolk and bordering areas) above.

11. Summary quality and performance report (enclosed)

To note the report

For Reference

Presented by Rosemary Mason

REPORT TO:	Council of Governors
MEETING DATE:	17 June 2021
SUBJECT:	Summary quality & performance report
AGENDA ITEM:	11
PREPARED BY:	Helen Beck, Chief Operating Officer Daniel Spooner, Deputy Chief Nurse
PRESENTED BY:	Rosemary Mason, Associate Non-Executive Director
FOR:	Information - To update the Council of Governors on quality and operational performance

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

Quality indicators

Performance against key quality indicators is summarised below.

Nurse staffing

Nursing fill rates significantly improved over the last three months with most areas seeing a fill of greater than 90%. This was supported by the reducing sickness rates and staff being released from shielding. The Trust achieved the NHSE ambition for reducing nursing assistant (NA) vacancy to 0% by end of March 2021. This was supported by additional HR support and pastoral support for new nursing assistants commencing in the trust. Vacancies in both registered nurses (RNs) and NAs increased as expected in April following the introduction of the nursing uplifts agreed by the board in January and an expansion to the Emergency Department footprint. Most recent vacancy figures for the Trust is RNs 7.8% and NAs at 6.9%

Ward Accreditation Program

Ward Accreditation (WA) brings together key measures of nursing and clinical care into one overarching framework to enable a comprehensive assessment of the quality of care at ward, unit or team level. The WA steering group was established in April 2021, consisting of members of the MDT and quality improvement team. This group has begun to formalise how we will measure quality and embed quality improvement into the ward environment. This group will then form a smaller project group and devise a schedule of delivery. This program is expected to take up to six months to scope, create and pilot the WA program

Incident reporting

The number of patient safety incidents reported in April increased very slightly compared to March but remained comparable to previous months. The number of incidents resulting in harm decreased compared to March. A drill-down into incident categories shows that pressure ulcers (PUs) and falls remain the main contributor to increased harm. The incidents reported per 1,000 bed days rose in April but remains within the normal limits of the recent 12 months.

Falls

Falls per 1000 bed days has reduced on month following the elevated spike seen in January and February this year. Both March and April saw a reduction in this measure and below the national average.

Pressure Ulcers

A reduction in new pressure ulcers in the acute Trust has been seen since a high in January 2021. This reduction is seen in both overall incidences and also in per 1000 occupied bed days. A number of bespoke QI projects are being delivered in the inpatient wards to further improve this measure.

Compliments and Complaints

Formal complaints have returned to pre-pandemic levels, with a high number of complaints (n=22) seen in March, but returning to expected levels in April. Compliments also rose in April (n=26), compared to the lower number seen in February and March. The clinical helpline continues to be well received by ward staff and patient relatives and is assisting approximately 94 calls a day. The complaints team continue to work with the clinical teams well and there were no late or overdue responses in February, March or April.

Community 18 week performance

The aggregated % of patients treated within 18 weeks for all community services in April was 89.06% with the lowest individual service being Wheelchairs at 79.82%.

Community Activity

The total activity for community services has returned to pre-COVID levels and other means of contact (telephone, video and email) have altered. March and April 2021 have been very busy and the combined face to face, telephone and virtual activity has been significantly above the levels in both March and April 2019 and 2020.

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.

Five red flag events were recorded in April relating to three delays in induction of labour, one inability to accommodate a birth within the birthing unit, due to staffing, and one delay in observations due to staffing on F11. None of these incidences resulted in harm.

Midwife to Birth ratio

Since the introduction of eCare in March 2021 we are unable to collect this data. This has been escalated to the relevant teams to provide resolve this issue.

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 March 2021 we achieved 97% compliance and April 93% compliance was achieved. A recruitment drive to increase the number for labour suite coordinators has been completed and are expected to join the team in May 2021.

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.

Since February the trust has developed a structured escalation and assurance meeting framework including our local partners (CCG) with

- Weekly emerging incident review (EIR) meeting – escalation and awareness forum with executive attendance to address immediate mitigations and determine pathway which the adverse event will follow. Completion of duty of candour considered as well as support for staff.
- Monthly patient safety quality assurance (PSQA) meeting - considers safety recommendations and provides quality assurance of final report including provision to family/relatives/other involved parties with executive attendance.

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

Covid demand has been minimal over the past month with a maximum of one or two inpatients any one time and significant periods with no Covid positive inpatients. Data suggests we may expect a third peak sometime between August and September and we are monitoring developments with the newest variant closely.

Over the past four weeks however, the trust has seen a notable increase in general and acute demand, largely driven by increased ED attendance. Whilst we had, through March and April, seen reduced demand this has now changed and we are starting to see acute activity comparable to pre-pandemic levels

We have also been working hard to delivered increased levels of elective activity in OPD, diagnostics, DSU and inpatient areas to start to address some of the backlogs of work which have developed as a consequence of managing the Covid activity in the trust.

Structural decant programme

The bearing extension and failsafe programme is well underway and is impacting on our capacity in a number of areas:

- Contractors are working in 3 wards concurrently, which has been achieved through closure of, one medical ward, one surgical ward and the winter escalation ward. General and acute capacity is therefore more stretched and we have regularly used surge capacity (such as AAU, AEC and DWA) to manage flow. This is despite continued focus which has reduced the volume of medically optimised patients and low numbers of stranded patients (length of stay longer than seven days). We are starting to see the impact of reduced capacity and can expect to use escalation and surge capacity until the bearing extension programme concludes in the autumn. The new decant ward (G10) is due to come on line mid-July which will ease the pressure to some extent.
- The critical care decant was delivered as planned and the service is currently based on F2. There have been three none clinical transfers out of the organisation but generally capacity has been sufficient to meet demand. The ITU failsafe work is scheduled to be completed by mid-June and currently is on track.

- The failsafe work to the inpatient theatres commenced on 3rd June, significantly reducing inpatient theatre capacity for 16 weeks. A number of plans have been developed to mitigate this loss, including; weekend working, use of the independent sector, increased use of DSU and outsourcing of some cases to other providers. We are also planning to use some capacity in a Vanguard Unit (temporary theatre) on the Ipswich site during this period. At the end of the theatre programme Th 1 will be recommissioned giving the trust much needed additional theatre capacity.

We have established the RAAC core resilience team (CRT) to provide oversight and operational planning capacity for the bearing extension and failsafe programmes. Bringing together the technical estates, clinical, business support and operational teams has already seen benefit and there is good cross function working in place.

Elective Restoration and Accelerator Programme

Elective restoration continues at pace notwithstanding the challenges of the decant programme. Activity levels remain ahead of the national guideline thresholds (75% From May) in all points of delivery. May data has shown a consistent level of delivery with first outpatients (91%), follow ups (100%), inpatient electives (93%), day cases (98%), MRI (81%), CT (116%) and Endoscopy (93%).

The table below shows the performance for WSFT as well as ESNEFT and the combined system.

Key headlines:

First outpatients:

APRIL	90.6%	MAY	91.0%
-------	-------	-----	-------

Overall	92%	was	86%	Target:	75%	(from May)
WSFT	91%	was	81%			
ESNEFT	92%	was	87%			

Follow up outpatients:

APRIL	92.2%	MAY	92.2%
-------	-------	-----	-------

Overall	94%	was	88%	Target:	75%	(from May)
WSFT	100%	was	93%			
ESNEFT	92%	was	86%			

Inpatient electives:

APRIL	91.1%	MAY	107.9%
-------	-------	-----	--------

Overall	110%	was	102%	Target:	75%	(from May)
WSFT	93%	was	90%			
ESNEFT	116%	was	106%			

Daycases:

APRIL	95.6%	MAY	103.4%
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Overall	105%	was	98%	Target:	75%	(from May)
WSFT	98%	was	90%			
ESNEFT	107%	was	101%			

MRI:

APRIL	100.4%	MAY	93.8%
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Overall	90%	was	94%	Target:	75%	(from May)
WSFT	81%	was	85%			
ESNEFT	93%	was	96%			

CT:	APRIL	115.3%	MAY	107.2%
Overall	108%	was	109%	Target: 75% (from May)
WSFT	116%	was	118%	
ESNEFT	106%	was	106%	
Endoscopy:	APRIL	93.3%	MAY	97.0%
Overall	95%	was	95%	Target: 75% (from May)
WSFT	93%	was	90%	
ESNEFT	96%	was	98%	

NB Overall Figures for APRIL are based on 5 Apr – 2 May average. Figures for MAY are based on 3 May – 30 May average. Breakdown figures relate to previous 3week rolling average versus 19/20 baseline

It is pleasing to note that MRI, CT and cardiology (echocardiograms) are now meeting the 6 week diagnostic standard. All of the endoscopy procedures still exceed this standard although progress is being made and most rapid access patients are offered an appointment within 2 weeks.

Accelerator Programme - SNEE has been successful in bidding to become an elective accelerator programme system. This provides the system with an opportunity to deliver 100% of 19/20 baseline activity by July and 120% by September. The bid recognises our RAAC issues as the national baseline ask is 120% in July.

Acceptance to the programme provides £10m additional system funding, over an above the ERF funding, of which £1.6m has been allocated to WSF.

There are three broad elements to the plan – capacity, transformation and sustainability. The programme offers opportunity to offer a rapid increase in elective capacity, and thus reducing the longest elective care waits, and to address long standing access barriers, such as transformation of the outpatient service model. Notwithstanding these opportunities the current capacity reduction (as a result of the bearing extension and failsafe programmes) is a significant hurdle.

Capacity

Priority one focuses on critical capacity increase and productivity initiatives.

The delivery model has been built via a combination of standalone service initiatives and specific capacity increases. These can be summarised as follows:

- An increase in theatre capacity via the procurement of a vanguard theatre (located at Ipswich hospital).
- Maximising independent sector capacity across the region.
- Additional CT, MRI and endoscopy capacity to improve diagnostic waiting times.
- Day case and theatre reprofiling – this includes productivity initiatives and rescheduling main theatre activity in the day surgery unit.
- Increased weekend working in both main theatres and day surgery.
- Review of IPC guidance to facilitate increased throughput.
- Additional schemes are being reviewed and worked up, such as elective super surge weekends.

Transformation

Priority two focuses on transformation and the delivery of workstreams that transform service delivery so as to meet the needs of service users both now and in the future. In this way the programme is supporting both elective recovery (now) and service delivery post pandemic (future).

The transformation programmes include the following initiatives:

- A comprehensive outpatient development programme (which includes work on digital transformation, advice and guidance, patient initiated follow up (PIFU) amongst others.)

- Nationally identified pathways which can be considered high volume, low complexity (HVLC) (29 designated pathways in the following specialties - Cardiology, T&O/MSK, Ophthalmology, Gynaecology, ENT, General Surgery and Urology).
- Identified opportunities to deliver joint management of waiting lists.
- Patient choice and transfer of clinical care between providers.
- Reduced long waits, particularly of those cohorts of patients waiting the longest (52+ weeks.)
- Clinical validation to ensure consistent clinical prioritisation across all points of delivery.
- Improved patient optimisation in primary and secondary care with a focus on health inequalities.
- Productivity opportunities via review of available benchmarking data (such as model hospital and GIRFT).
- Workforce, including recruitment programmes and development of new and expanded roles.

Sustainability

Priority three is sustainability and the creation of a framework in which success is achieved and informs future service configuration. This includes formalised success metrics, reporting, benchmarking and performance management. There are clear synergies between the elective accelerator programme and the future system work and both teams are keen to take a joined up and collaborative approach. It is important that we avoid duplication and engage our clinical teams once collectively, rather than separately or in an uncoordinated way.

12. Summary finance & workforce report (enclosed)

To note the summary report

For Reference

Presented by Louisa Pepper

REPORT TO:	Council of Governors
MEETING DATE:	17 June 2021
SUBJECT:	Summary Finance & Workforce Report
AGENDA ITEM:	12
PREPARED BY:	Nick Macdonald, Deputy Director of Finance
PRESENTED BY:	Louisa Pepper, Non-Executive Director
FOR:	Information - update on Financial Performance

EXECUTIVE SUMMARY:

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

- The 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”).
- Our focus is on our underlying income and expenditure position in readiness for 2021-22

Income and Expenditure Summary as at March 2021

The reported I&E for the year to March is a surplus of £145k .Due to COVID-19 we received top up payments that includes MRET and FRF. This ensures we break even YTD. The ‘top up’ element is £22.6m.

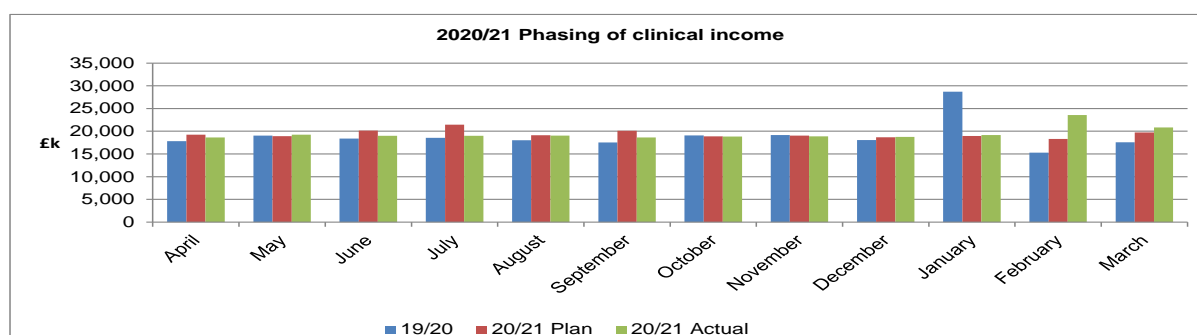
This includes reimbursement of all COVID related expenditure (including vaccination costs), shortfalls against non-clinical income receipts as a result of COVID and costs relating to annual leave carried forward.

Performance against I & E plan

SUMMARY INCOME AND EXPENDITURE ACCOUNT - March 2021	March 2021			Year to date		
	Budget	Actual	Variance F/(A)	Budget	Actual	Variance F/(A)
	£m	£m	£m	£m	£m	£m
NHS Contract Income	18.6	20.3	1.6	220.4	222.7	2.3
Other Income	3.0	9.8	6.9	35.4	39.5	4.1
Total Income	21.6	30.1	8.5	255.8	262.3	6.5
Pay Costs	16.3	18.0	(1.7)	193.4	204.6	(11.2)
Non-pay Costs	8.1	12.2	(4.1)	93.5	91.1	2.3
Operating Expenditure	24.3	30.2	(5.9)	286.9	295.7	(8.8)
Contingency and Reserves	0.0	0.0	0.0	0.0	0.0	0.0
EBITDA excl STF	(2.8)	(0.1)	2.7	(31.1)	(33.5)	(2.4)
Depreciation	0.7	2.6	(1.9)	8.0	9.1	(1.0)
Finance costs	0.3	0.4	(0.0)	3.9	5.2	(1.3)
SURPLUS/(DEFICIT)	(3.7)	(3.0)	0.7	(43.1)	(47.8)	(4.7)
Provider Sustainability Funding (PSF)						
PSF / FRF/ MRET/ Top Up	3.7	2.3	(1.4)	43.1	47.0	4.0
SURPLUS/(DEFICIT) incl PSF	(0.0)	(0.7)	(0.7)	(0.0)	(0.7)	(0.7)
Adjustments for final accounts reporting						
Impairments and donated assets	0.0	0.8	0.8	0.0	0.8	0.8
SURPLUS/(DEFICIT) incl PSF	(0.0)	0.1	0.1	(0.0)	0.1	0.1

Performance against Income plan

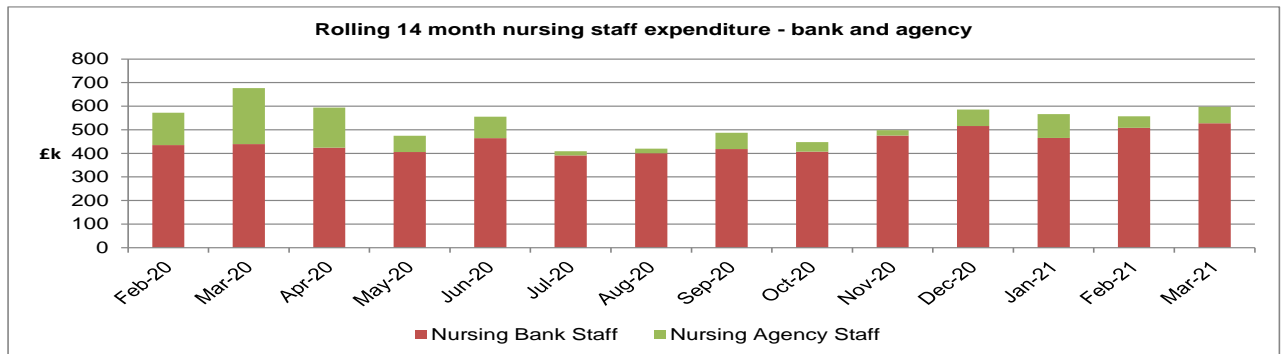
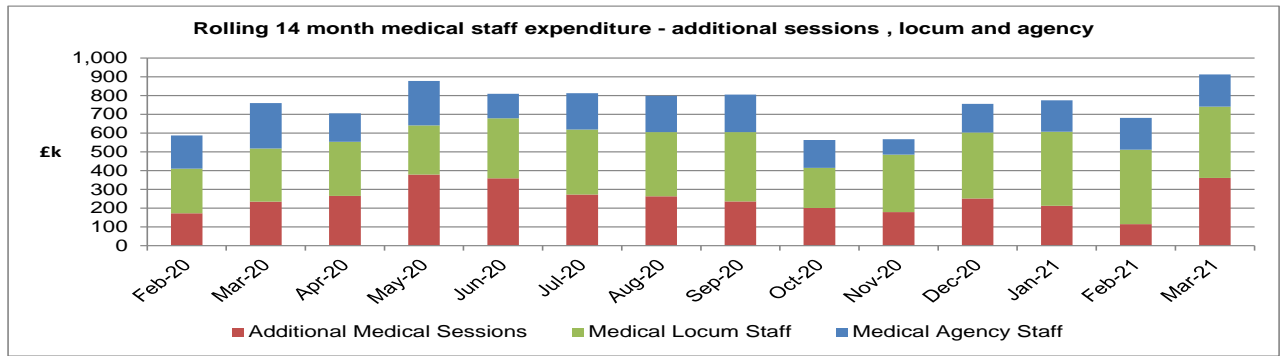
The chart below summarises the phasing of the clinical income plan for 2020-21, including Suffolk Community Health. This phasing is in line with activity phasing and does not take into account the block payment.



Performance against Expenditure plan – Workforce

Monthly Expenditure (£)				
As at March 2021	Mar-21	Feb-21	Mar-20	YTD
	£000's	£000's	£000's	£000's
Budgeted Costs in-month	16,252	16,733	14,491	193,423
Substantive Staff	15,737	18,246	14,593	183,111
Medical Agency Staff	171	170	242	1,998
Medical Locum Staff	380	396	283	3,971
Additional Medical Sessions	361	114	234	3,089
Nursing Agency Staff	69	49	237	789
Nursing Bank Staff	528	509	439	5,403
Other Agency Staff	247	170	105	939
Other Bank Staff	272	294	173	2,706
Overtime	135	215	55	1,512
On Call	93	118	71	1,071
Total Temporary Expenditure	2,256	2,035	1,840	21,478
Total Expenditure on Pay	17,992	20,282	16,433	204,589
Variance (F/(A))	(1,741)	(3,549)	(1,942)	(11,166)
Temp. Staff Costs as % of Total Pay	12.5%	10.0%	11.2%	10.5%
memo: Total Agency Spend in-month	488	389	584	3,725

Monthly WTE				
As at March 2021	Mar-21	Feb-21	Mar-20	YTD
	£000's	£000's	£000's	£000's
Budgeted WTE in-month	4,205.7	4,229.4	3,888.5	51,171.2
Substantive Staff	4,041.1	4,004.4	3,706.5	46,143.4
Medical Agency Staff	14.7	11.2	9.8	180.5
Medical Locum Staff	29.1	34.9	28.5	343.3
Additional Medical Sessions	5.3	2.7	10.4	55.0
Nursing Agency Staff	14.9	10.1	32.0	160.6
Nursing Bank Staff	147.1	147.4	132.0	1,600.2
Other Agency Staff	41.0	29.8	23.0	180.4
Other Bank Staff	107.1	108.0	69.8	1,059.1
Overtime	35.1	56.9	14.6	396.6
On Call	7.0	9.8	6.4	84.1
Total Temporary WTE	401.2	410.7	326.6	4,059.7
Total WTE	4,442.3	4,415.1	4,033.1	50,203.1
Variance (F/(A))	(236.6)	(185.7)	(144.6)	968.1
Temp. Staff WTE as % of Total WTE	9.0%	9.3%	8.1%	8.1%
memo: Total Agency WTE in-month	70.5	51.1	64.9	521.5



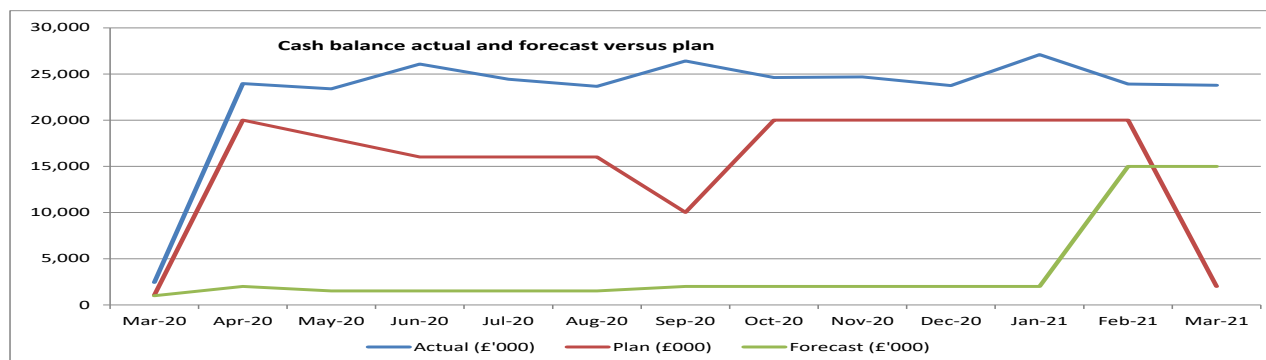
Balance Sheet

STATEMENT OF FINANCIAL POSITION

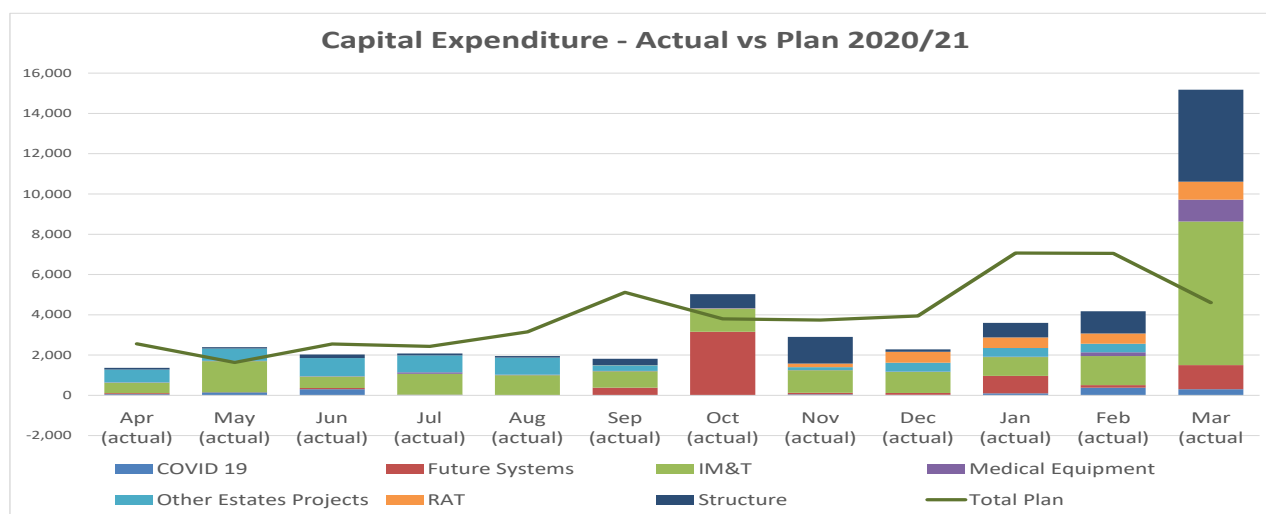
	As at	Plan	Plan YTD	Actual at	Variance YTD
	1 April 2020	31 March 2021	31 March 2021	31 March 2021	31 March 2021
	£000	£000	£000	£000	£000
Intangible assets	40,972	48,986	48,986	59,987	11,001
Property, plant and equipment	110,593	142,614	142,614	129,314	(13,300)
Trade and other receivables	5,707	6,366	6,366	6,341	(25)
Total non-current assets	157,272	197,966	197,966	195,642	(2,324)
Inventories	2,872	3,000	3,000	3,481	481
Trade and other receivables	32,342	18,000	18,000	20,438	2,438
Cash and cash equivalents	2,441	2,005	2,005	23,788	21,783
Total current assets	37,655	23,005	23,005	47,707	24,702
Trade and other payables	(33,692)	(30,838)	(30,838)	(53,598)	(22,760)
Borrowing repayable within 1 year	(58,529)	(3,200)	(3,200)	(6,439)	(3,239)
Current Provisions	(67)	(70)	(70)	(46)	24
Other liabilities	(1,933)	(2,000)	(2,000)	(1,357)	643
Total current liabilities	(94,221)	(36,108)	(36,108)	(61,440)	(25,332)
Total assets less current liabilities	100,706	184,863	184,863	181,909	(2,954)
Borrowings	(52,538)	(51,358)	(51,358)	(47,719)	3,639
Provisions	(744)	(750)	(750)	(852)	(102)
Total non-current liabilities	(53,282)	(52,108)	(52,108)	(48,571)	3,537
Total assets employed	47,424	132,755	132,755	133,338	583
Financed by					
Public dividend capital	74,065	164,063	164,063	158,650	(5,413)
Revaluation reserve	6,942	6,900	6,900	8,743	1,843
Income and expenditure reserve	(33,583)	(38,208)	(38,208)	(34,055)	4,153
Total taxpayers' and others' equity	47,424	132,755	132,755	133,338	583

The cash at bank as at the end of March 2021 is £23.8m.

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	Actual	Actual	Actual	2020-21
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
COVID 19	58	153	305	32	10	17	16	46	26	103	379	300	1,445
Future Systems	51	2	62	3	0	364	3,138	78	90	865	127	1,204	5,984
IM&T	520	1,541	568	1,037	988	813	1,156	1,118	1,048	934	1,447	7,129	18,299
Medical Equipment	16	16	16	75	27	16	27	16	16	16	182	1,090	1,513
Other Estates Projects	639	610	895	838	852	285	0	139	436	433	428	-15	5,540
RAT	0	0	0	0	0	4	1	177	550	529	507	887	2,655
Structure	83	69	178	95	74	315	686	1,328	113	715	1,109	4,567	9,332
Total / Forecast	1,367	2,391	2,024	2,080	1,951	1,814	5,024	2,902	2,279	3,595	4,179	15,162	44,768
Total Plan	2,562	1,632	2,546	2,430	3,151	5,113	3,799	3,734	3,945	7,063	7,053	4,608	47,636

The initial capital budget for the year was approved at the Trust Board Meeting in January 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 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 outturn for the year was £44.8m. The Trust was able to take advantage of some surplus capital funds available regionally to accelerate parts of the 2021/22 capital programme. This was mainly in relation to IM&T hardware and software. The funds allocated via Public Dividend Capital were fully spent during the year.

Recommendation:

To note the summary report.

13. Freedom to Speak Up (enclosed)

To receive a report on Freedom to Speak
Up

For Reference

Presented by Richard Davies

REPORT TO:	Council of Governors
MEETING DATE:	17 June 2021
SUBJECT:	Freedom to Speak Up
AGENDA ITEM:	13
PRESENTED BY:	Richard Davies, Non-Executive Director
FOR:	Information

The Problem

- CQC report following assessment in September/October 2019 highlighted concerns about Trust culture:
 - o 'Not all staff felt respected, supported and valued or felt that they could raise concerns without fear of retribution'
- Staff survey shows deteriorating staff confidence in freedom to speak up
 - o National Guardians Office collates responses to relevant questions in the staff survey to produce a 'Freedom to Speak Up Index'
 - o In 2021 National Guardians Office 'FTSU Index Report' identified WSFT as one of the 10 Trusts with the highest fall in 'FTSU Index' (from 81.6% in 2019 to 77.4% in 2020 -national average 79.2%)
- Still awaiting report from the Rapid Review – which is predicted to be critical of some of the responses of the Trust to a 'whistleblowing' incident
- All in the context of an (appropriately) increased focus on the need to encourage staff within the NHS to speak up when any concerns are identified

Current situation

- Two new Trust FTSU guardians were appointed in November 2020
 - o Amanda Bennet – nursing background and currently works for Health Education England as a student nurse placement facilitator
 - o James Barrett – a consultant radiologist in the Trust
- Approach has been very proactive and enthusiastic
 - o Increasing visibility of FTSU role with wide range of acute and community Trust staff – through formal and informal meetings and production of educational material
 - o Working with HR business partners and Union representatives
 - o Working with patient safety colleagues and others to ensure that learning from FTSU process leads to real improvement
 - o Working with National Guardians Office (NGO) and Trust executive to ensure that FTSU processes meet national standards – including quarterly (separate) meetings with CEO, Chair and Senior Independent Director (SID), and quarterly reports to Trust Board
 - o Improving clarity for staff around FTSU processes
 - o Working to alter perception that speaking up risks career detriment

Outcomes

- Significant increase in FTSU workload – 17 contacts in last quarter
- Better visibility at all levels of the Trust
- Emerging themes
 - o Staffing levels
 - o Bullying
 - o Poor relationships with line managers
 - o COVID issues

What is required for the future?

- Improved training for all staff throughout Trust – at all levels
- Embedding of FTSU processes at all levels – plan to develop **‘Speak Up Champions’** throughout Trust who will receive extra training, will champion FTSU processes and will help signpost appropriate support. This is being supported by the executive team.
- Improved methods to disseminate learning from FTSU process
- Culture change to remove stigma, reward staff for speaking up and making ‘speaking up’ part of ‘business as usual’

Example of FTSU in action

- Concerns raised through FTSU process about effects of ‘long-COVID’ on some staff
- Concerns escalated through SID and Workforce Director
- HR support for individuals affected
- Meeting with SID, Executives, HR representatives, Occupational Health, Psychological Treatment Service to discuss way forward
- Plans to develop support group offering psychological and practical support
- Plans to improve information throughout Trust to highlight support available and to help colleagues to understand the challenges of long-COVID

The FTSU guardians have worked extremely hard over the past few months to develop more effective FTSU processes within the Trust and to consider what more the Trust should be doing to make this organisation an exemplar. However, there is a recognition that the hardest part of the process is changing culture throughout the workforce and demonstrating to all that speaking up in this Trust is safe, supported, and essential – and ultimately is just ‘what we do’ at WSFT. The culture change is likely to be particularly challenging whilst we await the outcome of the rapid review.

14. Future Systems – update on development included in ongoing action log.

For Reference

15. Future Systems – update on development included in ongoing action log.

For Reference

16. Report from 3i committees (enclosed)

To receive feedback from each meeting

For Reference

Presented by Richard Davies, Alan Rose and

David Wilkes

REPORT TO:	Council of Governors
MEETING DATE:	17 June 2021
SUBJECT:	Report from 3i committees
AGENDA ITEM:	16
PRESENTED BY:	Richard Davies, Non-executive Director (Insight) David Wilkes, Non-executive Director (Improvement) Alan Rose, Non-executive Director (Involvement)
FOR:	Information

Last month the Trust commenced with the new approved framework for engagement and oversight for quality, safety and improvement. These are known as the 3i committees: Insight, Improvement, Involvement.

This reporting framework will provide greater emphasis on matters escalated by the committees, people engagement and strategy.

Insight Committee (Richard Davies, Chair)

The new Board governance structure, through the ‘3i’s committees has been under development for some time. The first meeting of the committees have taken place prior to the last Board meeting and this has been an important opportunity to review and develop their focus, role, membership and interaction. It is recognised that this is an evolving process and that it is unlikely that we will get everything right first time.

A key feature of the new committee structure is the ability to be ‘curious’ and to spend time really understanding both what is going well within the Trust and where the focus for improvement should be. It is important that the committees are not just the repository for information being fed to them – but can also be proactive in seeking information and commissioning work to illuminate developing concerns or areas of outstanding performance.

The first meeting of the Insight committee was an opportunity to review the scope and draft aims of the committee, to think about the information that the committee will need to receive, to consider the membership, and to explore how all of this can work most effectively in practice. Following the committee meeting I have met informally with Craig Black, Helen Beck and James MacFarlane to further refine the terms of reference, membership and subcommittee structure.

Noting that this is a process in evolution, the draft aims of the committee are:

- To ensure effective systems are in place to assimilate quality and safety information through specialist sub-committees and information reporting
- To improve the understanding of the Trust’s delivery of quality and safety using these sources of information to share good practice and prioritise improvements
- To work seamlessly with the Involvement and Improvement committees to support a coordinated approach to engagement oversight for quality, safety and improvement

It is envisaged that the committee's focus and reporting will be structured around three key areas

- Patient safety, effectiveness and experience
- Patient access to care and treatment
- Workforce and financial effectiveness#

The committee will rely on information received from specialist sub-committees (whose names are not yet fixed...) providing operational oversight for

- Patient quality and safety
 - o This sub-committee will pull together relevant information from the raft of metrics within the IQPR data and the various working groups looking at safety and quality issues.
- Clinical effectiveness/governance
 - o Looking at much of the data that previously reported into CSEC – such as performance against NICE and other national standards, local and national audits, and reports from a variety of subgroups.
 - o There is a recognition that there has been an 'industry' around the production of reports within the Trust – and it is important that as we develop the new structure we ensure that there is a clear understanding of 'why' reports are being written, and 'who' they are being written for.
- Patient access
 - o Looking at a variety of access standards and overseeing the Trust's performance against these standards
- Finance and workforce effectiveness
 - o An overview of the financial position
 - o Oversight of workforce issues including aspects such as appraisals and mandatory training data and transformational issues developed through CIP

These specialist sub-committees will be empowered to analyse relevant data with assistance from the Trust information governance team.

Sub-committees will be expected to report to the Insight committee on an 'exception' basis, highlighting those areas which are causing concern because of negative trends (particularly if they require escalation to resolve), or areas where performance is particularly good and where lessons can be disseminated to other areas of the Trust.

Membership of the Insight committee will ensure:

- Cross-fertilisation with other 3i committees (although there will also be links through Chairs' meetings and Board)
- The right people are present to provide both assurance and the seniority to enable appropriate actions.
- Clinical representation, (not just from doctors)
- Representation from community services

Further work on ensuring membership meets these criteria is underway.

It is felt that the role of the Insight committee is to consider reports and ask:

- Is what we are seeing a 'blip' or a trend?
- Is it a local or systemic issue?
- Can this be resolved through local processes and mitigations, and if so who is responsible for this and how will it be monitored?
- If this cannot be resolved locally what is the scale of the problem and how does it need to be escalated?

The new structure aims to

- Empower sub-committees to analyse data effectively and to know when to escalate problems. It is recognised that this will require support from the QI experts within the Trust, and will involve staff development and training
- Simplify processes and in particular avoid unnecessary repetition
- Help the Trust to spot, coordinate and enact improvement opportunities – becoming more proactive in the process
- Help the Trust to be more ‘outward’ looking – focusing not just on our performance against internal standards but also on how we compare against the best nationally and even internationally
- Ensure that our quality improvement focus is set within the overarching Trust Strategy

James MacFarlane is leading on developing terms of reference and membership of the sub-committees, using his QI expertise and the plan is that these subcommittees meet towards the end of this month prior to the next Insight committee meeting at the beginning of July.

Involvement Committee (Alan Rose, Chair)

Context and Guiding Principles

As part of the new governance arrangements, with its “3i” Committees, the Involvement Committee (alongside Insight & Improvement) had its first meeting in late May. This briefing summarises our agreed initial approach and includes a couple of examples of how we wish, at pace, to help empower others to take action.

We realise from our own understandings and from feedback from others that, as a Trust, we can do better in terms of **involving staff, patients and stakeholders** in learning from their experience of working here, being cared for and how we work as a partner in our local health and care system. We also appreciate that the meaningfulness of this will be enhanced through the **relationships that we nurture** and the **knowledge and expertise that subject matter experts and others bring to us** as a Board sub-committee.

Our guiding principle is to be an enabling agent for change. We aim to listen to, encourage and support others to seek genuine involvement and engagement to a meaningful extent in their experiences. Although we will seek and receive relevant **data** to support our role, a **particular emphasis will be on the qualitative perceptions, feelings and experiences** of the three communities identified.

There is a strong element of **assurance** in this – as we report and escalate issues to full Board (and others, as appropriate), alongside the impact of support and enablement we wish to bring, described above. **The aim over time will be to be able to demonstrate that each of the communities described (and individuals within these) are feeling more involved in much of what the organisation is doing and that they see and feel their influence.**

Getting Going

The initial “core” membership is two NEDs (Alan Rose & Rosemary Mason), four Executives (Jeremy Over, Sue Wilkinson, Helen Beck & Paul Molyneux), with Richard Jones and James McFarlane (to each help provide a sense of synergy across the 3i). As we further develop the role and functions of the committee the membership and attendance will be defined in a flexible way that promotes inclusion and empowerment of others (staff, patient and system partner representatives), including those who traditionally may not have felt ‘heard’. In time, we expect to receive issues from both Insight and Improvement Committees and from other sources. However, we will use a wide range of approaches to listen, review survey feedback, be offered ideas from “feeder” committees and essentially gauge from these where enabling action and support could be offered and encouraged.

We envisage that to ensure reflective and useful discussion, we would normally only have approximately two main items per meeting. It was valuable to already receive two types of input from beyond the Committee at our first meeting and to immediately respond to these as examples of potential future actions:

- a) A proposal from the Freedom to Speak Up Guardians (FTSUG) (James Barrett presented to us) a desire to expand their reach and effectiveness by **building a community of “Speak-Up Champion” individuals**, from around the organisation. Each would receive time and training to perform their role and sit within a wide variety of “settings” (e.g., medical teams, protected characteristic groups, community staff, etc.). It was stimulating to receive a well-worked proposal from within the organisation, backed by national guidance and learning, and we endorsed this scheme to launch. Certain enabling issues will be supported by Jeremy’s team.
- b) The senior workforce team (Jeremy, Claire Sorenson and Denise Pora) presented progress on the People Plan and focused on specific feedback received in recently-held workshops with staff. The main issue, which was also a multi-strand theme from the earlier “What Matters to You” engagement, is **the significant role that line managers play in supporting staff and setting the right cultures within teams** and the ways in which this can be developed at West Suffolk. It is clear that strengthening our leaders and their competencies across the organisation (we are talking hundreds of individuals) will improve vertical communication flows, improve staff motivation and morale and generally support our vision of “People First”. We will hear more proposals on addressing this fundamental issue for the Trust.

Next Steps

The Committee will work on:

- Processes for receiving and gathering inputs.
- Clarifying which “feeder” Committees and sources are to be linked.
- Membership and attendance.
- Communications across 3i, to Board and with the organisation.
- Measures of effectiveness.

Potential topics for next time:

- Leadership and line manager development -- as per (b) above.
- Developing our approach to learning from patient feedback and involvement
- The ‘supporting staff in stressful times’ project, currently active.

Improvement Committee (David Wilkes, Chair)

Context and Approach

The Improvement Committee (IC) forms part of the new 3i committee structure and effectively supersedes the Improvement Programme Board (IPB). The IPB was established as a response to the CQC visit in the autumn of 2019 following which WSFT was re-rated as Requires Improvement. The IPB has working successfully with System Partners to successfully address many of the issues raised by the CQC through focused improvement plans. The new IC seeks to further develop continuous quality improvement primarily through internal involvement and learning but will equally be responsive to any third-party inspections and resultant findings.

A first meeting of the Committee took place on 10th May 2021 which was focused on discussing how the committee should operate as well as its relationship to both other underpinning committees and the Board. It is recognised that the Committee is in a “development phase” in what is expected to be an iterative process over the coming months.

Scope and Key Areas of Focus

Much of the first meeting was taken up with a discussion around terms of reference to ensure there is clarity around committee membership, purpose, scope, ways of working, reporting framework and relationship to the other two 3i committees. A final document to this effect is expected to be signed off at the next Committee meeting. Detailed below are some of the key principles which have been agreed upon:

- The purpose of the committee is to provide centralised holistic Trust oversight, direction, enablement and governance of improvement frameworks, capabilities and delivery
- A key focus of the committee will be around supporting and enabling divisional accountability and empowering underpinning committees and forums to deliver continuous quality improvement and eliminate silo working
- Inputs into the committee will be structured around the agreed PSIRF topic or theme areas
- Specialist groups will be invited to the committee on a rotational basis to facilitate deep dives into areas where a requirement for improvement has been identified
- Ensuring that appropriate quality improvement methodologies and processes are adopted and utilised throughout the Trust
- To foster an environment of staff engagement and co-production at all levels
- To consider the establishment of a single multi-divisional Improvement Forum to allow the sharing of best practice
- Ensuring seamless working with the Insight and Involvement committees to support a coordinated approach to engagement and oversight for quality, safety and improvement
- Reporting to the Board will be focused around providing assurance and escalating any areas or issues of particular concern

IPB Decommissioning

A thorough review and analysis of the existing IPB workstreams and actions was considered at the meeting to ensure that either completed actions are fully embedded as BAU or next steps are in place for any outstanding items. Incomplete actions will be assigned to other committees as appropriate. It is suggested that a further review takes place in a few month's time, possibly under the auspices of the Scrutiny Committee, to give assurance that no actions or outstanding issues have been missed during committee transition.

Improvement Plan Reporting

The intention is to use concise focused reporting plans which clearly communicate the objectives, key drivers, BAU measures, required actions, associated data and resulting RAG status for each improvement area. A draft template was considered by the committee using the Falls Improvement Plan by way of example and it was found to be an effective tool for tracking and monitoring improvement progress. It is recognised that it may be more difficult to adopt such a template for complex areas such as maternity and a modified approach will be required.

It is the intention to develop a WSFT One Plan (effectively a list of all WSFT Projects) to provide oversight and effectively manage 3i committee information flows.

17. Annual quality report (to follow)

To approve the governor commentary in
the Annual Quality Report 2020-21

For Approval

Presented by Liz Steele

18. Report from Nominations Committee
(enclosed)

a) To receive a report from the meeting of
17 February 2021

b) To approve amendments to Terms of
Reference

For Approval

REPORT TO:	Council of Governors
MEETING DATE:	17 June 2021
SUBJECT:	Report from Nominations Committee meeting, 17 February 2021
AGENDA ITEM:	18
PRESENTED BY:	Sheila Childerhouse, Chair
FOR:	Approval

BACKGROUND

The following summarises discussions that took place at the Nominations Committee meeting on 17 February 2021:

- The terms of reference were reviewed and the following proposed:
 - Members may be given the option to attend a meeting virtually, eg Microsoft Teams, under certain circumstances as deemed appropriate by the Chair.
 - A recommendation would be made to Council of Governors on 17 June 2021 that the number required for a meeting to be quorate should be increased from four to five; to be reviewed mid-term. Until this recommendation was approved the number for a quorum would remain at four.
 - The constitution of an interview panel would remain as the Chair and three members of the Committee (at least two of whom would be public governors, including the lead governor if available), with the support of Trust staff and external advisors as deemed necessary.
 - The terms of reference would be amended to include reference to the lead governor being one of the two public governors on the panel, subject to their availability.
- The Nominations committee unanimously agreed to recommend to the Council of Governors that Louisa Pepper should be reappointed for a second term. This recommendation was subsequently approved at the closed Council of Governors meeting on 21 April 2021.
- The update was given on the process for the appointment of a new NED. The appointment of Christopher Lawrence was subsequently approved at the closed Council of Governors meeting on 21 April 2021.
- The process and timetable for the Chair and NEDs' appraisals was reviewed and agreed.
- It was agreed to defer consideration of remuneration for the Chair and NEDs until national guidance was available.

RECOMMENDATION

The Council of Governors is asked to:

- i) Note the report from the meeting of 17 February 2021
- ii) Approve the proposed amendments to the terms of reference for the Nominations Committee (appendix A).

NOMINATIONS, APPOINTMENTS & REMUNERATION COMMITTEE

TERMS OF REFERENCE

1. Constitution

- 1.1 The Council of Governors resolves to establish the Nominations, Appointments & Remuneration Committee to be known as the Nominations Committee. The Nominations Committee in its workings will be required to adhere to the Constitution of West Suffolk NHS Foundation Trust, the Terms of Authorisation and Code of Governance issued by the Independent Regulator for NHS Foundation Trusts. As a committee of the Council of Governors the Standing Orders of the Trust shall apply to the conduct of the working of the Committee.

2. Membership

- 2.1 Members of the Committee shall be appointed by the Council of Governors and shall be made up of the following:-
- Chair of the Trust (Chair)
 - A minimum of four Public Governors (one of whom should be the Lead Governor)
 - One Staff Governor
 - One Partner Governor
- 2.2 Appointments to the Committee shall be for a period of eighteen months initially after which time the membership will be reviewed by the Council of Governors.
- 2.3 The Chair of the Trust will chair the committee, except where the business under discussion concerns the appointment of or terms for Chair of the Trust, in which event the Committee will be chaired by the Deputy Chair/Lead Governor.
- 2.4 Members of the Committee may be required to undertake training and development commensurate with the responsibilities outlined in these terms of reference.
- 2.5 If any Governor member is seeking appointment as a Non-Executive Director or Chair, they will withdraw from the appointment process and will be replaced by another Governor.
- 2.6 The Chair and three members of the Committee (at least two of whom will be public governors) will constitute an interview panel with the support of Trust staff and external advisors as deemed necessary. The lead governor, subject to their availability, will be one of the two public governors

3. Attendance

3.1 Members may be given the option to attend meetings and vote virtually (eg Microsoft Teams) under certain circumstances.

~~3.23.2~~ In accordance with paragraph 5 of Standing Orders for the Council of Governors, the Council of Governors may appoint other persons who are not members of the Trust to serve on the committee.

~~3.23.3~~ The Executive Director of Workforce & Communications will provide professional advice and support to the Committee to ensure that the recruitment and appointment processes are managed in accordance with best practice and that the recommendations to the Council of Governors on terms and conditions of office are appropriate and relevant to local circumstances.

~~3.33.4~~ External advisers with appropriate skills may be invited to attend for all or part of any meeting, as and when appropriate.

~~3.43.5~~ The Chief Executive or other Directors may be invited to attend meetings depending upon issues under discussion.

~~3.53.6~~ Organisational and technical support will be provided by the Trust Secretary. The Trust Secretary will ensure that an efficient secretariat service is provided to the Committee.

4. Quorum

4.1 A quorum shall be ~~four~~ five members, to include at least two Public Governors.

5. Frequency of meetings

5.1 The Committee shall meet at least once a year and at such other times as the Chairman of the Committee shall require.

6. Authority

6.1 The Council of Governors is responsible for appointing the Chairman and other Non Executive Directors and for determining their terms and conditions. The Nominations Committee shall act in an advisory capacity only and will make recommendations to the Council of Governors.

6.2 The Committee is authorised to seek information and advice either within the Trust or externally on any matters within its terms of reference. In doing so it should work through the offices of the Trust Secretary.

7. Duties and Responsibilities

The duties of the Committee are as follows:

7.1 Approve job descriptions and person specifications detailing the skills, knowledge and experience required for non executive directors, as proposed by the Board of Directors.

- 7.2 Approve the recruitment, selection and reappointment processes for Non Executive Directors, elements of which are likely to include:
- Arrangements for advertising/raising of local awareness of the post(s).
 - Arrangements for short listing of candidates against agreed criteria.
 - Arrangements for formal interviews
 - Recommendation of the successful candidate(s) for approval by the Council of Governors.
- 7.3 Receive reports in relation to the terms and conditions of office and remuneration of current or newly appointed Chairman and Non Executive Directors and make recommendations to the Council of Governors.

8. Reporting

- 8.1 Chairman of the Committee will report on the proceedings of each meeting to the next meeting of the Council of Governors. Where necessary, this discussion will take place in a private session, i.e. not open to members or the public, when the names and details of individuals are being discussed. Where the report concerns the Chair of the Trust the report will be given by the Lead Governor.

9. Review

- 9.1 The Committee will review its own performance, relevant sections of the constitution, and terms of reference at least once a year to ensure it is operating at maximum effectiveness. Any proposed changes will be submitted to the Council of Governors for approval.
- 9.2 The Terms of Reference of the Committee shall be reviewed by the Council of Governors at least annually.

February 2021

19. Lead Governor report (enclosed)

To receive a report from the Lead
Governor

Presented by Liz Steele

REPORT TO:	Council of Governors
MEETING DATE:	17 June 2021
SUBJECT:	Report from Lead Governor
AGENDA ITEM:	19
PRESENTED BY:	Liz Steele, Lead Governor
FOR:	Information

At last, we can see the sun and a glimpse of summer. We have all spent so much time over the last 18 months stuck in front of our screens on Teams and Zoom meetings. We long for the opportunity to be face to face with each other as, for many, our only experience is via the screen. I am sure we will soon be there. Just a little more patience and complying to the rules will see this hope forthcoming

I have been busy with meetings and interviewing since my last report and I am pleased to say that our monthly catch ups with Sheila can now be face to face. It gives that interaction and 'enquiring mind' a chance to share more easily.

I have attended the following meetings and interviews:

- Chaplaincy meeting ...A catch up on what has been happening. (Teams)
- Patient Portal meeting (Teams)
- Trust Board Meetings monthly (Teams)
- Informal N.E.Ds and Governors meeting (Teams)
- Monthly meetings with Sheila and Florence
- Individual Meetings with Sheila (5)
- Engagement Meeting
- N.E.D. and Governor training session and their organisational meetings.
- Shortlisting for N.E.D interview
- Interview for N.E.D. Chris Lawrence appointed
- Future Systems Briefings
- Rapid review briefing
- Staff Briefings weekly, now fortnightly
- Stake Holder Panel Interviews x 2
- Coffee Morning sessions
- Lead governor meeting
- Lead Governor and Deputy lead governor regular 'catch ups'
- Staff Governor meetings

As well as the above there has been The Five O'clock club which is always very thought provoking.

I visited the Chapel to see first-hand the work that the team have been doing there. I would like to thank those governors who provided input into the Chair and NED appraisal process; hopefully when things are different more governors will feel able to participate.

The introduction of the new Committee structure and their function was excellently described at the most recent NEDs and governors informal meeting. I would like to thank the NEDs for their clear information. We hope to be able to be more involved in these or their content soon.

20. Staff Governors report (enclosed)

To receive a report from the Staff

Governors

For Reference

Presented by Sarah Judge

REPORT TO:	Council of Governors
MEETING DATE:	17 June 2021
SUBJECT:	Report from Staff Governors
AGENDA ITEM:	20
PRESENTED BY:	Sarah Judge, Staff Governor
FOR:	Information

Issues raised by staff governors were reviewed at the quarterly staff governor meeting on 20 April 2021, attended by Rachel Darrah, Sarah Judge, Amanda Keighley, Sarah-Jane Relf, Martin Wood, Richard Jones, Georgina Holmes, Jeremy Over and Liz Steele.

1. There was a big drive for NEDs and EDs (executive directors) to attend team/community meetings. Each NED had been allocated an area and would attend meetings in their area. Feedback from those attending the meetings and the teams would be used to consider how this should evolve
2. Staff who were at risk as a result of the community restructure were now being informed.
3. Freedom to Speak Up (FTSU) guardians were noticeably more active in the organisation. It was proposed to develop a process for collating and feeding back themes from issues identified by staff governors.
4. Staff governors had been invited to a workshop to consider the organisation's response to the staff survey.

The results of the survey were available at a department/staff group level which would help to highlight issues and identify where there were outliers. It would also help to understand why some areas were doing well and why there were issues in other areas.

5. Staff governors were invited to feedback any issues/concerns from their areas;
 - Surgical teams were now looking at how to get back to more normal activity and planning clinical lists around theatre closures. On the positive side, staff were pleased to have work to do but there was still a lot of uncertainty which created some anxiety, eg RAAC plank issue, Covid re-set and availability of capacity. Therapists were being used to ensure that patients were ready for surgery.
 - Community teams were working hard to try and manage patients rather than refer them to WSFT. A lot of this was being done through the use of therapists. There was also a lot of long/post Covid rehab work. Trying to manage people on waiting lists and ensure they didn't deteriorate was also creating additional work for therapists. It was difficult with social restrictions to keep people in a fit enough state to have surgery, ie through activities/ groups etc.

Transformation programmes, ie health roster, Malinko and other pilots required community input which put additional pressure on staff. The speed of change and transformation for the community was a change for staff, however they also appreciated the benefits.

- A number of staff felt that the external review was hanging over them and it would be better when the outcome was known so that the organisation could move forward. This appeared to be reflected in the results of the staff survey and information by staff group. There was general frustration over waiting for the results of the staff survey and the organisation needed to move forward. Staff governors attending workshops would help assist with this and they should feel free to challenge Jeremy Over about what was being done.
- Staff were beginning to want to come back on site and attend meetings face to face, although they understood the government's restrictions.

There was an underlying uncertainty about Covid numbers, eg ESNEFT.

- Morale in pathology had improved but there were still a lot of challenges. The team was now working towards a better future which made people keen to take up the challenge.

It was hard for staff knowing that patients had become sicker during the last year due to long waits. Staff who had not taken leave were concerned about how they would manage to take their leave due to the pressure on everyone. It was agreed that people must be encouraged to take their leave. There was also a concern that people were working on their days off by attending Teams meetings when they were at home.

IT had been very helpful and supportive and recognised the need to be flexible when introducing new systems etc.

7. Liz Steele explained that the reason she was now attending staff governor meetings was so that she could provide assurance to the public/partner governors that discussion at these meetings related to staff governors' involvement in the organisation.

She could also feedback themes she felt were particularly relevant to the governing body.

21. Dates for meetings for 2021:

Dates for meetings for 2021

Tuesday 21 September (Annual Members Meeting)

Wednesday 22 September

Thursday 16 December

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