COUNCIL OF GOVERNORS MEETING

Wednesday 13 October 2021, 17.30, via Microsoft Teams

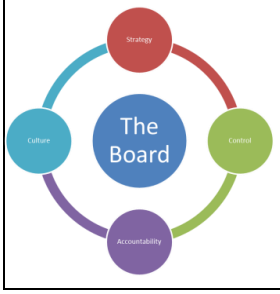
AGENDA

Council of Governors Meeting

There will be a meeting of the **COUNCIL OF GOVERNORS** of West Suffolk NHS Foundation Trust on Wednesday, **13 October 2021 at 17.30 via Microsoft Teams.**

Sheila Childerhouse, Chair

Agenda

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

17.30	**GENERAL BUSINESS**	
1.	**Public meeting** The Council of Governors is invited to note the following: "That representatives of the press, and other members of the public, are excluded from the meeting having regard to the guidance from the Government regarding public gatherings."	Sheila Childerhouse
2.	**Apologies for absence** To receive any apologies for the meeting.	Sheila Childerhouse
3.	**Welcome and introductions** To welcome governors and attendees to the meeting and request mobile phones be switched to silent.	Sheila Childerhouse
4.	**Declaration of interests for items on the agenda** To receive any declarations of interest for items on the agenda	Sheila Childerhouse
5.	**Minutes of the previous meeting** (enclosed) To note the minutes of the meeting held on 17 June 2021	Sheila Childerhouse
6.	**Matters arising action sheet** (enclosed) To note updates on actions not covered elsewhere on the agenda	Sheila Childerhouse
7.	**Chair's report** (enclosed) To receive an update from the Chair	Sheila Childerhouse
8.	**Chief executive's report** (enclosed) To note a report on operational and strategic matters	Craig Black
9.	**Governor issues** (enclosed) To note a summary of the questions raised by governors, June-August 2021	Liz Steele

18.00	**DELIVER FOR TODAY**	
10.	**Governor Engagement** (enclosed) To receive the minutes from the Engagement Committee meeting of 22 July 2021, including governor feedback from the Community Engagement Group (CEG) sessions	Florence Bevan
11.	**Governor Review** (enclosed) To receive feedback from the governor questionnaire	Ann Alderton
12.	**Governor Work Programme** (enclosed) To receive the proposed work programme for 2022-2023	Ann Alderton
13.	**Summary quality and performance report** (enclosed) To note the summary report	Jude Chin
14.	**Summary finance & workforce report** (enclosed) To note the summary report	Christopher Lawrence
18.40	**INVEST IN QUALITY, STAFF AND CLINICAL LEADERSHIP**	
15.	**Report from 3i committees** (enclosed) To receive feedback from each meeting	R Davies Jude Chin Alan Rose
18.55	**BUILD A JOINED-UP FUTURE**	
16.	**Future System Update** (enclosed) To receive an update on the future system project including engagement	Gary Norgate
17.	**Annual Report & Accounts 2020/21** (on Trust website or hard copy on request) To receive the Annual Report & Accounts for 2020/21 https://www.wsh.nhs.uk/CMS-Documents/Trust-Publications/Annual-reports/Annual-Report-2020-21.pdf	Ann Alderton
18.	**Trust Strategy 2021-2026** (enclosed) To receive the report	Craig Black
19.15	**GOVERNANCE**	
19.	**Report from Nominations Committee** (enclosed) To note a report from the Nominations Committee meeting of 24 June 2021	Sheila Childerhouse
20.	**Lead Governor report** (enclosed) To receive a report from the Lead Governor	Liz Steele
21.	**Staff Governors report** (verbal) To receive a report from the Staff Governors	Martin Wood
19.30	**ITEMS FOR INFORMATION**	
22.	**Dates for meetings for 2021/22:** Thursday 16 December 2021 2022 – tbc following confirmation of Board dates	Sheila Childerhouse
23.	**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
19.35	**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.

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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 note the minutes of the meeting held on 17 June 2021

For Approval

Presented by Sheila Childerhouse

DRAFT

MINUTES OF THE COUNCIL OF GOVERNORS' MEETING
HELD ON THURSDAY 17 JUNE 2021 AT 17.30pm
Via Microsoft Teams

COMMITTEE MEMBERS			
		Attendance	**Apologies**
Sheila Childerhouse	Chair	•	
Florence Bevan	Public Governor	•	
Derek Blackman	Public Governor	•	
Carol Bull	Partner Governor		•
Rachel Darrah	Staff Governor		•
Allen Drain	Public 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			
Ann Alderton	Interim Trust Secretary		
Alex Baldwin	Deputy Chief Operating Officer *(agenda item 11)*		
Richard Davies	Non-Executive Director		
Angus Eaton	Non-Executive Director		
Georgina Holmes	FT Office Manager *(minutes)*		
Christopher Lawrence	Non-Executive Director		
Rosemary Mason	Associate Non-Executive Director		
Louisa Pepper	Non-Executive Director		
Alan Rose	Non-Executive Director		

Action

GENERAL BUSINESS

21/23 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.

21/24 APOLOGIES

Apologies for absence were noted as above.

21/25 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting, and introduced Christopher Lawrence who had recently joined the Trust as a NED and Ann Alderton who was acting as interim Trust Secretary in the absence of Richard Jones.

Christopher and Ann gave a brief summary of their background and experience.

21/26 DECLARATIONS OF INTEREST

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

21/27 MINUTES OF THE COUNCIL OF GOVERNORS MEETING HELD ON 11 FEBRUARY 2021

The minutes of the meeting held on 11 February 2021 were approved as a true and accurate record.

21/28 MATTERS ARISING ACTION SHEET

The ongoing actions were reviewed and the following updates provided:

Item 216; arrange for social media training for governors. This would be part of the training day with NHS Providers that was being arranged for late September/early October.

The completed actions were reviewed and the following issue discussed:

- Item 195; further detail on ward accreditation to be provided to a future meeting. It was agreed that this item should remain open as this initiative had not yet been fully implemented; this would be a separate item on the agenda for the next CoG meeting

ACTION: item 195 to remain open; a further update to be provided to next CoG meeting. **A Alderton / G Holmes**

Annex A; the ongoing issues log was reviewed and updates noted.

21/29 CHAIR'S REPORT

- A report was received from the Chair which provided a summary of the focus of the meetings and activities that she had been involved in over the last three months.
- David Wilkes, who had been a NED for almost a year, had decided to step down. The Chair recorded her grateful thanks to him for the time he had put into this role. His resignation letter had raised some issues that were a cause for concern and Richard Davies would be following these up in his role as senior independent director.
- Rapid progress was being made with the integrated care system (ICS), except for boundaries where a decision was still outstanding.

21/30 CHIEF EXECUTIVE'S REPORT

- There had been an exponential increase in the number of Covid infections as the delta variant was 40-80% more transmittable. Modelling suggested that there could be up to 15,000 cases daily by 21 June.

- Although vaccinations had begun to take effect, data suggested that approximately 4% of cases resulted hospitalisation which would equate to 12,000 admissions a day.
- The advice was that a double dose of the Pfizer or Astra Zeneca vaccine would reduce infections. Delaying coming out of lockdown by a month would provide the opportunity to vaccinate more people and build up herd immunity. The Trust would continue to follow infection control guidance
- The organisation was very busy with a high level of attendances and admissions. With wards being out of action due to structural issues there was a lot of pressure on staff who continued to be very flexible and committed.
- The decant ward (G10) was currently under construction and was on target for completion in July.
- Clinical staff continued to strive to deliver the very best in quality of care and a number of teams/services had received accolades for their performance.
- There was a considerable focus on recovery with staff working evenings and weekends. WSFT had been chosen as an accelerator site for the region, therefore it would receive funding for developing new initiatives to transform ways of working.
- This transformation would also be fed into the clinical model that was being developed as part of the future system programme.
- Work continued around the future system and new hospital and the next phase of engagement would shortly be launched.
- The department of health had written to the Trust to clarify timings; it was now expected that construction would start at the beginning of 2025 for completion by 2027 at the earliest.
- Work continued on updating the Trust's strategy which would be taken to the board for sign off in the next couple of months. The team was currently engaging with staff on the proposed revision of the Trust's values to align them with cultural changes that had been highlighted in the staff survey.
- The contribution of Nick Jenkins was acknowledged. He had now stepped down as medical director and Paul Molyneux was acting up as interim medical director.
- Helen Beck would be retiring at the end of the year and the process was underway to identify her successor.

Q How many accelerator sites had been identified?

A There were twelve sites. The proposal was to identify one accelerator site per region, however there were two in this region.

21/31 GOVERNOR ISSUES

- Liz Steele explained that following a governor training session with NHS Providers (Governwell) the governor question email address (governorquestion@wsh.nhs.uk) and process had been introduced. Previously some governors were contacting NEDs or executive directors directly with their questions and getting the answers which the rest of the governors did not have sight of.
- Prior to Covid governors held an informal meeting before each CoG meeting where they agreed the questions they would ask at the meeting which had worked well.
- Recently a number of long and detailed operational questions were being submitted by governors. These required time for the relevant executive member or Richard Jones to answer.

  As a consequence, Liz Steele asked governors to copy her in on questions that they submitted via the governor question email address so that she could monitor

these and ensure that the content was appropriate and respond where necessary.

- The process for governors' questions that were submitted via email would remain the same with a monthly summary being circulated to all governors.
- Ann Alderton explained that the challenge should be as to how NEDs gained assurance. This was a universal issue for governors; Liz Steele's proposal would help to maintain focus and ensure that the question was relevant as a question from the governors to the board.
- Questions should focus on how assured the board were about issues being raised, rather than wanting to know details about what was going or significant operational detail. The council of governors was a strategic body and their questions needed to reflect this.
- It was reported that a meeting had taken place to discuss quality walkabouts and the way forward. These would start at the beginning of September and governors would be given the opportunity to be involved.

DELIVER FOR TODAY

21/32 GOVERNOR ENGAGEMENT

32.1 Future systems engagement

- The profile of engagement was increasing as a result of future system engagement and governors were welcome to join the engagement committee.
- The Council of Governors received and noted a report on the communications and engagement activity relating to the Future System programme to date.
- Currently two representatives from the engagement committee were attending community engagement group (CEG) meetings. Reports from the meeting that had been attended by Carol Bull and Ben Lord and the meeting attended by Florence Bevan and Liz Steele were appended to the engagement committee report. These meetings highlighted the value of the public's contribution as they made some interesting comments/observations that were listened to and noted.
- On occasions when there were wider public consultations around the future system governors would be able to attend as members of the public, not as representatives of the council of governors.
- Gary Norgate had offered to attend a council of governors meeting to talk about the future system programme.

32.2 Report from Engagement committee

- The minutes of the engagement committee meeting of 22 April were received and noted.
- Membership numbers remained strong. Once it was possible to meet face to face again the committee would consider how to improve engagement and increase membership.
- The council of governors noted and approved amendments to the engagement strategy for 1 April 2021-31 March 2023, subject to the following correction:

  2.2.1 – details of public constituencies to be amended to align with Appendix 1.

ACTION: amend strategy to ensure consistency of public constituencies with appendix 1. **G Holmes**

21/133 SUMMARY QUALITY & PERFORMANCE REPORT

Alex Baldwin, deputy Chief Operating Officer attended the meeting for this item.

- Three key areas were highlighted; staffing, including the ongoing physical and mental wellbeing of staff; the RAAC plank issue and impact on operational capacity; the accelerator programme and its impact on staff.
- The Trust had significantly lower nursing vacancies than many other trusts in the UK, although there were a number of key vacancies in maternity. Given the difficulties with recruitment and training these vacancies presented an ongoing challenge.
- The pressure on clinical, operational and nursing staff had been relentless and it was important to continue to provide support to them in the ongoing months.
- The impact of the RAAC plank issue on theatre capacity should not be under estimated. The emergency department was currently very busy and the disruption was having an impact on both staff and patients.
- The accelerator programme was very good news for patients. However, this was a complex initiative that would involve short and medium term transformation and actions which would put additional demands on the team.
- In addition to everything else they were managing the operations team were also preparing for a further wave of Covid in the autumn.
- The excellent work of staff, in particular clinicians and the infection control team, was recognised in enabling the Trust to exceed its targets to date for elective recovery. It was noted that the work of the operational team should also be recognised for everything they were doing in managing the ongoing challenges with capacity etc.

Q Four of the national top priorities were around recovery, however the fifth was around giving staff time to recover. Given the accelerator programme how was it going to be possible align this with the other priorities?

A There was a tension between the stated aims of the national priorities and the accelerator programme; this was a challenge that the Trust was working through. It was not yet fully understood how to manage this, as there was such a degree of ask of some of the staff over and above what might be expected in a normal year, on top of recovering from the pandemic. The pandemic had affected staff in different ways and some of the staff involved in the elective recovery work had not been as badly impacted on as others. The Trust was working with those groups those who had been badly affected to ensure that they had the appropriate level of respite and recovery.

There was also a friction between the ask to deliver enhanced amounts of activity, particularly around outpatients, whilst at the same time being asked to review and transform outpatients so that not so many patients were seen face to face. This was work in progress.

Q In order to fully benefit from the accelerator programme would there be a need to modify the plans for the RAAC programme?

A There was no intention to modify plans for the RAAC programme, which was why there were so many challenges as the team were trying to fit the elective work around the necessary structural work. Partners across the system understood the situation and what the Trust could and could not do.

The Trust was trying to be very sensitive about the need for staff to recover and not to put additional pressure on them. The plan was to deliver some of this work through the new vanguard theatre at the Ipswich site and also outsourcing some work, eg cataracts, to other providers. It was very much a team effort between the operational and clinical teams to manage this.

Q The operations team should be commended for managing an extremely challenging situation which was a phenomenally difficult task. However, it was slightly concerning that the Trust was having to outsource work outside west Suffolk. It would be preferable if more of this work could be done locally to west Suffolk and within the integrated care system (ICS); was there any way that this could be looked at to deliver care more locally?

A The Trust would like to deliver services as closely as possible to west Suffolk and in the medium and long term it was looking to do this. Some of the initiatives outside west Suffolk would be very short term.

Q The government and NHS needed to be more pro-active in articulating this problem and managing the expectations of people. Using connections and broader networks, was there anything that could be done to encourage the NHS nationally to try and manage people's expectations, as front line services and primary care would get the blame from patients if there were not given the treatment they wanted?

A This was an ongoing challenge as people would get frustrated when the services available did not meet their expectations. Influencing the department of health and government was difficult at the best of times. NHS wide, including WSFT, the programme of recovery that would take 2-2½ years. The Trust had started to talk to a cohort of patients about this but there was more that could be done to communicate this more broadly and with primary care. This was one the actions in the transformation work that was part of the accelerator programme.

The Trust would be in a good position in the autumn in respect of capacity which would also enable additional space to be created to deliver more activity which would help with recovery.

ACTION: It was proposed that communication to help manage people's expectations should be included in the next FT newsletter. — **A Alderton / G Holmes**

Q Had it been raised with the two health ministers who were local to the Trust that the department of health needed to put out messages about the fact that recovery would take a long time and that the delivery of services would be different to how it had been in the past?

A Matt Hancock and Jo Churchill had recently had a visited WSFT. They had been shown the new ward and the challenges of the RAAC plank issue had been talked about. They had spoken to front line staff about their experiences during the pandemic, as well as recovery. They had also been shown the Hardwick Manor site and the need for a new hospital sooner rather than later was discussed with them.

- There was an acknowledgement that the accelerator programme was a big challenge. The Trust needed to be clear about the new ways of working post pandemic and prove itself as an accelerator site; the new ways of working could then be expanded more widely in the NHS.

21/134 SUMMARY FINANCE & WORKFORCE REPORT

- The focus of the finance team towards the year end was to achieve the Trust's plan to breakeven, which included receiving funding for meeting its control total. This had been achieved with a surplus of £145k.
- During the past year trusts had been reimbursed for all Covid related spend, including annual leave carried forward.
- A breakdown of all nurse and medical staff expenditure, including additional sessions was provided in the report.

- At the end of March the cash position was very strong, with a balance of £23.8m. However, as the organisation moved into the new financial year this would require close monitoring as it would no longer be receiving payments in advance.
- In order to minimise borrowing the Trust had a rigorous debt management process. Invoices were raised promptly and cash collected quickly.
- The capital programme report detailed the issues around the emergency department scheme being indefinitely deferred and the ongoing work in theatres and other areas as a result of the RAAC plank structural work.
- The Trust's current financial position (towards the end of quarter one) was on plan with its forecast to date and it continued to be refunded for Covid costs.
- At some point the government's support for Covid costs would stop and the Trust would need to be ready for this. Therefore, teams across the organisation would still be asked to save money this year, ie the cost improvement programme (CIP) was still in place and this would be a challenge.

Q The capital programme report for March appeared to be very different to previous months; why was this?

A As WSFT approached the end of the financial year it became aware of funding that was available regionally. It took the opportunity to apply for this as it was in a position progress with schemes and to spend any capital available. This was the normal situation in a number of organisations outside the NHS and was due to good management of the capital programme.

Many NHS trusts underspent on their projected capital allocations, whereas WSFT spent its allocation and had a number of schemes it could progress and take advantage of any additional funding that was available.

INVEST IN QUALITY, STAFF AND CLINICAL LEADERSHIP

21/135 FREEDOM TO SPEAK UP

- Freedom to speak up (FSU) was a very important issue for WSFT and had been raised in the CQC report for a variety of reasons.
- As a consequence, this was a key focus of the Trust and there was a comprehensive programme of work looking at changing the culture of the organisation and reinvigorating the FSU process.
- Two new FSU guardians had been appointed as part of this process and were making themselves very visible across the acute Trust and out in the community which had resulted in an increase in the number of people who contacted them.
- It was recognised that FSU needed to be business as usual and people speaking up should be normal practice. As a result of guidance from the National Guardian's office the Trust was in the process of recruiting a cohort of FSU champions.
- These individuals would champion FSU throughout the organisation and provide guidance and signposting so that staff knew where/who they should go to and that it was important to speak up if they had any concerns.
- An example of FSU relating to staff with long Covid was highlighted. As a result a support group had been set up for staff with long Covid. As well as providing appropriate support to these individuals the aim was to help other staff understand what long Covid meant and the effect that it had on people.
- It was proposed that the FSU guardians should be invited to present to a future CoG meeting.

ACTION: invite James Barrett and Amanda Bennet to attend a future CoG meeting. **A Alderton / G Holmes**

BUILD A JOINED UP FUTURE

21/136 FUTURE SYSTEMS

- See minute 31.1 and update provided in action log.

21/137 TRUST'S STRATEGY UPDATE

- Update provided in Chief Executive's report.

GOVERNANCE

21/138 REPORT FROM 3i COMMITTEES

- The reports from the improvement, insight and involvement committees were received and noted.
- The NEDs were thanked for the excellent feedback on the 3i committees that they had provided at the informal governors meeting.
- The aim of the improvement committee was to ensure that changes that had been made were embedded in the culture of the organisation. Staff from across the whole organisation, at all levels needed to be involved when changes were made, rather than a top down approach.
- The committee would be looking for assurance that this was being done and listening to people when things were not working.
- It was important to ensure that staff understood and knew what the committees were about, what was being discussed and who attended them.
- It was noted that communication for governors was very important and they should not be left until last to hear about things.
- There was a lack of awareness in the Trust around governors and the work they did. It was proposed to include information in the green sheet about public governors as well as staff governors.

ACTION: provide information on public governors in the green sheet in order to raise awareness of their role. **G Holmes / L Steele**

21/139 ANNUAL QUALITY REPORT

- The Chair thanked Liz Steele and Florence Bevan for preparing the governors' commentary for this report.
- They explained that they felt that it was important to highlight the effect that Covid had had on all activities of the governors and the fact that they had tried to continue in their role through meetings via Teams.
- The Council of Governors reviewed and approved the draft commentary for inclusion in the WSFT's Annual Quality Report.

21/140 REPORT FROM NOMINATIONS COMMITTEE

- The report from the meeting of 17 February 2021 was received and noted.
- The amendment to the terms of reference for the nominations committee were noted and approved.

21/141 LEAD GOVERNOR REPORT

- Liz Steele explained that she had been trying to get nhs email addresses for governors, however this was proving a challenge. It was acknowledged that all

governors had signed a confidentiality clause, however if they had a joint email with other family members it would be helpful if they had their own address rather than a shared address.

- If any governors were attending the Trust they would be welcome to visit the chapel and meet the new chaplain, Rufin Emmanuel.

21/142 STAFF GOVERNORS REPORT

- The meeting in April had been very productive with discussion about a lot of the subjects that had already been covered this evening around the challenges staff were facing, eg recovery and the effect of the RAAC plank work, whilst also managing annual leave.
- The staff governors were keen to build a working relationship with the FSU guardians.
- There had been a lot of discussion around the effect of long waiting lists on patients and what was being done to manage this.
- The pressures on the different departments around the hospital were also noted.
- It was felt that a broader explanation of the purpose and structure of the 3i committees was required.

Q Re the concern about the deterioration in the staff survey and lack of action around this, how could governors be assured that these issues were being addressed?

A It was explained that staff governors had been invited to attend a series of workshops to discuss issues raised by the staff survey and how to address these. Therefore, staff governors felt assured that action would be taken.

- Staff governors noted that there were constantly communications to staff about being free to speak up; they were not sure what else could be done to make them aware of this.
- There was a need to be open and caring and let people have the opportunity to speak when they wanted to and make sure that both unhappiness and happiness was documented.
- The consultant group were very busy and not good at discussing any issues or concerns they had. Jeremy Over had given a very good talk to the medical staff committee (MSC). The FSU guardians had also attended the MSC and the Trust was trying to address this. However, there would always be people who were not happy and it needed to try and engage with these people.
- The Trust recognised the ongoing concern about the ability of staff to speak up and had put in place a detailed action plan to address this, including 'What Matters to You', the development of a the plan and ongoing development of FSU.
- The board continued to be very focussed on this. It was acknowledged that more could be done and the results of the staff survey were being taken very seriously. There were now HR business partners in each division who were looking at specific areas and groups of staff where FSU was an issue.
- It was felt that some people were afraid to speak up as they thought this would have an effect on their career or position in the organisation.
- It was also recognised that some organisations, including WSFT, were very hierarchical and this was an area where the Trust could do better.

ITEMS FOR INFORMATION

21/143 DATES FOR COUNCIL OF GOVERNOR MEETINGS FOR 2021

- The Chair apologised for the changes to dates for both the board and CoG meetings which had been re-scheduled to align with reporting of the new 3i committees.

Tuesday 21 September (Annual Members Meeting)
Wednesday 22 September *(subsequently changed to 13 October 21)*
Thursday 16 December

21/144 REFLECTIONS ON MEETING

- A very good, productive meeting.

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:	13 October 2021
SUBJECT:	Matters Arising Action Sheet from Council of Governors Meeting of 17 June 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**
195	11/02/20	20/08 item 2	Further detail on ward accreditation to be provided to a future meeting.	Ward accreditation programme (as per NHSI) will be supported by a review of nursing quality metrics (including but not limited to Safety thermometer) including data distribution, display and data sharing, use in improvement not just performance and reporting via IQPR and other pathways is planned, led by heads of nursing and supported by Governance. this will link into the ongoing wider review of the IQPR led by the Performance team. 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. 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. 17/06/21 Update provided-agenda item 11. **Item to remain open – a further update to be provided to next CoG meeting *(included in agenda item 13).***	S Wilkinson	~~6/05/20~~ ~~Feb 21~~ ~~April 21~~ Oct 21	Open

Ref.	Date of Meeting	Item	Action	Action taken	**Lead**	**Target date**	**RAG rating for delivery**
218	17/06/21	21/133	Next FT newsletter to include information to help manage people's expectations about recovery, ie the length of time it would take for treatment/services to be available	Item to be included in next FT newsletter.	G Holmes / A Alderton	Autumn / Winter 21	Open
219	17/06/21	21/135	Invite James Barrett and Amanda Bennet to attend a future CoG meeting.	To be included in strategic briefing programme for governors	G Holmes / A Alderton	Early Spring 21	Open
220	17/06/21	21/138	Provide information on public governors in the green sheet in order to raise awareness of their role.	Liz Steele liaising with James Goffin and Helen Davies; awaiting details and timescale.	G Holmes / L Steele	Autumn / Winter 21	Open

Completed 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.	Training provided at CoG/NED training day on 22 September 21	A Alderton / G Holmes	Sept 2021	Closed
217	17/06/21	32.2	Amend engagement strategy to ensure consistency of public constituencies with appendix 1.	Strategy amended.	G Holmes	June 2021	Closed

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:	13 October 2021
SUBJECT:	Chair's report to Council of Governors
AGENDA ITEM:	7
PRESENTED BY:	Sheila Childerhouse, Chair
FOR:	Information

I write today's report with the Autumn sun streaming through the window and a tentative sense that Covid is no longer occupying all our time and thoughts.

The relaxation of restrictions meant that we were finally able to meet face to face at our training day in September. It made such a difference for us all to be in the same room and working together for the common purpose. I do hope that before long we will be able to meet face-to-face for our more regular events. However, with cases continuing to rise across West Suffolk, we must not be complacent as we continue to guard against this virus and we will always respond appropriately and assess the safest way to conduct our business.

As we move into Autumn, we are seeing demand on our services we usually only see in Winter and as such the Trust is under phenomenal pressure. We are doing everything we feasibly can to address the backlog of patients needing urgent elective and emergency care. Unfortunately, we have seen a slow increase in the number of Covid-19 patients in the hospital and so we are juggling both of these pressures alongside the necessary remedial works in the buildings on our Hardwick Lane site.

My heart goes out to staff who have gone above and beyond for many, many months. We are immensely grateful to them and deeply proud of what they do for our people in our community, but we must acknowledge that they are tired and facing an incredibly difficult Winter. We never forget that we are all one team and it is not just frontline staff who have given their all - our support staff have been equally amazing and have helped to provide the compassionate care that we are so proud of.

It has been a phenomenally busy summer and we have seen the departures of some well-loved faces. Steve Dunn's passion and commitment to West Suffolk, to the trust, to every member of staff and the community will be much missed. There have also been welcomes though and new faces in the senior team who will bring us new perspectives. In particular, we have welcomed Craig Black into his interim chief executive role and Paul Molyneux as interim medical director. Clement Mayoyo takes up a vital integration role in adult health and social care and we have also welcomed Jude Chin as an interim non-executive director. In mentioning arrivals, I do want to put on record my thanks to Ann Alderton for the way that she has slotted in and the help she has provided to lay a very solid foundation to the governance changes we have put in place.

Discussions have started on the recruitment of a substantive Chief Executive. We are being encouraged to have a wide range of discussions with our partners and stakeholders before we move to the formal process. We will be having further discussions with yourselves, our West Suffolk partners, the ICS and regional regulators in addition to the discussions which the board will be having. We will be employing head-hunters to help us in the process and bring some wider expertise. This will be a very significant appointment as the landscape in the NHS and public services more widely will undoubtably look very different in the next 5 to 10 years. However, we

remain confident that West Suffolk NHS Foundation Trust will attract the strongest of candidates – not many systems can offer the prospect of a new hospital as part of the opportunity.

I know that my non-executive colleagues have briefed you on the board evaluation work which is about to take place. One of the key pieces of feedback governors will be asked to give will be in relation to the way the board works. At the end of this feedback and discovery phase we will then shape the longer-term development program for the board. We will of course brief you regularly and involve you in the development of this program as it moves forward.

From the very many meetings I have attended since the last Council of Governors meeting I would like to highlight a few specific areas:

As you can see from the list of my meetings the ICS has occupied a lot of my time. It is very important to the future of West Suffolk that we play a key role in its evolution. This is an exciting period as we move from a coalition of the willing to a statutory organisation in April 2022. The process has been very inclusive and as chairs for the system we have been deeply involved in the discussions around the future governance of the integrated care system. During Covid we saw some fine examples of the strengths of collaborative working across a wider area. This was true at the critical end of care but also in other ways such as our ability to access national charitable funding streams to provide some of the extras above and beyond budget constraints. We are now seeing initiatives which will help to address the backlog of care. It does on occasion mean that patients may have to travel a little further but I think for most of us if we are waiting for an operation, if we are in pain and we need care that is a small price to pay. At the local system level, I continue to meet regularly with the independent ICS chair and our relationships within West Suffolk and the West Suffolk Alliance are key to our future system working.

I know that Jeremy has kept you all regularly updated on the progress of the independent review. As you will be aware through communications from myself and the lead governor, Maxwellisation started at the beginning of October. This is part of the review process whereby individuals who have been subject to criticism in the report have the opportunity to comment before publication.

With this next stage of the review underway, we are hopeful that publication should still be late Autumn. The board shares the frustration that you have expressed as a council of governors in the time that this is taken to reach publication. In the meantime, it is important that we continue to be reflective as an organisation and work to embed our approach as a culture which emphasises kindness, openness and mutual respect for all.

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

Annex A: List of meetings attended

Date	Meetings and events (01/06/21 until 31/08/21)
01/06/2021	Weekly NED Catch Up Meeting via MS Teams
01/06/2021	Telephone Conversation with Helen Beck
02/06/2021	1:1 with Jeremy Over via MS Teams
02/06/2021	1:1 with Sue Wilkinson
02/06/2021	Board/TEG Trust Strategy Workshop via MS Teams
03/06/2021	Meeting with Georgina Holmes via MS Teams
03/06/2021	Meeting with Susannah Howard via MS Teams
07/06/2021	Meeting with Paul Molyneux
07/06/2021	Meeting with Liz Steele
07/06/2021	Meeting with Dr Azim via MS Teams
08/06/2021	Weekly NED Catch Up Meeting via MS Teams
08/06/2021	Meeting with Liz Steele and Florence Bevan
08/06/2021	1:1 with Steve Dunn
08/06/2021	Weekly Staff Briefing via MS Teams
08/06/2021	Meeting with Susannah Howard via MS Teams
08/06/2021	Suffolk & North East Essex STP Chairs' Group via MS Teams
08/06/2021	Meeting with Julie MacLeod
09/06/2021	Scrutiny Committee Meeting via MS Teams
09/06/2021	Telephone Conversation with Helen Beck
09/06/2021	Telephone Conversation with David Wilkes
11/06/2021	Suffolk and North East Essex STP/ICS Partnership Board via MS Teams
14/06/2021	Improvement Committee via MS Teams
15/06/2021	Weekly NED Catch Up Meeting via MS Teams
15/06/2021	Meeting with Helen Taylor, Chair ESNEFT via MS Teams
15/06/2021	Meeting with Ann Radmore via MS Teams
15/06/2021	1:1 with Kate Vaughton via MS Teams
15/06/2021	Meeting with Charles Simpson, Chair St Nicholas Hospice
15/06/2021	1:1 with Steve Dunn
16/06/2021	Induction Meeting with Ann Alderton
16/06/2021	Induction Meeting with Beverley Palmer, Consultant Microbiologist
16/06/2021	1:1 with Craig Black
16/06/2021	Telephone Conversation with Richard Davies
16/06/2021	Telephone Conversation with Liz Steele
16/06/2021	How do we Heal? System Learning Summit via MS Teams
17/06/2021	Council of Governors via MS Teams
18/06/2021	MS Teams Meeting with Ann Radmore
18/06/2021	NED Meeting
21/06/2021	1:1 with Jeremy Over via MS Teams
22/06/2021	1:1 with Chris Lawrence
22/06/2021	Induction Meeting with Dr Justin Zaman, Consultant Cardiologist via MS Teams
22/06/2021	Meeting with Sue Smith, Fundraising
22/06/2021	Weekly Staff Briefing via MS Teams
22/02/2021	1:1 with Helen Davies
22/06/2021	1:1 with Helen Beck
22/06/2021	1:1 with Steve Dunn
23/06/2021	1:1 with Ann Alderton via MS Teams
23/06/2021	Meeting with Steve Dunn, Helen Davies & Ann Alderton via MS Teams
23/06/2021	Telephone Conversation with Richard Davies
23/06/2021	Telephone Conversation with Liz Steele
23/06/2021	Telephone Conversation with Will Pope
23/06/2021	Meeting with Liz Steele, Ann Alderton and Richard Davies via MS Teams
24/06/2021	Nominations Committee Meeting via MS Teams
25/06/2021	Audit Annual Accounts Sign Off Meeting via MS Teams

Date	Meetings and events (01/06/21 until 31/08/21)
25/06/2021	Trust Board Meeting via MS Teams
25/06/2021	Meeting with Ann Radmore, Richard Davies and Will Pope via MS Teams
29/06/2021	Weekly NED Catch Up Meeting via MS Teams
29/06/2021	1:1 with Ann Alderton
29/06/2021	Meeting with Prospective COO Candidate
29/06/2021	1:1 with Steve Dunn
29/06/2021	Meeting with Liz Steele and Florence Bevan
29/06/2021	Meeting with Louise Jeynes
29/06/2021	Meeting with Helen Beck
29/06/2021	Appraisal with Richard Davies and Liz Steele
29/06/2021	MS Teams Farewell to Nick Jenkins and Angus Eaton
30/06/2021	Meeting with Sarah Howard, Independent Chair of Suffolk Alliance
30/06/2021	Visit to Haverhill Community Team
01/07/2021	MS Teams Meeting with Chris Lawrence
12/07/2021	Telephone Conversation with Alan Rose
12/07/2021	1:1 with Jeremy Over via MS Teams
12/07/2021	Telephone Conversation with Helen Beck
13/07/2021	MS Teams Meeting with Ann Radmore
13/07/2021	1:1 with Ann Alderton
13/07/2021	Meeting with Liz Steele and Florence Bevan
13/07/2021	1:1 with Kate Vaughton
13/07/2021	1:1 with Sue Wilkinson
13/07/2021	Richard Davies Appraisal
14/07/2021	Scrutiny Committee Meeting via MS Teams
14/07/2021	Meeting with Steve Dunn, Jeremy Over & Helen Davies
14/07/2021	Telephone Conversation with Chris Lawrence
14/07/2021	Introduction Meeting with Clement Mawoyo, Director of Integration via MS Teams
15/07/2021	Remuneration Committee
19/07/2021	Telephone Conversation with Liz Steele
19/07/2021	Telephone Conversation with Craig Black
19/07/2021	Telephone Conversation with Jeremy Over
20/07/2021	Monthly NED Meeting
20/07/2021	Alan Rose Appraisal
21/07/2021	MS Teams Meeting with Ann Alderton
21/07/2021	Telephone Conversation with Helen Beck
21/07/2021	1:1 with Steve Dunn via MS Teams
21/07/2021	MS Teams Meeting with Dr Mike More, Chair of Cambridge University Hospital
21/07/2021	MS Teams Meeting with Ayush Sinha, BAME Chair and Alan Rose
21/07/2021	Interim NED Shortlisting Meeting via MS Teams
22/07/2021	MS Teams Meeting with Susannah Howard
23/07/2021	Further MS Teams Meeting with Susannah Howard
27/07/2021	MS Teams Meeting with Cllr Reid for ICS Chairs purposes
27/07/2021	MS Teams Meeting with Gary Norgate
27/07/2021	MS Teams Meeting with Helen Davies
27/07/2021	MS Teams Meeting with Amanda Bennett, FTSU Guardian
27/07/2021	MS Teams Meeting with Steve Dunn
27/07/2021	MS Teams Meeting with Helen Davies
27/07/2021	Emergency Briefing for NEDs and CoG via MS Teams
28/07/2021	MS Teams Meeting with Craig Black, Ann Alderton, Richard Davies, Alan Rose and Chris Lawrence
28/07/2021	Meeting with Ann Alderton
28/07/2021	MS Teams Meeting with Helen Davies
28/07/2021	Meeting with Steve Dunn
28/07/2021	Interim NED Interviews
29/07/2021	COO Interviews

Date	Meetings and events (01/06/21 until 31/08/21)
30/07/2021	Trust Board Meeting via MS Teams
30/07/2021	Audit Committee Meeting via MS Teams
02/08/2021	Remuneration Committee Meeting via MS Teams
02/08/2021	Telephone Conversation with Liz Steele
03/08/2021	Induction Meeting with Mr Krashna Patel, Upper GI Consultant
03/08/2021	Meeting with Georgina Holmes via MS Teams
03/08/2021	Staff Briefing via MS Teams
03/08/2021	1:1 with Steve Dunn
03/08/2021	1:1 with Craig Black
03/08/2021	MS Teams Meeting with Craig Black & Ann Radmore
03/08/2021	MS Teams Meeting with Ann Alderton
03/08/2021	Closed Council of Governors Meeting via MS Teams
04/08/2021	Telephone Conversation with Will Pope
04/08/2021	1:1 with Craig Black
04/08/2021	Telephone Conversation with Helen Beck
04/08/2021	1:1 with Ann Alderton via MS Teams
04/08/2021	Tour of Ward G10
06/08/2021	1:1 with Jude Chin, Interim NED via MS Teams
06/08/2021	Memorial Service on behalf of WSFT
10/08/2021	1:1 with Ann Alderton via MS Teams
10/08/2021	Meeting with Liz Steele and Florence Bevan
10/08/2021	Governor Induction Meeting with Keith Foss
10/08/2021	1:1 with Kate Vaughton
10/08/2021	1:1 with Jeremy Over
10/08/2021	1:1 with Louise Jeynes
10/08/2021	Telephone Conversation with Helen Beck
11/08/2021	1:1 with Sue Smith via MS Teams
11/08/2021	1:1 with Alan Rose
11/08/2021	MS Teams Meeting with Jude Chin
11/08/2021	1:1 with Martin Wood
11/08/2021	1:1 with Richard Davies
11/08/2021	MS Teams Meeting with Catherine Morgan, Regional Chief Nurse
12/08/2021	MS Teams Meeting with Susannah Howard
12/08/2021	Suffolk & North East Essex ICS Chairs Group via MS Teams
13/08/2021	Suffolk & North East Essex ICS Board & Transition Board via MS Teams
16/08/2021	Telephone Conversation with potential Board Development company service user
17/08/2021	MS Teams Meeting with Will Pope and Ed Garratt
18/08/2021	1:1 with Ann Alderton via MS Teams
20/08/2021	1:1 with Chris Lawrence
23/08/2021	MS Teams Meeting with potential Board Development company
23/08/2021	MS Teams Meeting with potential Board Development company
24/08/2021	1:1 with Jude Chin
24/08/2021	1:1 with Ann Alderton via MS Teams
24/08/2021	1:1 with Nick Macdonald
24/08/2021	1:1 with Helen Davies via MS Teams
24/08/2021	1:1 with Paul Molyneux
24/08/2021	1:1 with Liz Steele
24/08/2021	1:1 with Jeremy Over
25/08/2021	1:1 with Ann Alderton via MS Teams
25/08/2021	1:1 with Sarah Howard via MS Teams
25/08/2021	MS Teams Meeting with potential Board Development company service user
25/08/2021	Telephone Conversation with potential Board Development company service user
27/08/2021	Telephone Conversation with potential Board Development company service user

Date	Meetings and events (01/06/21 until 31/08/21)
27/08/2021	Telephone Conversation with Alan Rose
27/08/2021	Telephone Conversation with Cllr Jessica Fleming
27/08/2021	Meeting with Georgina Holmes via MS Teams
31/08/2021	Monthly NED Meeting
31/08/2021	1:1 with Craig Black
31/08/2021	1:1 with Helen Beck
31/08/2021	Weekly Staff Briefing via MS Teams
31/08/2021	MS Teams Meeting with Georgina Holmes
31/08/2021	MS Teams Meeting with potential Board Development company
31/08/2021	Meeting with governor

8. Chief executive’s report (enclosed)

To note a report on operational and strategic matters

For Reference

Presented by Craig Black

REPORT TO:	Council of Governors
MEETING DATE:	13 October 2021
SUBJECT:	Chief Executive's report
AGENDA ITEM:	8
PRESENTED BY:	Craig Black
FOR:	Information

Pressures on services

This is my first Council of Governors report since becoming the interim Chief Executive back in August and while we have only just crept into autumn, the Trust is experiencing huge amounts of pressure throughout our hospitals and in the community - levels we normally only experience in the winter.

While the increase in demand for services isn't just a local issue, we are still seeing record numbers of patients in our emergency departments as well as people waiting to receive their operations or procedures.

Our emergency department will always be there for anyone who needs it, but due to the high numbers of people we are seeing coming in, we are reminding members of the public to help us by thinking carefully about the best way to get non-urgent help with many options out there such as contacting NHS 111 or by visiting their local GP or pharmacy.

As we continue to recover from the effects of the pandemic, our teams are working around the clock to ensure that patients who need our care and support are seen as quickly as possible. We've introduced a raft of measures to help us increase our capacity, including:

- working across our ICS (Ipswich and Colchester) as well as local IS providers to ensure equity of waiting times and offer patients earlier appointments in other locations (such as ophthalmology at Newmedica in Ipswich).
- working with Abbeycroft Leisure to offer pre-surgery services aimed at improving people's general health and fitness to prepare them for surgery.
- adding further capacity by recommissioning a previously mothballed theatre.
- providing interim support via AHP Suffolk for additional therapy while waiting.
- looking to develop the Newmarket hospital site, subject to securing planning and funding.
- permanently establishing our 'keeping in touch' and clinical help lines to help loved ones stay in touch with patients in our care and freeing up clinician time to focus on patient care
- opening our new 'G10' ward to help us with our capacity as we deal with our urgent structural works across the hospital building.

How we are looking after staff

It goes without saying that the extra pressures on our Trust means pressure on the individuals that work within it. NHS staff have had to work in some of the most demanding circumstances in NHS history over the last 18 months and this has undoubtably take its toll.

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. Emily Baker and her team are working harder than ever to provide individual and group sessions to staff who need support for their wellbeing.

We have just finished our second 'Love Yourself Week' which was open to all members of our Trust to take part in. Organisations from across the county offered up their time and knowledge, encouraging staff to look after themselves so they can better look after patients. The week included drawing and photography classes run by Art Branches and a sleeping well session hosted by Suffolk Mind.

The autumnal themed week also included access to delicious warming food recipes, a chance to win tai chi sessions and opportunities to focus on mental wellbeing with the Trust's staff psychology support team. The sessions have been made available to all Trust staff through catch up recordings online. We look forward to the next week which is due to take place in March 2022.

The offer of free sports membership at Abbeycroft gyms is still open for our staff and the uptake on this has been huge, with over 2,000 colleagues signing up, giving them free access to swimming, the gym and exercise classes at locations across Suffolk. This is a perfect opportunity for staff to take time for themselves to look after their mental and physical health.

Our chaplaincy and chaplains are on hand to offer emotional and spiritual support not just to our patients but our staff too and their support has been valuable throughout the pandemic. The chapel, located on the ground floor of the main hospital is open 24/7 and offers a place for reflection and peace for all faith groups.

Maternity whistleblowing

You may have seen the media attention that our maternity department received in August as a result of inspectors and newspapers receiving an anonymous letter from midwives. The letter mentioned a number of issues, including low staff numbers, which left midwives overwhelmed and exhausted by their workload.

It's always very difficult to hear that members of staff are struggling and this is no different. We are working hard to address the issues raised so that staff can manage their workload and do not feel burnt out.

Recruitment is an issue in maternity throughout the NHS so we're working with colleagues regionally and internationally to help recruit quality staff into our maternity department as well as running a full training programme.

Whilst we work to address these issues, I am very grateful for the flexibility and dedication of our staff in ensuring that we provide a safe and caring service.

Update on the External Review

The external review, which was announced in February 2020 as a result of events arising from an anonymous letter that was sent to a relative of a deceased patient in October 2018, has yet to be published.

The report, which was commissioned by NHS Improvement and led by Christine Outram MBE, is completed but has not been seen by the Trust. We have been notified that a review process whereby individuals who have been subject to criticism in the report have the opportunity to comment before publication has begun.

We have been told that the final report will be published before the end of this year. As we have always said, we will welcome the recommendations and findings in the report and will use them to help us improve.

We will update colleagues as soon as we have more information on the date of publication.

RAAC update

You will all be aware of the issues surrounding our ageing West Suffolk Hospital building and the work our estates team are doing alongside structural experts to ensure the safety of the site – particularly the roof.

In August we invited a BBC Look East TV crew into the hospital as a way of updating the public on our precautionary safety work around the main building. Inviting the media in to show the public and staff, who may not see the whole of the site on a daily basis, has hopefully helped alleviate concerns people may have ahead of coming to or working onsite. We are committed to maintaining transparency with these estates work.

As part of these works, there is a rolling programme of maintenance happening throughout the hospital which means areas of the site are closed at certain times, resulting in wards and various units having to be re-located. To keep our staff informed of these changes, there is a comprehensive communications programme through which we are highlighting the wards that have been affected. We also have information available for visitors and patients coming into the hospital.

Award winning clinical helpline

The Trust's clinical helpline was set up in April 2020 following the suspension of visiting at hospitals due to Covid-19 and takes calls from families and loved-ones requesting an update on patients who they're not able to see face-to-face.

The helpline, made up of around 70 staff with clinical backgrounds, has gone from strength to strength since its inception and to date has handled over 40,000 calls. I'm delighted that they recently won the 'Support for Caregivers, Friends & Family' category at the National Patient Experience National Awards (PENNA) awards which is run by the Patient Experience Network.

Having a loved-one in hospital can be a stressful experience. The helpline has been an important lifeline in keeping people connected with their loved ones whilst they're in the hospital. It also has the dual advantage of freeing up more time for clinicians to spend with their patients. As mentioned earlier, it has been such a success that we are now establishing the helpline as a permanent service in the Trust.

Healthcare academy

In September we held a series of free online events accessible to members of the public who were considering a career in the NHS. Our healthcare academy took place over three weekends and provided information and facts about the wide range of jobs available in the NHS – ranging from well-known health roles like nursing through to education and training.

The event was well attended and staff from different departments offered their own time to talk about how they enjoy their job and offer guidance to others who may consider a career in that specialism.

Events like this are very important in the current climate, we know recruitment is an issue in the NHS, and we are working hard to fill vacancies across the Trust.

Medical training kits

Finally, medical kit that has helped train hundreds of NHS staff at our Trust was given the opportunity for a new lease of life in September.

The Trust's geriatrics and general internal medicine consultant physician Dr Joseph Yikona and resuscitation practitioner Kevin Brown worked with the University of Zambia's School of Medicine to provide the teaching school with resuscitation simulation equipment previously used at our site.

The equipment, which is considered surplus to requirement in the United Kingdom, can hugely benefit training and teaching in other parts of the world where resuscitation apparatus such as manikins can be very difficult to both find and fund. Thanks to both Joseph and Kevin for organising this very kind and powerful gesture and shows that WSFT's reach goes well beyond Suffolk.

9. Governor issues (enclosed)

To note a summary of the questions raised by governors, June-August 2021

For Reference

Presented by Liz Steele

REPORT TO:	Council of Governors
MEETING DATE:	13 October 2021
SUBJECT:	Summary of questions raised by governors, June to August 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 June to August 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.

June:

- Never Event definition
- Plans to address waiting lists; timescales for investigation of never events; virtual visit of new decant ward; governor briefing and discussion on Trust's new values; Future systems-economies of scale whole programme; return of face to face meetings for board and CoG

No questions received in July or August.

10. Governor Engagement (enclosed)

To receive the minutes from the Engagement Committee meeting of 22 July 2021, including governor feedback from the Community Engagement Group (CEG) sessions

For Reference

Presented by Florence Bevan

REPORT TO:	Council of Governors
MEETING DATE:	13 October 2021
SUBJECT:	Report from Engagement Committee, 22 April 2021
AGENDA ITEM:	10
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 July 2021.

Also appended to this report is governor feedback from the future system community engagement workshops which all governors were invited to attend. Disappointingly only seven governors took part in these; between them they attended eight of the 13 workshops that took place.

RECOMMENDATION

The Council of Governors is asked to:-

i) Note the minutes of the meeting of 22 July 2021 (appendix A).

ii) Note the feedback from the future system community engagement workshops

FEEDBACK FROM FUTURE SYSTEM COMMUNITY ENGAGEMENT WORKSHOPS

There was governor representation at 8 out of the 13 workshops that took place.

The following governors attended one or more workshops; Florence Bevan, Carol Bull, Robin Howe, Ben Lord, Jayne Neal, Joe Pajak; Liz Steele

OUTPATIENTS - 16 August (Robin Howe)

Desire to create an integrated system with relevant depts. close to each other.

Efficient use of new technology so that only those patients that need to attend will do so. Therefore, it was hoped to create a more efficient and effective clinic system.

However, recognising that 'one size doesn't fit all' create a more user-friendly environment for both patients and staff.

OUTPATIENTS - 16 August (Carol Bull)

There was unfortunately a very poor attendance. Excluding Robin and I and the staff there were I think only seven attendees. However I believe everyone contributed and there was some very useful and interesting discussion.

The meeting started with a brief overview to set the scene and explain the purpose of these engagement groups. We were informed that there were no drastic changes being envisaged for this area at the moment but it was hoped for example that:

- More spacious accommodation would be provided in line with modern space standards;
- There would be a centralised area for outpatients;
- Blood testing and pharmacy would be co-located;
- A calming and holistic environment would be created in waiting areas;
- That more embedded technology would be used.

The session was then opened to the attendees and there were a number of questions and concerns raised:

- Whether the IT systems being considered would be generic or tailor made;
- Would the lack of adequate numbers of wheelchairs at present be addressed;
- How clinics could be run more efficiently to reduce waiting times – with the possible use of digital appointments. It was confirmed that the hospital did not support or use “overbooking” for clinics;
- The need to ensure accessibility for wheelchairs and mobility scooters including ensuring any electronic type door openers could be reached by an individual user without additional help. It was confirmed that an ergonomists would be used to consider among other things disability access;
- That waiting areas should be designed to avoid those in wheelchairs and on mobility scooters being “parked” in corridors;
- Clarity in regard to discharge details and follow up appointment dates.

There were a number of useful suggestions from the group:

- That the idea of using different coloured chairs in the waiting areas be considered. The idea, used at other hospitals being that as you moved through your appointment, seeing several people clear progression could be seen;

- That staff should understand the bigger picture in relation to a patient's visit to outpatients to ensure smooth progress through various procedure/examinations that they might require to have;

- Patients having an opportunity to submit questions they might have prior to their appointment;

- Adequate disabled parking to be on same level as the hospital with no long ramps to negotiate;

- Good clear signage to be provided to ease/speed movement around departments;

- Access to refreshments.

There was some considerable discussion and worry with regard to the use of virtual appointments. In part this stemmed from the fact that through the pandemic getting face to face appointments with a GPs had been almost impossible, leaving many elderly patients experiencing difficulties and being troubled and unhappy with the virtual alternatives. For many to then be referred to the hospital and still be in this situation was deeply troubling. However we were assured that virtual consultation would only be used where appropriate and not as a matter of routine.

Finally, it was noted that some of the suggestions made could be implemented now eg. Better signage, discharge procedures, looking at the patient experience holistically.

COMMUNITY WORKSTREAM – 18 August (Robin Howe)

Wish to deliver treatment as close to the patients home as possible.

Use Community Hubs to deliver services more locally, e.g. mental health, dietary advice, child support.

Create an environment that encourages patients to think about questions they wish to ask before they see a clinician.

Recognise the vulnerability of ageing rural populations and the increase in single households.

PLANNED CARE – 24 August (Robin Howe)

Ensure guiding is clear and effective, could be linked to new technology, ie mobile phones.

Equally use this technology so that patients know where they are in the queue.

Single rooms will aid privacy and dignity but will need to be carefully monitored.

Possibility of private ward rather than at BMI but concerns about it encroaching on to NHS space.

THEATRES, DAY SURGERY & ITU - 25 August (Robin Howe)

Again, need for Efficiency and Effectiveness to maximise use.

More day surgery but need to ensure discharge of patients is closely monitored.

Technology is moving so fast that it is difficult to be specific on its future use but should be able to help with future pandemics.

Single rooms seen as a good thing to help with infection control and better design will help us retain staff. However, may well need more of them.

THEATRES, DAY SURGERY & ITU - 25 August (Carol Bull)

I attended this with Robin and Ben joined us as well. Very sadly only one member of the public was present!

Given the work that officers had put into the presentation this must have been extremely disheartening for them.

I appreciate that people do drop out at the last minute for a variety of reasons but I do wonder if they ask enough people in the first place to take this into account.

The briefing as I say was very good and clearly outlined future plans for these units. Things I particularly noted were:

A new day of admission ward;
Two suites for elective day surgery;
Enhanced use of digital technology;
100% single rooms in ITU;
Doing more elective surgery as day surgery;
Clear separate pathways for emergency and elective surgery;
Standardised theatres.

There was some general discussion around a number of these but in general it was felt that they were all to be applauded and offered a more effective and efficient service. One of the points raised was the need to ensure that the move to more day surgery did not result in patients being discharged too soon.

There was mention of the collaboration with Ipswich and Colchester hospitals in relation to orthopaedic surgery and whether this was a consideration in planning for the future. It was understood that such a future “supacentre” would only be for the more complex cases and whilst we needed to be aware of this possibility we still had to proceed with our plans.

In trying to address patients concerns it was felt that post discharge questionnaires should be a fundamental part of the patient process and rather than just ask if everything was OK specifically ask what was done well and what the patient found most helpful and reassuring.

PATHOLOGY AND MORTUARY– 25 August (Jayne Neal)

I was very surprised at how few of us were taking part. I thought there would be many more representatives from the public. The presentation was excellent and included all the points I had thought of prior to the meeting. The four governors attending all agreed this would be worth sharing with other governors.

Pathology:

1) Need more lab space than currently available to enable expansion (which might then give opportunities for income)

2) Labs to be sited on the ground floor due to the weight of the equipment

3) Easy access for sample drop off with increased admin space

4) High quality IT to enable transfer of information between other NHS facilities and GPS as patients may be having treatment across a number of centres

5) Think about the balance of services which need to be provided on the new acute site vv what is required in community clinics and health centres.

6) As we are an ageing population with more folk having limited mobility, provision of space for those using wheelchairs, walking frames etc needs to be planned for those attending on site pathology clinics.

7) Paediatric phlebotomy services to be separate from adults

Mortuary:

1) It would be good if the mortuary could be sited around the existing garden on the site. It could provide a quiet dignified area for bereaved families to sit. If not, provision of a calm area is required as part of the new build

2) A discreet exit / entrance required with allocated parking for families

3) Provision for the bereaved across multi faith families to enable end of life observances to be practiced.

PATHOLOGY AND MORTUARY– 25 August (Florence Bevan)

The presentation was excellent, possibly should be redone for all governors.

The group was very small; however, it was not easy for everyone to share their views which was disappointing. (I know it is hard to chair an online group.)

PATHOLOGY AND MORTUARY– 25 August (Liz Steele)

The meeting started with a presentation which was very informative. I feel that these presentations would be good for Governors to see at a briefing. Sadly, as before there were very few people attending. The vision that they both brought was very forward thinking but would also be very expensive.

Mortuary:

They spoke of a larger area for their work, this I totally support as a present if we have an epidemic or pandemic, they have a need to bring in a portable unit to store the bodies. This is very undignified and as the staff still regard their work as supporting someone, not just a body, this must be very difficult for them. They would like the mortuary to have its own entrance and for it to be positioned near a garden. This would help the relatives when they have to visit their loved ones. They also have other suggestions such as a dedicated desk for registering deaths at the hospital with an onsite registrar. Now one can register deaths online but some people might prefer a more human touch.

The viewing area for those visiting their loved ones is in desperate need to be improved. It is not fit for purpose and involves staff in a lot of 'juggling' with trolleys and curtains at the moment. This will have to be a must for the Future System.

They would also suggest and are in conversation with others, about being a County Mortuary. This would seem a sensible time to pursue this while we are developing a new hospital.

They also feel it would be more sensitive if they had a small carpark for those coming into the mortuary.

Pathology:

Their talk was more about process rather that the building. They would like G.P.s to do more blood tests in the surgery.

They need a larger area as 80 % of diagnosis needs pathology. They need a larger area within the pathology to carry out their services.

They suggested community hubs in different areas that could be mobile or fixed and would be able to carry out less complicated procedures and possibly resting.

The next point tied in with the paediatric consultation. They would like a distinct, separate area for children that would be 'less scary' and more friendly. For this they would like to be placed near the paediatric ward or unit.

DIAGNOSTICS/ENDOSCOPY – 2 September (Liz Steele)

I was asked to join this group as no one had signed up. As a user of this service I found it very interesting. The talk was more about the future of the service with technology making it easier in some cases to undergo procedures. Their needs with regards to space revolves around facilities for patients and the ability to have privacy on occasions. At times patients waiting have to wait in their robes in a small area all together and at times need toilets that are not placed conveniently.

We discussed the preparation details sent to patients and the possible use of visual support so that they can be reassured of what will happen.

In all it was a good opportunity to give feedback from a patient prospective.

PHARMACY AND MEDICINES MANAGEMENT - 7 September (Joe Pajak)

Attendees:

Emma Jones, Future System Communications and Engagement Lead,
Simon Whitworth - Chief Pharmacist
Mark Manning - Head of Nursing – Future System
Alan S. - a resident living within the Trust boundaries
Joe Pajak – Public Governor

Purpose of the session:

The team is considering how the pharmacy and medicines management services can be delivered in the new facility. The session was set up to provide an opportunity to share information and to explore key issues.

Background:

a) Pharmacy services are currently based in a single location towards the rear of the current hospital site, close to the rear entrance, paediatrics, and the MacMillan Unit.

b) Pharmacy services are responsible for ensuring the safe and secure handling of medicines.

c) The service is provided through extended hours seven-day pharmacy service, normal hours are 8.30am to 6.30pm Monday to Friday, and 9am to 4.30pm Saturday and Sunday. There is out of hours cover in emergency situations 24/7.

d) Pharmacy and Medicines Management are tightly bound by national legislation and guidance.

e) The Trust is considering how the pharmacy and medicines management services can be delivered in the new facility.

Current services

These include:

a) Ward based clinical service

b) Dispensary services – inpatient, outpatient, medicines for discharge (TTO's)

c) Ward stock distribution

d) Medicines procurement and goods in

e) Aseptic services (intravenous feeding, chemotherapy medicines)

f) Quality Assurance/ Quality Control (QA/QC)

g) Medicines Information

h) Formulary Management

i) Medicines Management training and education

j) e-Care Meds team – system projects, business as usual and system maintenance workload

k) Antimicrobial stewardship (safe and effective use of antibiotic and antifungal medicines)

l) Homecare delivery of medicines

m) Medicines safety.

Key observations (in no order of priority)

The session, and pre-reading, highlighted the importance of:

a) Finding ways to help patients and visitors improve access to the medicines they need within the limits of current and future legislation.

b) Improving patients, families and carers knowledge and understanding of medicines to increase their safe use.

c) Carefully considering the future location of, and ease of access to, the pharmacy; including the need to provide safe and speedy provision to departments, as required, e.g., accident and emergency, and cardiology.

d) Reviewing the modes of delivery of medicines across the facility, and more widely as appropriate.

e) Improving storage (including temperature control) and processing of medicines in the new facility, and across the Trust.

f) Considering the storage and use of patients own medication whilst in the health facility.

g) Improving antibiotic stewardship.

h) Enabling patients to access their medications on discharge or after an out-patient appointment.

i) Ensuring that the design enables the incorporation of future technologies, and emerging trends, including building on e-care, and developing more system-wide, electronic capability for sharing data and records across the wider local health care system.

j) Building on what we have we learned about access to medicines through the pandemic.

k) Learning from, and utilising, local, regional, and national expertise.

Final notes

1) The presentation was extremely informative and well-planned, and worth considering making more directly available to the Council of Governors for their information and input.
2) There is a clear focus on the needs of the patients, families, local communities, and staff; and ensuring that the new facility is innovative, effective, and efficient, and as far as possible 'future-proofed' given the time lag between design and delivery of the new services.
3) It is reassuring, not least from a governor's perspective, that such a comprehensive and in-depth study of the context and the future needs, is being undertaken – and that the design is intended to enable the new facilities and arrangements to be a model of best practice.
4) There is a clear recognition that this is more than about the design of a new facility.

DRAFT

MINUTES OF THE COUNCIL OF GOVERNORS ENGAGEMENT COMMITTEE

HELD ON THURSDAY 22 JULY 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			
Ann Alderton	Interim Trust Secretary		
Anna Hollis	Communications Manager		
Georgina Holmes	FT Office Manager		
Cassia Nice	Head of Patient Experience		

Action

21/20 APOLOGIES

Apologies for absence were received from Florence Bevan and Robin Howe.

Liz Steele chaired the meeting in the absence of Florence Bevan.

21/21 MINUTES OF MEETING HELD ON 22 APRIL 2021

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

21/22 MATTERS ARISING ACTION SHEET

The ongoing actions were reviewed and the following issues raised:

Item 54; Circulate updated experience of care strategy to committee members when available. Cassia Nice explained that strategy would remain the same but some of the additional content would be updated.

Item 65: Arrange a half-day session for committee when restrictions allow. Committee members to let George Holmes know their availability for the morning of Tuesday 7 or Thursday 16 September. The date and venue would be confirmed asap. **G Holmes**

The completed actions were reviewed and there were no issues.

21/23 EXPERIENCE OF CARE

- Cassia Nice explained that it was still very difficult to undertake engagement activities due to the ongoing infection control restrictions and limited contact on inpatient wards.
- It was hoped to be able to recommence area observations. These had previously been very effective and well received by area managers and governors and were a good source of soft intelligence. The purpose and process for governors undertaking these was explained for the benefit of recently elected governors.

- The team were also looking at reinstating quality walkabouts.
- An update was given on the Voice group which had also been restricted in its activities due to Covid. The group had held an away day a few weeks ago; a key focus would be to promote to the organisation what the group did.
- Feedback was provided on the work and future plans of the patient experience team, including a dedicated role for someone to communicate with patients on waiting lists.
- Ben Lord explained that there was the possibility of accessing funding through the work he had done with MyWish over the past few years in raising funds for orthopaedics.

21/24 FUTURE SYSTEM ENGAGEMENT

- The committee received and noted the update on future systems engagement.
- Details of future community engagement group (CEG) meetings were circulated and committee members were asked to let George Holmes know which they were able to attend. Governors attending would be asked to provide a short briefing note that could be included with the papers for the next CoG meeting.

  Liz Steele would also mention this at the informal governors meeting on Monday (26 July) and George Holmes would then forward the invitation to everyone,
- Voice members would be attending some of these sessions and could be asked to provide feedback on those that governors were unable to attend.

ACTION: details of CEG meetings to be circulated to all governors. **G Holmes**

- It was reported that local residents had fed back that communication about the new site had been excellent.

21/25 ENGAGEMENT PLAN

25.1 Engagement plan

To be reviewed and updated at away day; items for consideration to include:

- Communications plan - agree what the Trust is trying to communicate to the public and how, eg quarterly updates either digitally and/or in the FT newsletter/email.
- FT newsletter content.
- Recruitment from hard to reach communities – look at linking with future system programme.
- Engagement with West Suffolk College, targeting specific groups of students – Laraine Moody offered to lead on this.
- Include information in parish council magazines (Robin Howe example)
- Linking with Voice to target certain groups.

ACTION: Circulate previous version of experience of care strategy to committee members re engagement activities. **C Nice / G Holmes**

- It was important that the role of governors and the role of patient representatives were clearly understood and defined.

ACTION: guidelines to be produced setting out roles of patient representatives and engagement committee/governors in engaging with the public. **C Nice / A Alderton**

25.2 FT Newsletter content

- Feedback from area observations.
- Committee members were requested to think about what they would like included in the FT newsletter.
- To be discussed at away day.

25.3 Governor information area on website

- It was felt that information on the Council of Governors should be more prominent and easier to access on the website, preferably not requiring three clicks. It was suggested that 'corporate information' should be renamed 'about us' which was a more user-friendly phrase.
- It was noted that the websites for neighbouring trusts were easier to navigate and included more detailed information about governors.
- If photos of governors were included on the website they would need to be updated and uniform, not taken from election submissions.

ACTION: look at other trusts' websites and consider how to make governor area more prominent on the home page; Include more detailed information about governors. **A Hollis**

- Liz Steele was working with James Goffin to include information on public governors in the green sheet as a lot of staff were unaware of their existence and activities.
- It was suggested that answers to questions raised by governors should be included on the website. Ann Alderton explained that some of the questions raised by governors were not within the remit of their role as governors and this could cause confusion with the public.

25.4 Review of membership leaflet

- No updates suggested – see item 25.1 re recruitment proposals.

21/26 FEEDBACK REPORTS

17.1 Membership numbers

- The membership numbers were received and noted.
- It was suggested that more detailed information should be provided to show increases/decreases in numbers and the reason for this.

ACTION: provide more detailed information on membership numbers to a future meeting. **G Holmes**

21/27 ISSUES FOR ESCALATION TO THE COUNCIL OF GOVERNORS

- There were no issues for escalation.

21/28 DATES OF FUTURE MEETINGS 2021

Thursday 28 October, 5.00pm

11. Governor Review (enclosed)

To receive feedback from the governor questionnaire

For Reference

Presented by Ann Alderton

REPORT TO:	Council of Governors
MEETING DATE:	13 October 2021
SUBJECT:	Governor Review September 2021
AGENDA ITEM:	11
PREPARED BY:	Georgina Holmes, FT Office Manager
PRESENTED BY:	Ann Alderton, Interim Trust Secretary
FOR:	Information

Introduction

This report provides details of the results from the survey which was undertaken via SurveyMonkey in September. There was a very good response rate with 23 out of 25 governors providing feedback.

The purpose was to gain feedback on the effectiveness of the training provided this year, governors understanding of their role and conduct of meetings. All feedback was anonymous; as well as highlighting areas for improvement eg communication, the results will help plan future training and development requirements,

Feedback indicates that governors understand their role and are aware of the Trust's values which is positive and supported by the feedback on the effectiveness of governor induction. The following questions received no or very low "disagree" responses

Question	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know
I am aware of the values the Trust has committed itself to	39%	61%	-	-	-
I understand the role and statutory duties of the Council of Governors	30%	65%	-	-	4%
Council of Governor meetings are well managed in accordance with the agenda	14%	82%	5%	-	-
The Council carried out its work in accordance with the values of the Trust	35%	57%	-	-	9%
There is an effective induction for governors	14%	76%	5%		5%

The questions with the highest number of “disagree” or “strongly disagree” highlight the priorities for improvement. These were presented at the training day on 22 September and solutions have been incorporated into the governor work programme for 2021-2023, primarily through the introduction of monthly strategic briefings on key issues and risks, where governors and directors can get together to discuss strategy, objectives, risks and challenges and to have an open and transparent exchange of views.

Question	Strongly Agree	Agree	Disagree	Strongly Disagree	Don’t know
The Council of Governors has been appropriately involved in the development of the Trust Strategy	13%	30%	52%	4%	-
Channels of communication between governors and the Trust are effective	10%	43%	29%	14%	5%
The Council of Governors is consulted on the development of forward plans for the Trust and any significant changes to the delivery of the Trust’s business plan	13%	48%	30%	9%	-
There is sufficient time for discussion and for governors to contribute their views at meetings and briefings	9%	55%	32%	5%	-

The Pandemic and Virtual Meetings

It is clear from the responses that governors felt that the pandemic had had a detrimental effect on the work of the governors, with member and public engagement emerging as one of the main casualties.

In an open question, “face to face” meetings were the single most widely missed activity during this time, with almost all respondents considering this to be the case. However, a similarly high number of governors felt that virtual meetings worked well and were effective in certain circumstances and felt that they should continue.

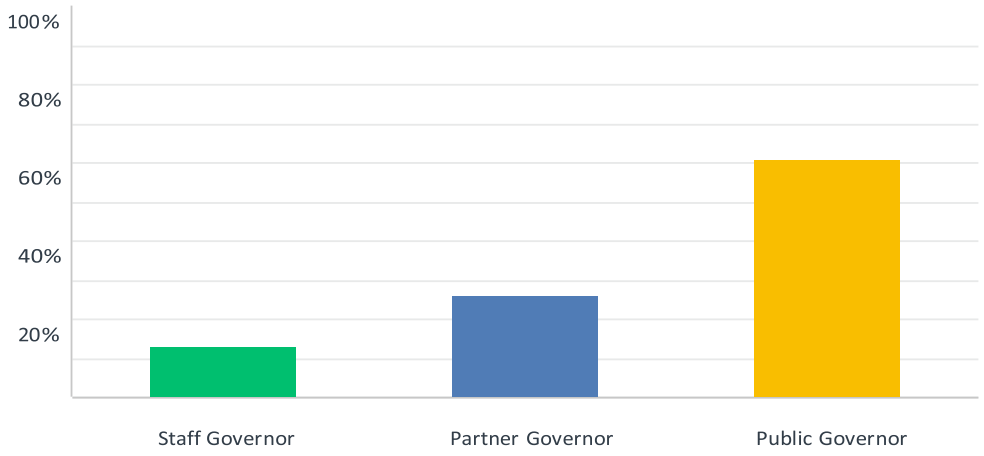
Most governors stated that they felt comfortable meeting face to face now that the majority of the population had been vaccinated, and the first steps were taken to undertake this in the governor training day on 22 September. Although this is not something the Trust is in a position to implement fully as yet, where opportunities arise to meet face to face and the technology can also enable hybrid meetings, we will start taking positive steps to start meeting more frequently face to face whenever the opportunity arises. This will depend largely on the size and type of meeting, though business of a routine and transactional nature will continue to be predominantly on Teams for the time being.

Recommendation

To note the report and the feedback contained within it.

Q1 Are you a:

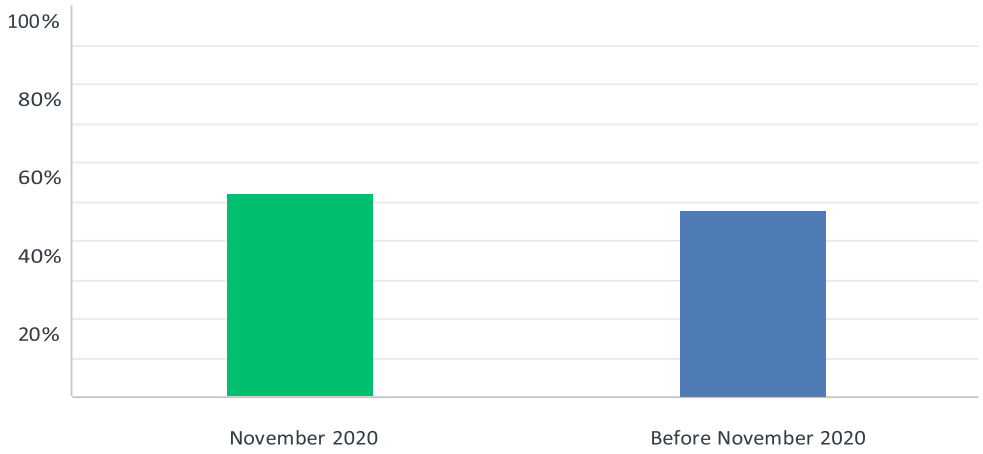
Answered: 23 Skipped: 0



ANSWER CHOICES	RESPONSES	
Staff Governor	13.04%	3
Partner Governor	26.09%	6
Public Governor	60.87%	14
TOTAL		23

Q2 When were you first elected/appointed as a governor?

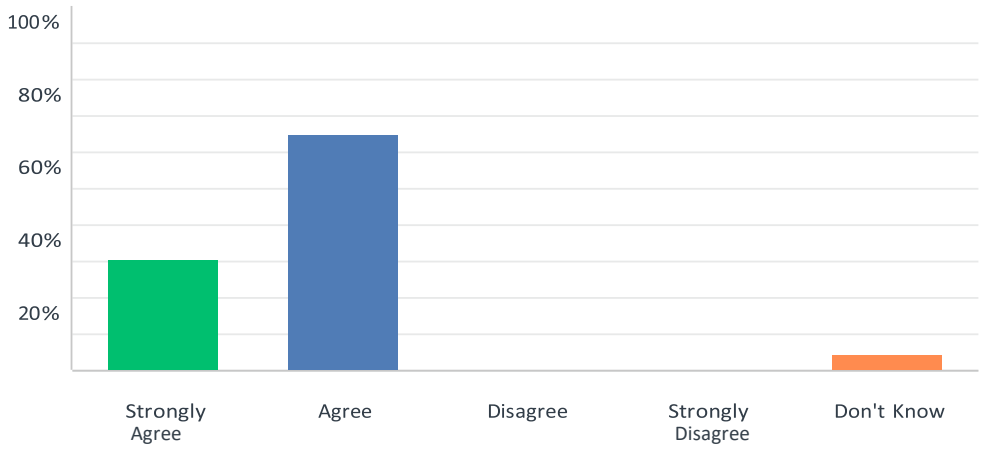
Answered: 23 Skipped: 0



ANSWER CHOICES	RESPONSES	
November 2020	52.17%	12
Before November 2020	47.83%	11
TOTAL		23

Q3 I understand the role and statutory duties of the Council of Governors

Answered: 23 Skipped: 0

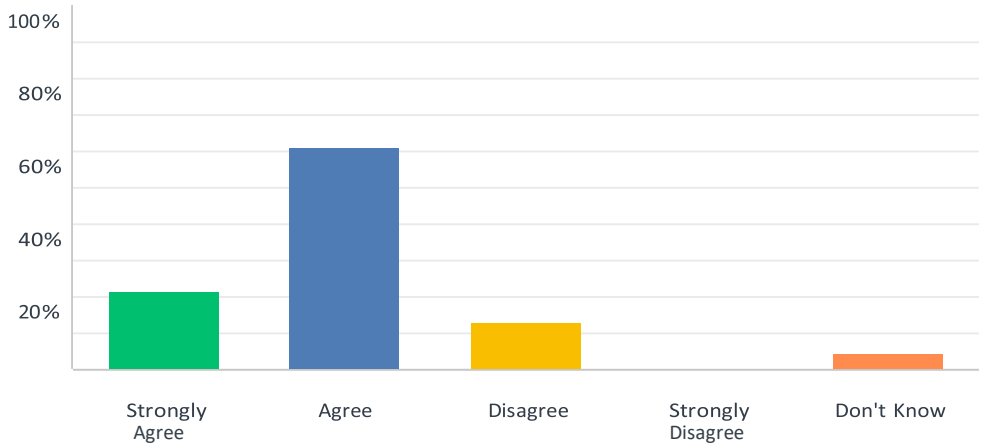


ANSWER CHOICES	RESPONSES	
Strongly Agree	30.43%	7
Agree	65.22%	15
Disagree	0.00%	0
Strongly Disagree	0.00%	0
Don't Know	4.35%	1
TOTAL		23

	COMMENTS
1	We have received training that describes the role of governors, but there have been 'boundary issues' about what information WSFT shares with us and when it does so. There has been an unfortunate tendency only to share some negative information after it has already been reported in the media. This is leading some governors, including me, to begin to question whether we are able to fulfil our statutory duties.
2	I am well aqua red with the constitution and have attended many training g sessions.
3	Don't believe that this is true of the whole council and this makes it difficult
4	I know from all the info I have been sent and read but feel the goal posts keep shifting
5	We have had extensive discussion and formal training on this matter.

Q4 The Council of Governors listens and responds to the views of Trust members, the public and the wider stakeholders

Answered: 23 Skipped: 0

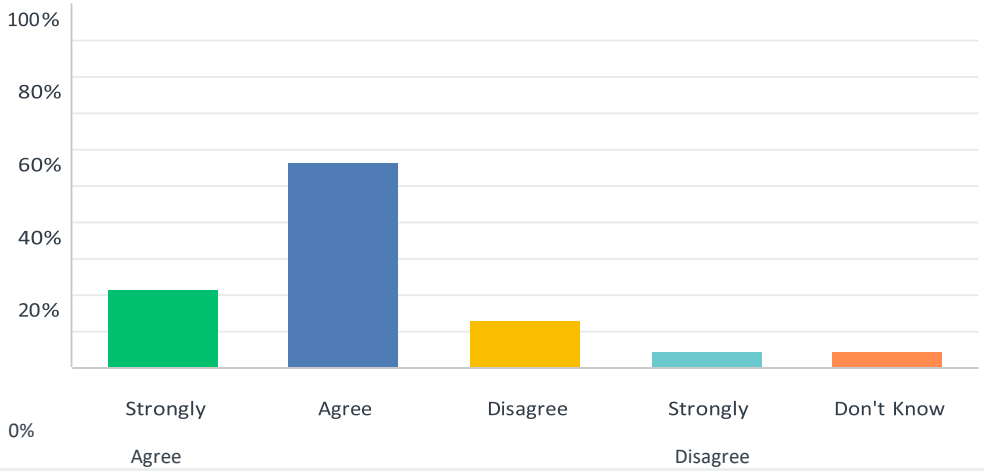


ANSWER CHOICES	RESPONSES	
Strongly Agree	21.74%	5
Agree	60.87%	14
Disagree	13.04%	3
Strongly Disagree	0.00%	0
Don't Know	4.35%	1
TOTAL		23

#	COMMENTS
1	Items relating to the views of WSFT Members, the public and wider stakeholders are not prominent on the COG meeting agendas that I have attended, since I became a public governor in November 2020.
2	Not sure when the views of Trust members, the public and the wider stakeholders have needed specific response from governors. It would seem that governors take on individual issues that they come across
3	This has been difficult during the pandemic but we truly represent our public when possible.
4	So hard with lockdown. No public engagement
5	Agree it is our role. Not sure it actually happens. Not sure that members of the Trust etc. know they can/should contact a Governor
6	Difficult at the moment to be specific because of the fact we cant communicate as effectively because of the pandemic
7	I think it tries to represent the views of all these stakeholders but it has little opportunity to 'listen' or receive their views directly except from personal contacts.
8	We might listen but not possible to do anything except refer to various Trust departments such as PALs. It seems that Governor questions to Board members regarding patient/member adverse experiences are not considered appropriate questions.

Q5 I understand how the Council of Governors can hold non-executive directors individually and collectively to account for the performance of the Board of Directors

Answered: 23 Skipped: 0

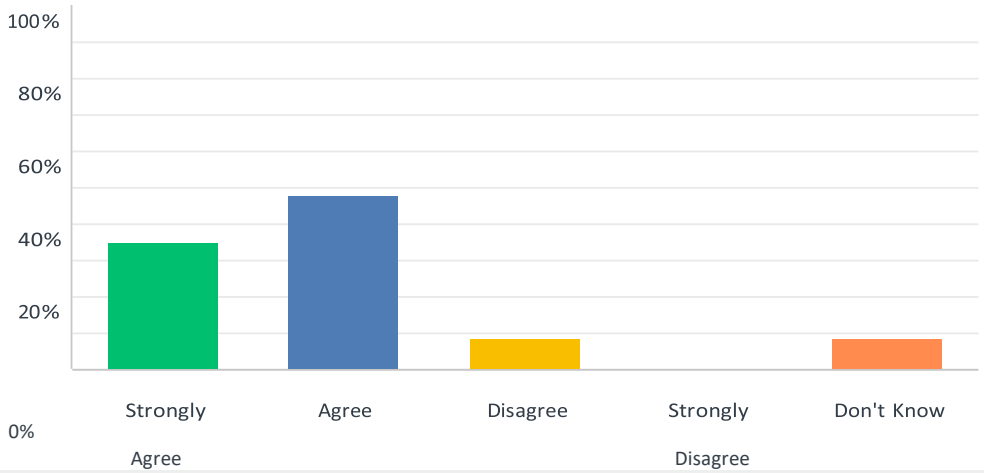


ANSWER CHOICES	RESPONSES	
Strongly Agree	21.74%	5
Agree	56.52%	13
Disagree	13.04%	3
Strongly Disagree	4.35%	1
Don't Know	4.35%	1
TOTAL		23

	COMMENTS
1	I think that the ability to hold NEDs and the Chair to account has been made much more difficult by the constraint of having to hold COG meetings virtually, rather than in person. While I fully accept and support the need to meet virtually, I feel that we have not found an effective way of holding to account in a fair and responsible manner, in these circumstances.
2	I have been part of the appraisal of NEDs for some years snd always feel comfortable in asking them for their assurance snd views.
3	Much already said about this at Governor meetings
4	Not really sure we are able to. Think we are just fobbed off and often told 'that's just how things are'
5	I understand this is the role but in practice it is very difficult. e.g. two Non-Execs have resigned but we are not allowed to know why.

Q6 I understand the role of the Council of Governors in the appointment and removal of the Chair and non-executive directors

Answered: 23 Skipped: 0

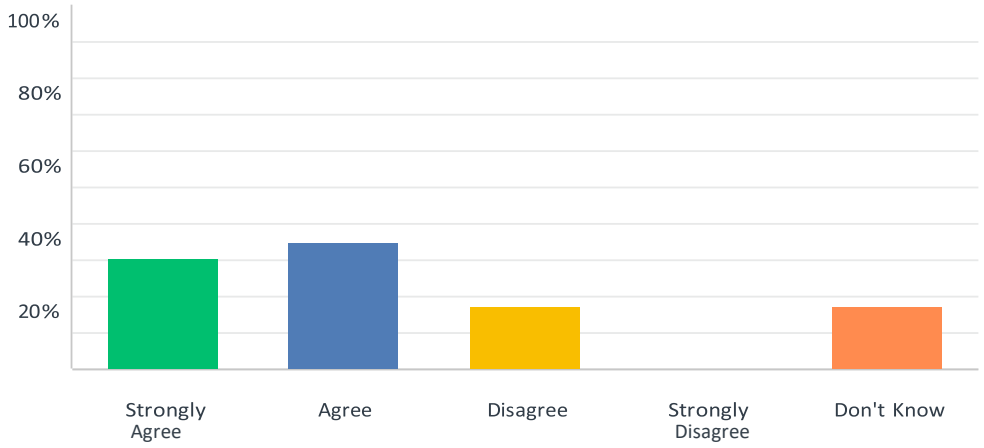


ANSWER CHOICES	RESPONSES	
Strongly Agree	34.78%	8
Agree	47.83%	11
Disagree	8.70%	2
Strongly Disagree	0.00%	0
Don't Know	8.70%	2
TOTAL		23

#	COMMENTS
1	I understand the role of COG in appointing NEDs. I am a member of COG's current Nominations Committee, which has led the process of successfully appointing two NEDs, and which is about to start the process of appointing a third NED. I am also aware of COG's role in the appointing and removing the Chair, and in removing NEDs. But I do not understand the details of how these processes are undertaken, and I have no experience of them.
2	I have been part of the appointment and removal of NEDs and know that we have a duty to ensure the chairman carries out her role diligently.
3	I thought I had a good understanding but recent events have made me question that.
4	Understand about appointment process but not removal.
5	Although, based on recent events surrounding the resignation of two NED's within two weeks of one another, it could be questioned whether the exec board/trust understand the role of the CoG in these matters since we continue to have inadequate full disclosure surrounding the reasons behind these resignations.

Q7 I understand the role of the Council of Governors in approving or not approving significant transactions, mergers, acquisitions, separations and dissolutions

Answered: 23 Skipped: 0

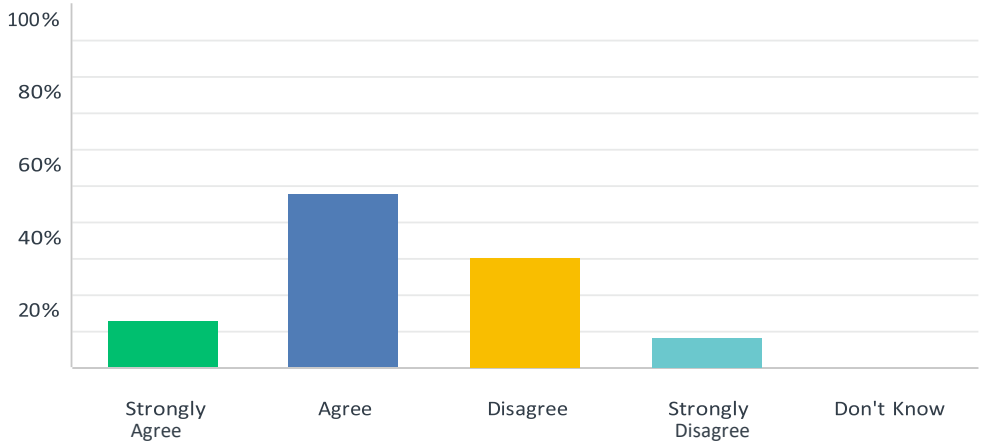


ANSWER CHOICES	RESPONSES	
Strongly Agree	30.43%	7
Agree	34.78%	8
Disagree	17.39%	4
Strongly Disagree	0.00%	0
Don't Know	17.39%	4
TOTAL		23

	COMMENTS
1	I am similarly aware of COG's roles relating to the above. But again I do not understand the details of how these processes are undertaken, and I have no experience of them.
2	I understand this but am concerned that the executive/finance department may not be aware of our position in this role.
3	No such events have happened since I became a Governor
4	Am not clear in this area
5	Not sure
6	This is almost academic as these issues are very rare.

Q8 The Council of Governors is consulted on the development of forward plans for the Trust and any significant changes to the delivery of the Trust's business plan.

Answered: 23 Skipped: 0

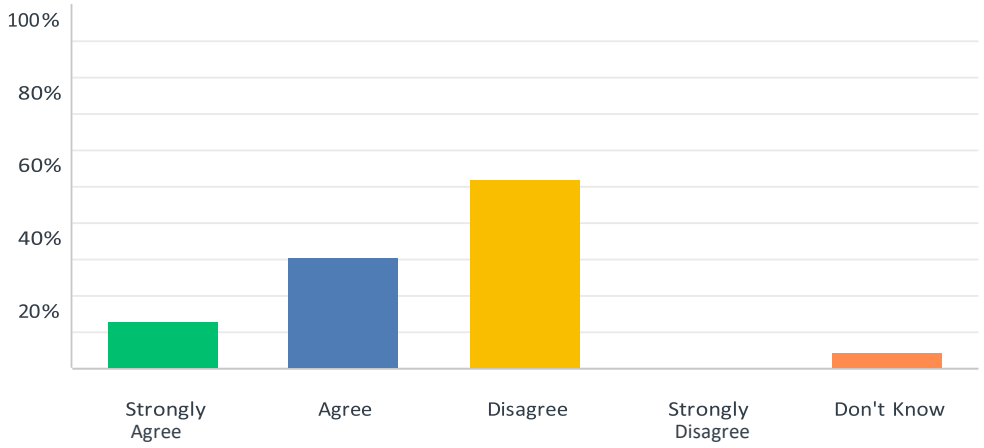


ANSWER CHOICES	RESPONSES	
Strongly Agree	13.04%	3
Agree	47.83%	11
Disagree	30.43%	7
Strongly Disagree	8.70%	2
Don't Know	0.00%	0
TOTAL		23

	COMMENTS
1	I think that COG is made aware of developing forward plans, and significant changes to the delivery of WSFT's business plan. But I don't feel that it is meaningfully consulted on these matters. I accept that virtual meetings don't help in this respect. But my sense is of being 'outside the tent looking in', rather than 'inside the tent looking out'.
2	I have been disappointed to have plans 'presented ' to us. Although we can comment I am not sure that our views are used.
3	Mmm
4	We might get informed by a draft document but that is not consultation. I made comments on the draft 5 year Strategy back in March but no idea if any taken into account
5	We may be consulted but how much influence we have I am not sure about
6	New strategy was presented, but largely as a finished item. Feedback was given but we have no idea whether this has been taken into account in any reformulation of the strategy, a further iteration has not been seen.

Q9 The Council of Governors has been appropriately involved in the development of the Trust strategy

Answered: 23 Skipped: 0

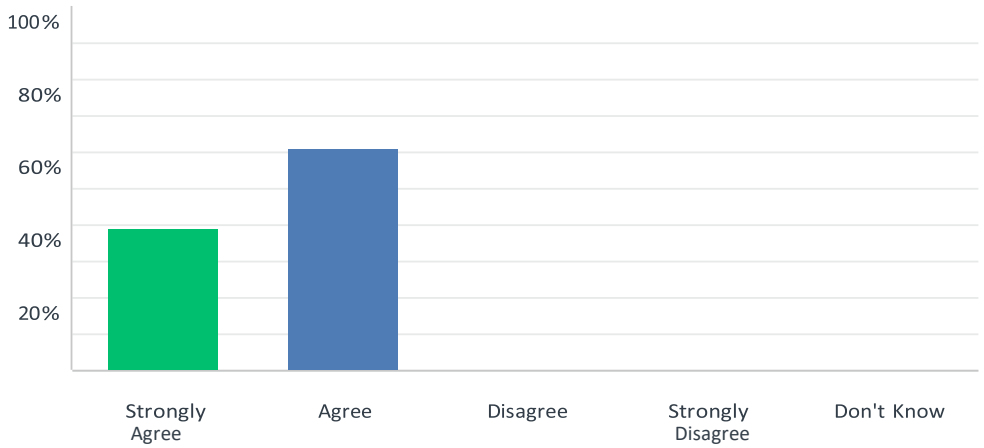


ANSWER CHOICES	RESPONSES	
Strongly Agree	13.04%	3
Agree	30.43%	7
Disagree	52.17%	12
Strongly Disagree	0.00%	0
Don't Know	4.35%	1
TOTAL		23

	COMMENTS
1	COG has been invited to comment on short to medium term plans, and to contribute to planning the new hospital development. But I think that longer term issues, such as the future role of WSFT within the newly formed Suffolk and North East Essex ICS, have not been given the attention they deserve.
2	No seen any evidence of this happening
3	My impression is that the Council of Governors are presented with a 'fait accompli' and not involved in the early stages of planning.
4	As per question 8
5	I believe that the Govs are given sight of agreed strategies
6	Again limited
7	have not been a governor long enough to comment
8	Only intermittently.

Q10 I am aware of the values that the Trust has committed itself to

Answered: 23 Skipped: 0

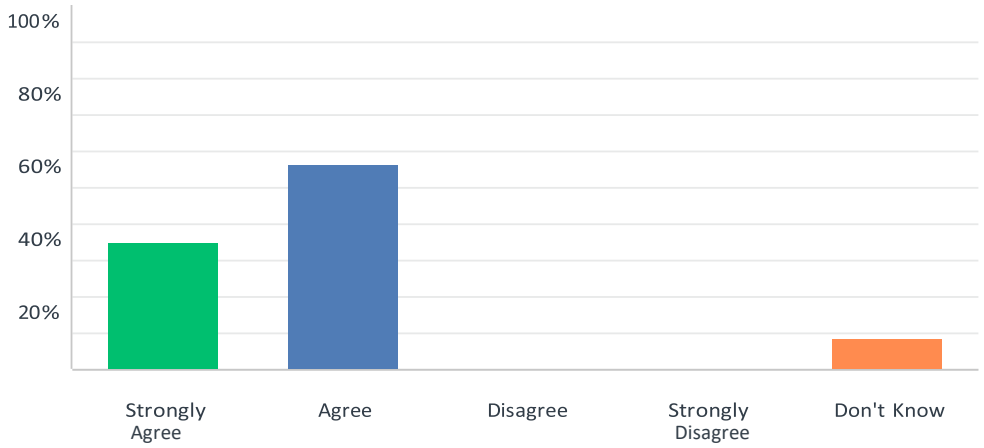


ANSWER CHOICES	RESPONSES	
Strongly Agree	39.13%	9
Agree	60.87%	14
Disagree	0.00%	0
Strongly Disagree	0.00%	0
Don't Know	0.00%	0
TOTAL		23

	COMMENTS
1	COG has been made aware of the values to which WSFT aspires. But discussion of whether or not these values are being achieved has been distorted by the January 2020 'rapid review' of a whistleblowing incident in 2018. Publication of the report of this review has been delayed (at least in part) by the Covid19 pandemic. And, during that delay, there have been unexpected resignations of two NEDs, and a further whistleblowing incident involving some midwifery staff. All of which leads me to wonder about the achievement, and possibly the appropriateness, of these values.
2	We value the staff and are represented by them on the COG. We hear often the values 'in passing' but need to be reminded of them.
3	But not sure whether they do or not

Q11 The Council of Governors carries out its work in accordance with the values of the Trust

Answered: 23 Skipped: 0

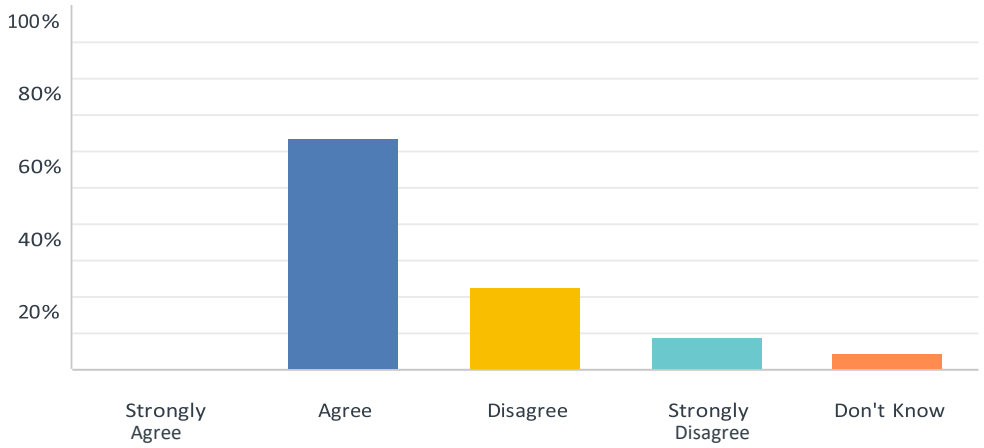


ANSWER CHOICES	RESPONSES	
Strongly Agree	34.78%	8
Agree	56.52%	13
Disagree	0.00%	0
Strongly Disagree	0.00%	0
Don't Know	8.70%	2
TOTAL		23

	COMMENTS
1	Please see my comments relating to question 11 above.
2	Could be more involved
3	The COG are a corporate body and as such we work as a group and represent the Trust in all that we do.
4	I think we try to but 'confidentiality' seems to be used as away of keeping us at a distance
5	We try

Q12 Council of Governors meetings work well, are productive and business is done efficiently

Answered: 22 Skipped: 1



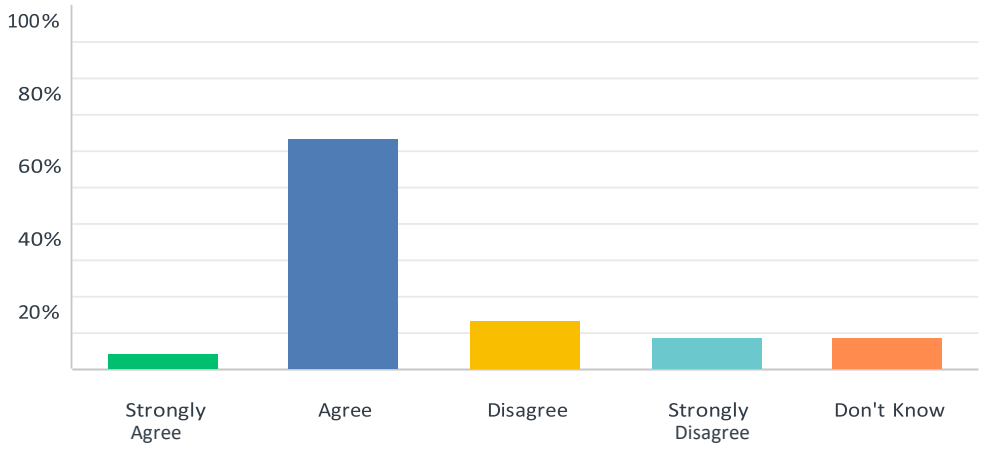
ANSWER CHOICES	RESPONSES	
Strongly Agree	0.00%	0
Agree	63.64%	14
Disagree	22.73%	5
Strongly Disagree	9.09%	2
Don't Know	4.55%	1
TOTAL		22

#	COMMENTS
1	Please see my earlier comments about the problems of virtual meetings. The fact of the matter seems to be that virtual meetings of large groups, such as COG, are only good for presentations followed by a restricted number of questions. They may (or may not) work okay for parliamentarians, but they do not work well when 'ordinary people' like me are the participants. I have no experience of whether pre-pandemic COG meetings were better or worse.
2	Could be a lot better if held face to face which would encourage broader active involvement
3	There have been improvements this year. There is less time devoted to going through the detail of every agenda item to allow time for more in depth discussions and exchange of views.
4	Due to the limitations forced upon us by Covid, the meetings are not as interactive or effective as they might otherwise be.
5	This past year has been challenging using Teams. Trying to make sure everyone's views are heard is difficult. I am concerned that the meetings are becoming a little 'thin' with the Action on points simply. Wing noted thus not always giving an opportunity to challenge.
6	Ghastly online meetings are unsatisfactory
7	The meetings work well in that anyone wishing to comment on any subject is allowed to do so. Not sure about productive - I don't feel as though anything has changed as a result of our meetings.

8	Despite the restrictions resulting from Covid
9	Not at all sure how productive they are
10	Sometimes is bogged down in detail and governor distractions which limits opportunity to ensure discussion and agreement of a Council position on the key issues e.g. strategy.
11	Presently, I would have to disagree with this. There are some high profile acute issues affecting the trust which we are not being given adequate time to discuss, debate and arise actions and monitor follow-ups. Equally, I feel that the efficacy of our work is being prohibitive given the ongoing cultural dichotomies that exist that surround the context of certain issues and the depth of what is shared with us. Our scope of work and business is anything but efficient when we continue to have imposed guidelines restriction our ability to work at a time where other statutory and public authorities both local, regional and national are resuming their work without stringent governance. Such ongoing restrictions appear selective when training can take place in person yet our business cannot. I also feel that our programme of meetings is inadequate given the complexity of certain issues and the interplay that exists around some of them.

Q13 The Council of Governors meets sufficiently regularly to discharge its duties

Answered: 22 Skipped: 1



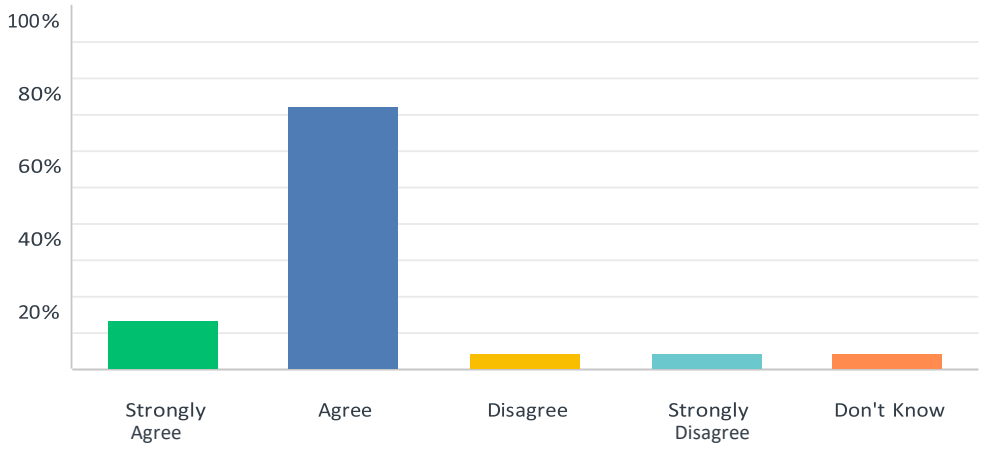
ANSWER CHOICES	RESPONSES	
Strongly Agree	4.55%	1
Agree	63.64%	14
Disagree	13.64%	3
Strongly Disagree	9.09%	2
Don't Know	9.09%	2
TOTAL		22

	COMMENTS
1	A distinction needs to be made between formal COG meetings (which are nominally in public) and informal meetings. I think that governors need more opportunities to meet informally (and not in public), sometimes with the Chair and NEDs, and sometimes without them. This is another problem created or exacerbated by the pandemic and virtual meetings. But it is a problem about which I am becoming increasingly frustrated.
2	Regular routine meetings ok. But seems a lot of need for extra meetings!
3	It would be helpful to have more discussions when unexpected events occur
4	As things are fast moving at the trust it may have been more beneficial to meet formally as COG rather than informally as a briefing or informal meeting.
5	See comments above.
6	This might be OK if we could meet face to face and then be more productive
7	The 'informal' meetings are helpful to air topics outside of the formal meetings.
8	I was under the impression that we would have 4 meetings a year but we have a lot more than that in my experience.

9	At this stage, I would have to strongly disagree with this. Our entire programme of meetings 8/27/2021 3:59 PM feels very chaotic and subject to changes that feel we are not adequately discharging our duties. We have insufficient numbers of informal meetings to progress issues outside of the formality boundaries with only one remaining for the rest of the year. In sub committee's, the engagement committee has met three times since the election of which there have been actions deviated from what was discussed in the meetings without consultation of the committee. Convening a session to fully explore and strategically plan engagement based activities continues to be 'up in the air' with no concrete commitment as to when this will finally take place at a time where there is only scheduled to be one further meeting before the end of the year. Whilst COVID continues to dampen the efficacy of our duties and requirements, it does not feel like we are helping ourselves to galvanise opportunity and fully measure and manage all of the various topics that are currently ongoing.	

Q14 The Council of Governors meets at the most appropriate time for me to attend

Answered: 22 Skipped: 1

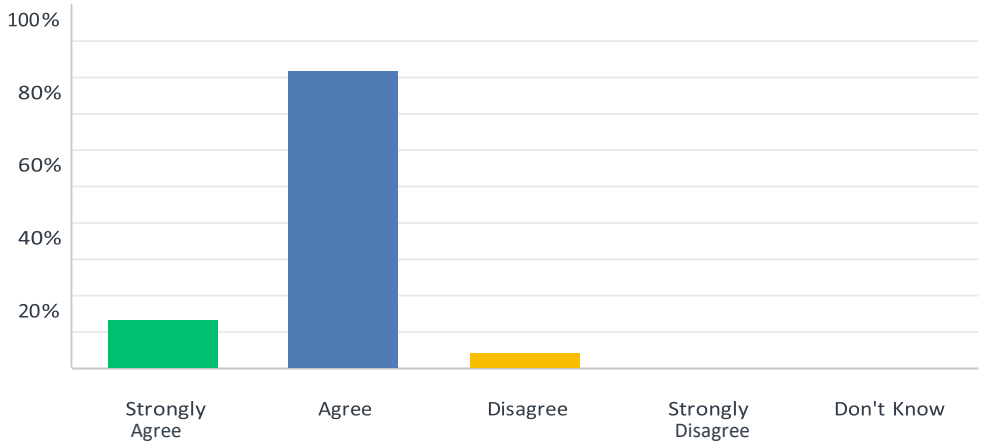


ANSWER CHOICES	RESPONSES	
Strongly Agree	13.64%	3
Agree	72.73%	16
Disagree	4.55%	1
Strongly Disagree	4.55%	1
Don't Know	4.55%	1
TOTAL		22

	COMMENTS
1	Early evening meetings offer the best opportunity for those in full time work to attend. I have the benefit of being semi-retired, and so I have greater flexibility.
2	Being diabetic I normally eat at set times and but am able to arrange food eating around meetings.
3	Generally but not always. I have a work schedule that meetings need to fit in with.
4	It is fine for me.

Q15 Council of Governors meetings are well managed in accordance with the agenda

Answered: 22 Skipped: 1

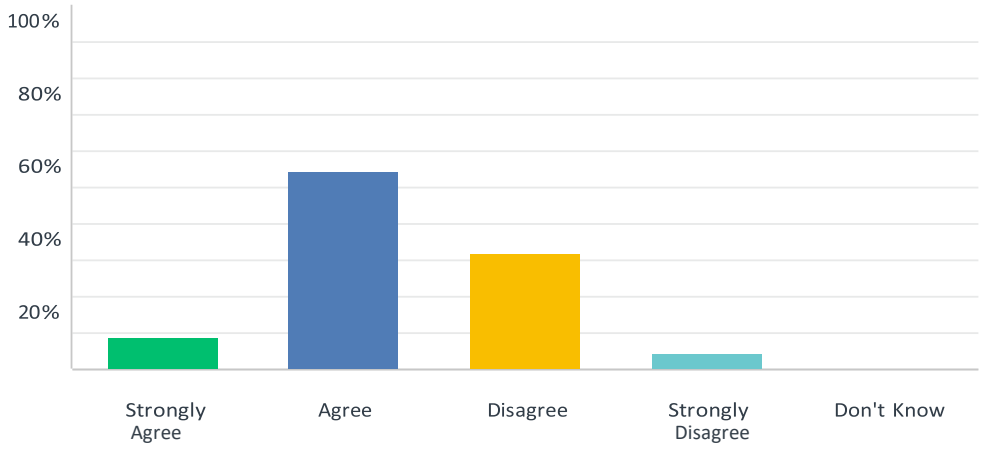


ANSWER CHOICES	RESPONSES	
Strongly Agree	13.64%	3
Agree	81.82%	18
Disagree	4.55%	1
Strongly Disagree	0.00%	0
Don't Know	0.00%	0
TOTAL		22

	COMMENTS
1	Our chair manages COG meetings very well, within the constraints and shortcomings of the agendas and virtual meetings, which I have mentioned in answer to earlier questions
2	We have Formal meetings according to a agenda. Informal meetings do not have an agenda thus allowing governors to raise their concerns.

Q16 There is sufficient time for discussion and for governors to contribute their views at meetings and briefings

Answered: 22 Skipped: 1

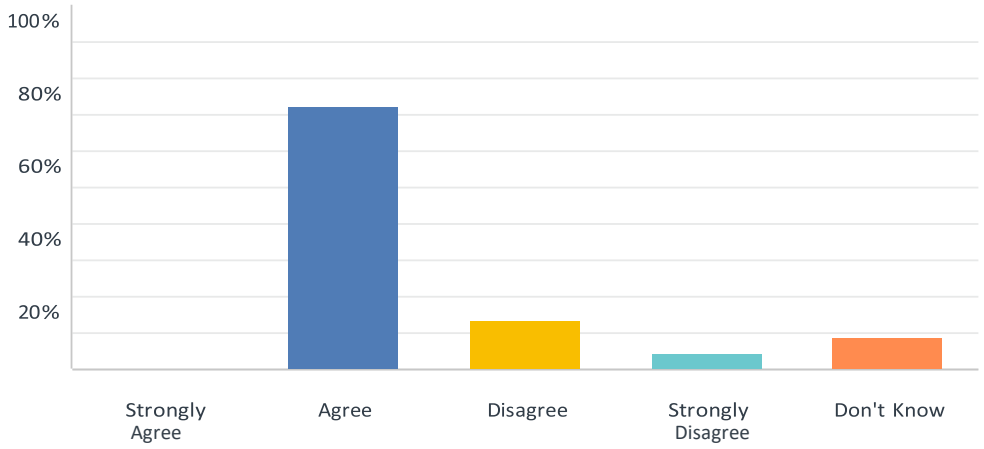


ANSWER CHOICES	RESPONSES	
Strongly Agree	9.09%	2
Agree	54.55%	12
Disagree	31.82%	7
Strongly Disagree	4.55%	1
Don't Know	0.00%	0
TOTAL		22

	COMMENTS
1	Please see my answers to earlier questions
2	Generally yes but not always - again face to face meeting would assist with more inclusive discussion
3	We do need more time sometimes to explore some topics in more depth
4	There is always a need for more time but this would lose the focus and be inefficient.
5	Although there is sometimes too much repetition and individuals details
6	We as individuals need to remain focussed the core collective responsibilities and not pursue personal priorities.
7	If there were more meetings, we could structure meetings where greater discussion could take place rather than feeling hurried and like we can't penetrate discussion points as much as we would like.

Q17 Council of Governors meeting agendas include all the important topics for discussion

Answered: 22 Skipped: 1

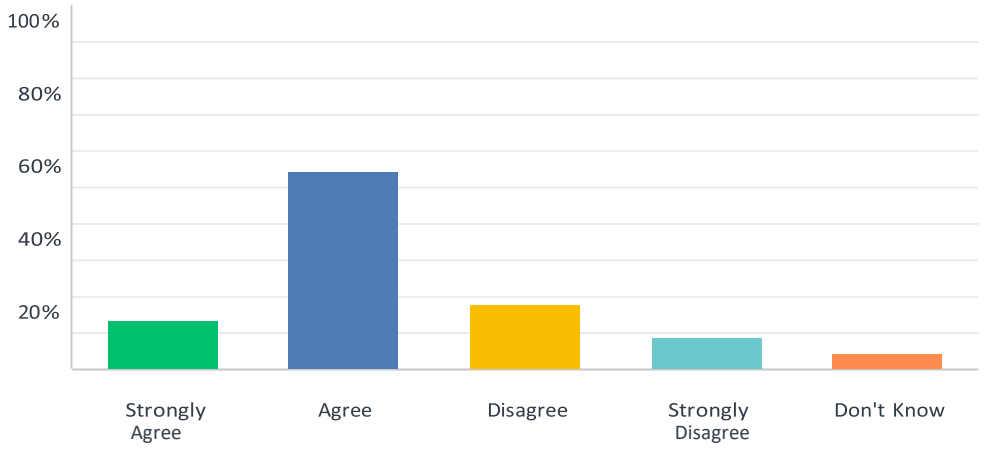


ANSWER CHOICES	RESPONSES	
Strongly Agree	0.00%	0
Agree	72.73%	16
Disagree	13.64%	3
Strongly Disagree	4.55%	1
Don't Know	9.09%	2
TOTAL		22

	COMMENTS
1	Please see my answers to earlier questions
2	As mentioned before the meetings have been ‘thinned down’ so some items previously discussed have been missed off.
3	Not easy online
4	Generally a standard agenda. We don't know what we don't know.
5	As far as it is able but the 'Rapid Review', anything but shadows everything

Q18 Information, papers and presentations provided for meetings are easy to understand

Answered: 22 Skipped: 1

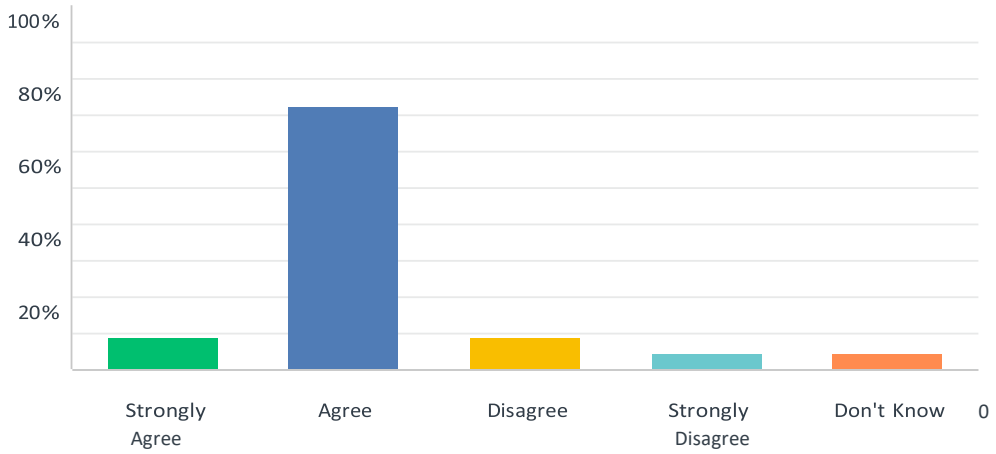


ANSWER CHOICES	RESPONSES	
Strongly Agree	13.64%	3
Agree	54.55%	12
Disagree	18.18%	4
Strongly Disagree	9.09%	2
Don't Know	4.55%	1
TOTAL		22

	COMMENTS
1	The paperwork for meetings is far too long. Documents need to be written in concise and plain English, for the benefit of their (lay) audience (and not their authors). The use of incomprehensible acronyms is endemic.
2	Abbreviations and acronyms often could be more clear and sometimes require extra research to understand
3	I have difficulties in accessing online papers for discussions because I do not have several laptops/ phones and my broadband service is poor. There is still a place for paper agendas and meeting notes and the provision of these would help me prepare for and contribute in meetings
4	Convene is super
5	Particularly for Trust Board meetings which we are encouraged to observe. Still very very difficult to tease out the salient points, despite this being raised many months ago.
6	Board Papers are too voluminous. Lay members must struggle with the plethora of info.
7	Whilst I agree broadly speaking, Convene is not the easiest app to use and does not make provision for being able to print off any papers for reference.

Q19 Information is circulated in good time for meetings

Answered: 22 Skipped: 1

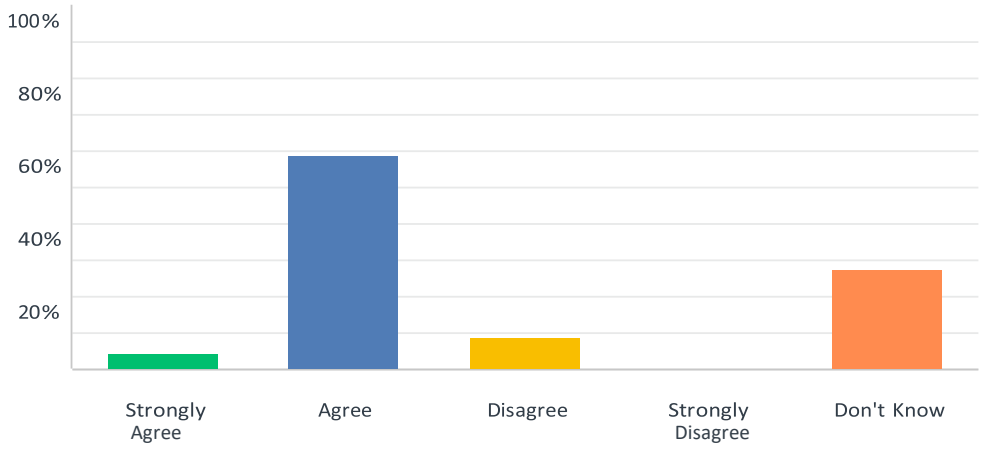


ANSWER CHOICES	RESPONSES	
Strongly Agree	9.09%	2
Agree	72.73%	16
Disagree	9.09%	2
Strongly Disagree	4.55%	1
Don't Know	4.55%	1
TOTAL		22

	COMMENTS
1	This is generally good.
2	But to read in more detail and find more information I would like to receive them sooner.
3	It would be helpful to have papers a week before meetings when possible. Although I am not working full time now, I do have a number of other interests and activities which mean I do not always have sufficient time to read and thoroughly study papers before a full C of G meeting.
4	For me it is ok but for those working it may be a little late.
5	A couple of days, or the day before, is definitely not sufficient time.

Q20 Council of Governors committees work well, are productive and business is done efficiently

Answered: 22 Skipped: 1

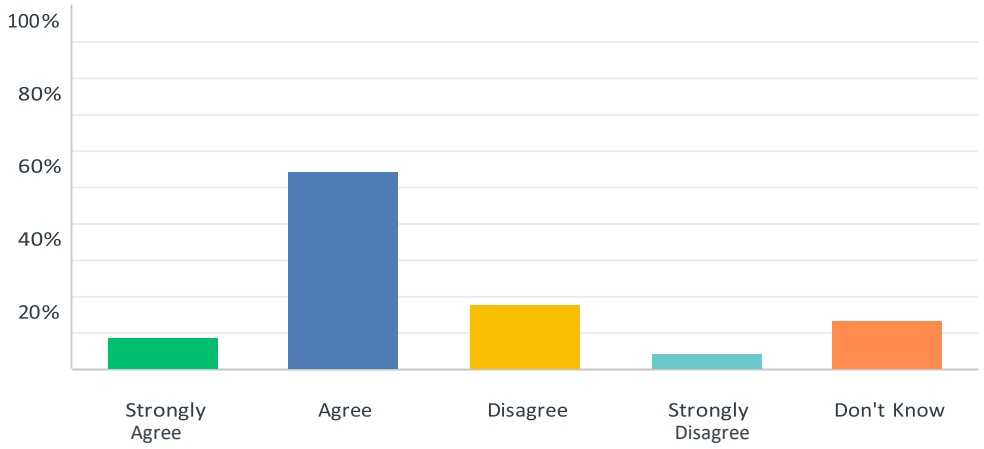


ANSWER CHOICES	RESPONSES	
Strongly Agree	4.55%	1
Agree	59.09%	13
Disagree	9.09%	2
Strongly Disagree	0.00%	0
Don't Know	27.27%	6
TOTAL		22

	COMMENTS
1	The problems of large groups meeting virtually are significantly reduced when the groups are much smaller.
2	We have not been able to really capture engagement during Covid but this should soon be more possible.
3	Not easy this year
4	Ineffective because of inability to meet face to face
5	I am not a member of any committees so cannot comment.
6	See my earlier comments in questions 12 & 13 that are pertinent to this one.

Q21 All members of the Council of Governors take a collective responsibility for decisions

Answered: 22 Skipped: 1

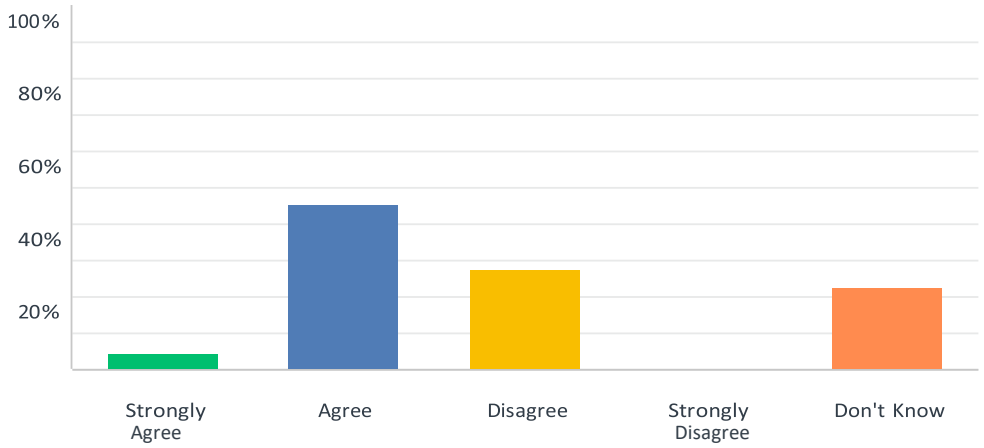


ANSWER CHOICES	RESPONSES	
Strongly Agree	9.09%	2
Agree	54.55%	12
Disagree	18.18%	4
Strongly Disagree	4.55%	1
Don't Know	13.64%	3
TOTAL		22

	COMMENTS
1	I accept the democratic outcome of COG decision-making. COG is not a Cabinet with collective responsibility. If I disagree with a decision (as I did at the most recent COG meeting), I expect my disagreement to be recognised, and I accept no responsibility for the consequences of this decision. Although I will not breach the confidentiality of any decision made in private.
2	Sadly there are times when people feel they are a lone voice and focus on one thing. This monopolises the meeting/email chain.
3	Do we make decisions?
4	Outside of the meetings it is difficult to be sure that all members fulfil this responsibility
5	But often again only those things that are shared before decisions are taken
6	This appears to be the case, but difficult to know.
7	Whilst I believe this feeling to be accurate, I do see there are some Governors who seldom contribute to discussion or see their voices/points heard or expressed be that during meetings or even via e-mail in between sessions.

Q22 I believe as a Council of Governors we are good at explaining our decisions to all those who might be affected by them

Answered: 22 Skipped: 1

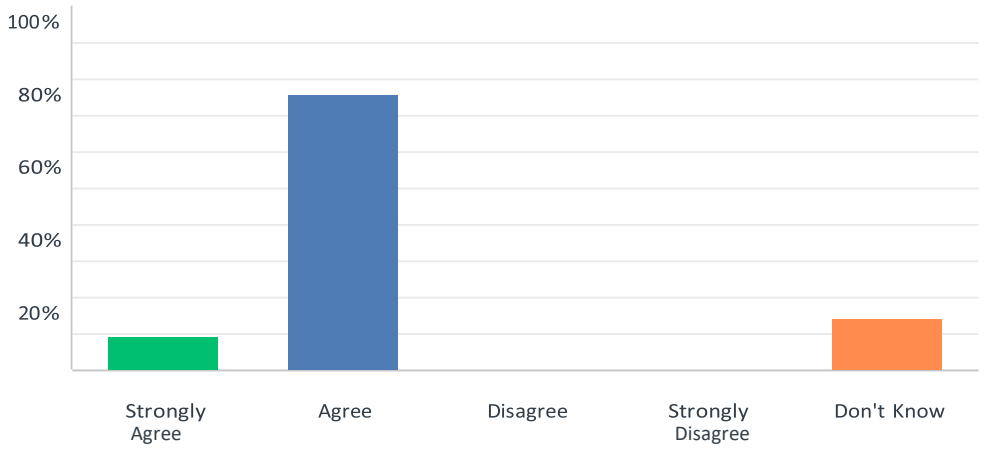


ANSWER CHOICES	RESPONSES	
Strongly Agree	4.55%	1
Agree	45.45%	10
Disagree	27.27%	6
Strongly Disagree	0.00%	0
Don't Know	22.73%	5
TOTAL		22

	COMMENTS
1	I have no experience so far of explaining COG decisions, and so I have no idea how good or bad we are at doing so.
2	Personally I try to explain the wider picture to people when I am questioned about the work of the Trust and when people have complaints. But often, individuals only care about their personal and family experiences and wider issues are of no interest and it's difficult to persuade them otherwise.
3	I am not sure this question is easy to answer. It could take us into operational points as this is what we are often asked.
4	See above
5	Can't easily do this at the moment and only when we have been privy to the decision making
6	Although difficult to tell.
7	I am not aware of how feedback works to those affected by our decisions.

Q23 I am able to understand the key information in the Trust's Annual Report and Accounts

Answered: 21 Skipped: 2

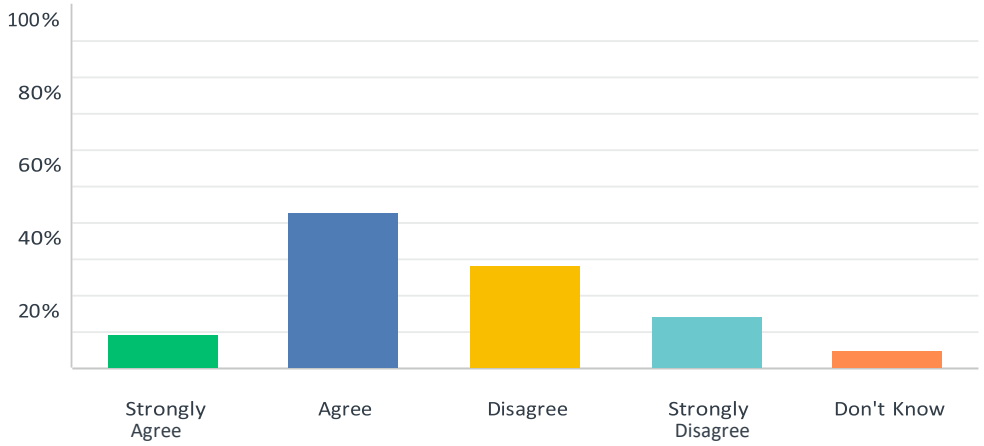


ANSWER CHOICES	RESPONSES	
Strongly Agree	9.52%	2
Agree	76.19%	16
Disagree	0.00%	0
Strongly Disagree	0.00%	0
Don't Know	14.29%	3
TOTAL		21

	COMMENTS
1	Headlines seem ok, details and opinions on content not always
2	We haven't seen this as yet this year.
3	Not seen this year's.

Q24 Channels of communication between governors and the Trust are effective

Answered: 21 Skipped: 2



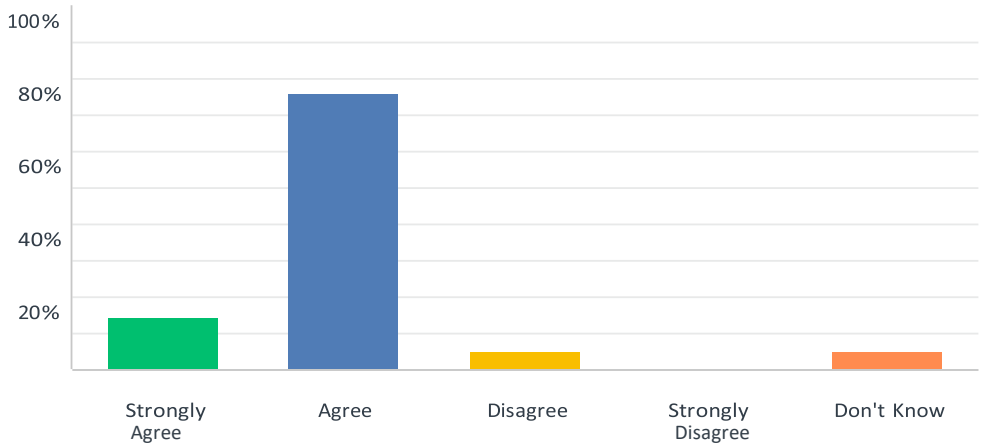
ANSWER CHOICES	RESPONSES	
Strongly Agree	9.52%	2
Agree	42.86%	9
Disagree	28.57%	6
Strongly Disagree	14.29%	3
Don't Know	4.76%	1
TOTAL		21

	COMMENTS
1	Please see my earlier comments about being 'outside the tent'
2	Agree to a point but at times am left feeling that I have not been given the full information which makes me wonder why.
3	Governors kept "in the dark" too much
4	These have improved greatly although at times we have not heard before the press release it.
5	Certainly a good mix of attendance with NEDs and occasional Executive Directors. Not sure whether effective or not.
6	Governors sometimes not informed of matters that arise in good time ie before the general public.
7	Good information is provided and possibilities to ask questions are facilitated.
8	There is an apparent lack of communication in the view of some governors but I have to say I have been fairly impressed with the frequency and rapidity of communications. I know some information has been held back but from what I can understand there is always a reason when this happened and we have had a very torrid time recently with various serious issues.

9	There are far too many occasions where Governors are not informed or briefed on issues before they are divulged publicly and/or to/by the media, as evidenced by issues surrounding the Future Systems, resignation of Steve Dunn, resignations of two NED's and most recently the Maternity whistleblowing incident. One could understand if a genuine mistake had been made once and appropriate apologies and ramifications are then followed to learn from the mistake. However, for this to have happened on four occasions in six months is completely unacceptable. The consequences of this are causing deep-rooted ill-feeling within Governors of disrespect, undervalued and unwanted and must be rectified meaningfully and demonstrably as a matter of urgency.	8/27/2021 4:07 PM

Q25 There is an effective induction for governors

Answered: 21 Skipped: 2

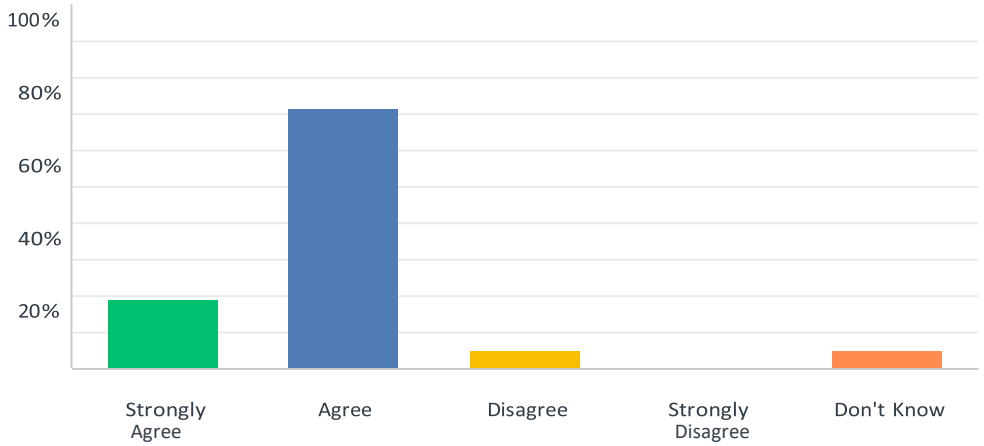


ANSWER CHOICES	RESPONSES	
Strongly Agree	14.29%	3
Agree	76.19%	16
Disagree	4.76%	1
Strongly Disagree	0.00%	0
Don't Know	4.76%	1
TOTAL		21

	COMMENTS
1	I think that indication was as good as it could have been, in the circumstances of a pandemic
2	Within the limits of on line meetings
3	I have been on several training days. The only problem this time is that face to face support we experienced governors could have given to new ones.
4	Not easy this time
5	The restrictions of Covid have adversely affected the ability of new governors to engage with others and the trust
6	The was a good combination of training and personal interaction.
7	There were some good sessions early on although I must confess that some of the subjects learned in training and the understanding that has delivered to myself as a Governor now appears to conflict with what is perceived to be the remit of our role and ability to scrutinise, challenge, seek assurance where it is considered appropriate to.

Q26 I understand the skills I need as a governor and the additional development I may require

Answered: 21 Skipped: 2

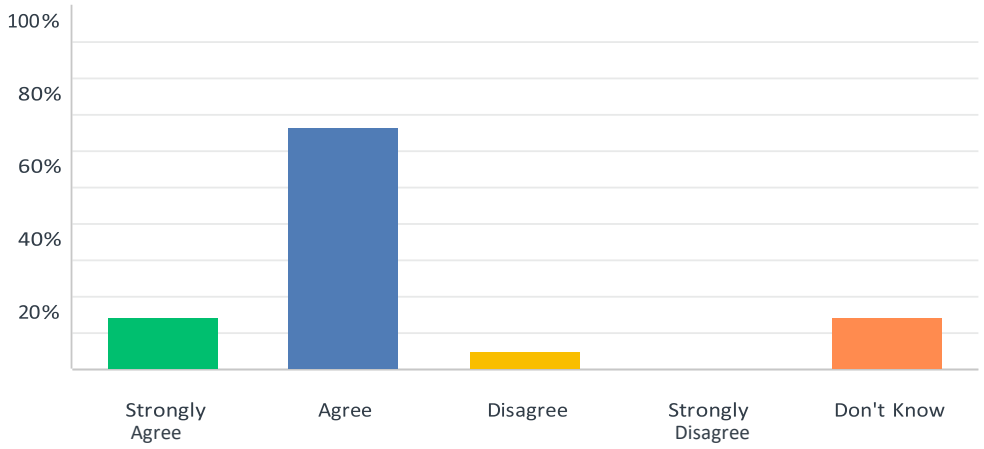


ANSWER CHOICES	RESPONSES	
Strongly Agree	19.05%	4
Agree	71.43%	15
Disagree	4.76%	1
Strongly Disagree	0.00%	0
Don't Know	4.76%	1
TOTAL		21

	COMMENTS
1	I have been in 'listening mode' for most of the time since I became a governor. I would welcome a 121 discussion with somebody about skills required and additional development.
2	I am sure I have plenty more to learn and to contribute!

Q27 The Trust provides resources for developing and updating governors' knowledge and capabilities where required

Answered: 21 Skipped: 2



ANSWER CHOICES	RESPONSES	
Strongly Agree	14.29%	3
Agree	66.67%	14
Disagree	4.76%	1
Strongly Disagree	0.00%	0
Don't Know	14.29%	3
TOTAL		21

	COMMENTS
1	Please see my answer to question 26 above.
2	These are included on convene in documents.
3	as far as I am aware
4	There are regular training opportunities

Q28 During the response to the Covid-19 pandemic, what aspects of the Council of Governors' activities do you think were most adversely affected/what did you miss the most?

Answered: 21 Skipped: 2

	RESPONSES
1	I have no pre-pandemic experience of being a governor. Please see my many comments above about virtual meetings.
2	meeting eye to eye
3	I missed discussing face to face the issues.
4	Face to face meetings
5	face to face discussions in which everyone is encouraged to participate
6	Personal contact with colleagues and especially not being able to meet face to face with new Governors. NB. Not the 'fault' of the Trust. It's just the way things had to be.
7	Face to face meetings, and the opportunity to get to know the other governors and have informal discussions.
8	Face to face meetings and the more informal aspects.
9	Face to face discussion. Meeting the public. Being in the hospital.
10	Face to face discussions at every level
11	Being new during the pandemic I cannot answer directly.
12	service visits, all face to face contact
13	Apparently in person meetings are missed, but virtual work well. I think training for the Lead gov on managing virtual meetings would be helpful (not meant in a detrimental way, just supportive)
14	face to face meetings
15	On site visits to the hospital to engage with staff and patients. As a new Governor the lack of face to face meetings made it difficult to get to know other Govenors and NEDs.
16	Face to face meetings and walkabouts
17	As a new governor it was difficult to get to know the other governors just through Teams. Makes interaction in meetings more stilted and difficult.
18	Meetings and flow of information
19	I have been happy with the team meetings as it has made it easy for me to attend. Once these become face to face if the frequency is as high as we have had in the recent past it will get more difficult for me to attend all the meetings besides the essential.
20	Meeting in person Walkabouts Only second hand information to see work with
21	Ability to meet in person to conduct meetings and our business. Ability to execute our duties in full. Ability to conduct walk arounds.

Q29 Are there any aspects of the Council of Governors' activities that have worked well during the pandemic and you would like to see continue?

Answered: 20 Skipped: 3

	RESPONSES
1	When I have been unable to attend meetings in person, it has been very helpful to be able either to join meetings virtually, or to view remotely recordings of meetings.
2	not sure
3	Internet meetings keeping me informed of issues relating to my position.
4	No
5	Weekly staff briefings access to
6	Online access to C of G meetings and Board meetings was not all bad as there was less travel and I could catch up in my own time on the occasions when I was not able to participate at the scheduled time
7	Resumption of normal activity would benefit generally.
8	May be move to "hybrid" meetings
9	Teams has been effective in increasing attendance at meetings, briefings etc.
10	No
11	For me, the virtual meetings meaning less travel.
12	Teams has been an effective on line teleconferencing facility
13	Virtual meetings at times (or hybrid)
14	Virtual meetings had benefits in terms of time management with busy diaries.
15	Some meeting can be held remotely particularly those that are only about giving information
16	Where we have observers status for parts of the Trust Board it is much more efficient to do through Teams rather than need to attend - this should be kept going.
17	virtual meetings a useful additional mode
18	I really like the team meetings.
19	No.
20	Virtual meetings have been beneficial and should be considered as a method for Governors to join meetings when they're unable to be at a meeting venue in person.

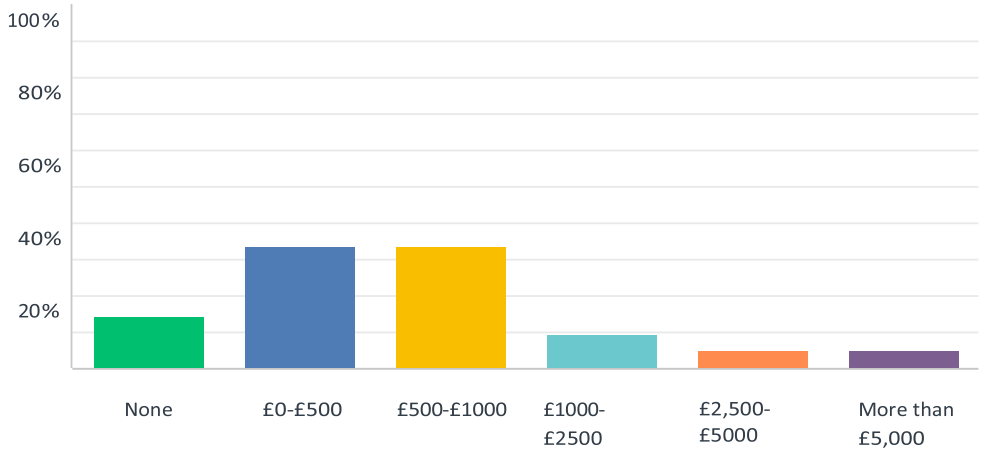
Q30 When do you think you will feel comfortable meeting face to face again?

Answered: 21 Skipped: 2

#	RESPONSES
1	I am already willing to attend small face to face meetings. I think I shall be comfortable soon to attend larger meetings.
2	asap
3	I am ready now, and have been for some time.
4	Now
5	Now
6	November/ December 2021 at the earliest. There is still a high level of infection and I know of many vaccinated individuals who have been ill with Covid-19 this summer. And the potential for a high level of winter 'flu and the worries about access to 'flu vaccine is a worry for me.
7	ASAP
8	Soon
9	Now
10	Yesterday
11	I would be now.
12	I am comfortable with face to face meetings restarting subject to guidance from our Public Health colleagues
13	Not yet! 2022
14	In the new year
15	Now
16	Now
17	Now
18	When NHS advises such meetings are appropriate, and when levels are under control in the community not increasing.
19	Any time
20	Now, but am told no room large enough to meet social distancing
21	I've been comfortable to do this since being invited by the trust to be vaccinated. We are taking way too long to restart this in the face of so-called guidance that seems inconsistent with other authorities and the overriding public national guidance.

Q31 As public health guidelines and limited facilities on the hospital site mean that on-site face to face meetings are limited to small numbers only, how much public money do feel comfortable spending, per meeting, on offsite face to face meetings with the appropriate technology for dialling-in and sound/video recording.

Answered: 21 Skipped: 2



ANSWER CHOICES	RESPONSES	
None	14.29%	3
£0-£500	33.33%	7
£500-£1000	33.33%	7
£1000-£2500	9.52%	2
£2,500-£5,000	4.76%	1
More than £5,000	4.76%	1
TOTAL		21

	COMMENTS
1	I'm not comfortable responding to this question in the way requested, and so my answer above is merely a means of completing this survey. The issue is whether or not governors are able to fulfil their duties. If they cannot do so without larger face to face meetings, then making provision for these meetings is simply another Covid19 cost that the NHS has to absorb. The only alternative is to acknowledge that these duties cannot be fulfilled, and so are suspended until circumstances change.
2	No comment or knowledge on how these costs shown are calculated and what they represent other there should be an identified budget for governors to carry out their duties I have clicked a box to finish the survey - THIS DOES NOT REPRESENT MY VIEW
3	To be kept to a minimum.

6	But I'm not sure I'm in a position to know all the info. For example our village hall could easily accommodate COGs and NEDS socially distanced and would not cost very much at all. There must be similar places. we do not need to be ripped off.
7	Hopefully appropriate access can be secured.
8	I am quite happy with teams meetings
9	Given the ongoing discrepancy between the so-called 'guidance' on how we can meet in person versus how other authorities and the national public guidance suggests business can be carried out, I would want to limit how long such measures are needed, if they are indeed needed at all. With the exhaustive facilities there are on site and the timing of most of our meetings, there should be no need to spend money to hold off site unless it is absolutely totally necessary.

12. Governor Work Programme (enclosed)

To receive the proposed work programme for 2022-2023

For Reference

Presented by Ann Alderton

REPORT TO:	Council of Governors
MEETING DATE:	13 October 2021
SUBJECT:	Governors' Work Programme 2021-23
AGENDA ITEM:	12
PRESENTED BY:	Ann Alderton, Interim Trust Secretary
FOR:	Approval

BACKGROUND

The current Council of Governors was elected in November 2021 and has been in post for almost one year. This first year has been a challenging one, particularly for new governors, in terms of getting to know the organisation, the Board of Directors and their governor colleagues, due to restrictions brought about by the pandemic. Almost all meetings have been virtual and communications between the Trust and its governors have not been as effective as they could have been, as evidenced by the results of the governor review (previous item). The Council has also lacked a structured work programme to support it in the delivery of its duties.

The duties of the Council of Governors include a number of statutory duties, many of which are easy to plan for and schedule (eg. NED and auditor appointments, receiving the annual report). Others require more reflection and understanding. For example, the duty to hold the non-executive directors, individually and collectively to account for the performance of the Board, requires the Council to assess firstly the performance of the unitary board and the criteria against which that performance should be measured. This requires an understanding of the Board's strategic priorities, its principal risks and its risk appetite, which in turn determines the difficult choices a Board often has to make when balancing financial pressures, staffing issues, capacity challenges and occasional unplanned events whilst maintaining and improving quality and safety. Only so much can be concluded from reading the Annual Report and Accounts, which are historical, and from reading the Trust Strategy, board papers and from observing board meetings.

The governors' duty to represent the interests of members and the public have also been challenging due to numerous lockdowns and other restrictions. This will continue to be challenging as the NHS goes into winter. Ensuring that the Council is kept briefed on the Board's priorities for the Trust will help governors in their representation role and by making those briefings interactive and discursive, governors will be encouraged to question and challenge on proposals and decisions from the patient and public perspective.

STATUTORY DUTIES

Much of the work of the Council of Governors will be undertaken by committees and working groups. The two existing working groups, Nominations Committee and Engagement Committee will remain and, where applicable, any new activities (eg determining the criteria against which the appointment of the new CEO will be approved) will be added to their existing schedules and both will continue to report and make recommendations to the Council of Governors. In addition, it is proposed that a governor from the Engagement Committee attends the Board of Directors' Involvement Committee so as to ensure that their programme is fully integrated with the Trust's patient, public, staff, stakeholders and other partner organisations' engagement and involvement programme.

A new task and finish group will be established for the appointment of new external auditors for the Trust.

A Constitution Committee will be established, comprising members of both the Council of Governors and Board of Directors, to review the West Suffolk NHS Foundation Trust Constitution. This work will be undertaken from late October to November 2021 for decision at the Council meeting of 16 December and Board meeting of 17 December.

GOVERNORS' WORK PROGRAMME

The attached programme explains in more detail the statutory and regulatory requirements of the Council of Governors and covers both the main statutory duties and a strategic work programme. Whilst the former will be fixed and predictable in the main, the latter may be subject to change, depending on shifts in priorities, in order to ensure that the strategic briefings to governors are as up-to-date as they can be on the more pressing matters. Dates will be fixed for the Strategic Work Programme, but the topics being discussed may change.

Whilst the statutory duties work programme will be done in working groups and committees prior to decision by the Council, the Strategic Work Programme will be open to all governors and board members and will take place on Teams for the foreseeable future, with some limited opportunities for hybrid meetings in the Northgate meeting room.

RECOMMENDATION

Governors are recommended:

1. To note the proposals relating to working groups and committees, including the establishment of the Constitution Committee, the task and finish group for the appointment of the external auditors, and the proposal for a governor from the Engagement Committee to attend the Board of Directors' Involvement Committee.
2. To approve the attached Governor Work Programme 2021-23

Governor's Work Programme 2021-2023

Meeting statutory requirements and governance best practice

October 2021

Executive Summary

When Foundation Trusts were created, a governance structure was established to ensure that people from the communities served by the health service provider can take part in governing them. NHS Foundation Trust governors are the direct representatives of local communities.

Governors do not manage the operations of the Foundation Trust. Their role is to challenge the Board of Directors on the delivery of its priorities and the management of risks. Governors also represent the interests of NHS Foundation Trust members and the public, and provide them with information on the Trust's performance and forward plan.

The present Council of Governors has been in place since December 2020, following an election of staff and public governors in November 2020.

The first year of the Council's term has been a particularly challenging one. Normal trust business, from the delivery of health services at the front line, through to the administration, management and conduct of meetings, has been disrupted by a global pandemic, including a lockdown to protect public health and the health service from the consequences of a high infection rate. Not only has this has disrupted the way the Trust delivers and manages health care, but also the way we liaise with one another, the way we conduct meetings and the way we engage with our members, public and stakeholders.

The Trust has also had to deal with several other major challenges during this period, including the following:

- The Future System programme, linked to investment in the building of a new hospital
- Managing the deterioration of the current hospital buildings to ensure that services continue to be delivered despite the disruption caused by essential works
- The imminent publication of an investigation report into a highly publicised whistleblowing incident
- At board level we have an interim CEO and Medical Director and an interim non-executive director, with substantive appointments to be made in the coming months. The Chief Operating Officer is stepping down in the Autumn and her replacement has been appointed.

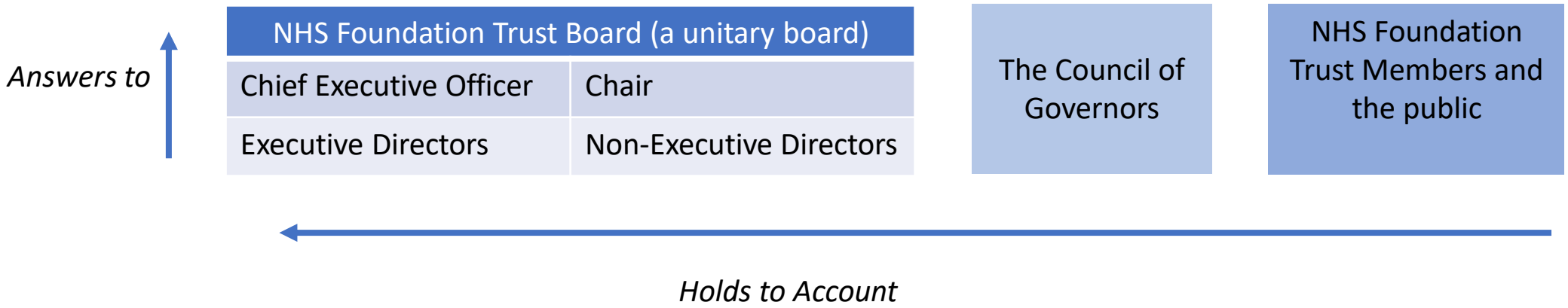
As the Council goes into its second year of a three-year term, this represents an opportunity to review and assess its position and sets its work programme for the coming year, ensuring not only that it meets basic statutory requirements, but that it works effectively alongside the board and makes a positive contribution to effective governance of the Foundation Trust.

Foundation Trust Governance Structure

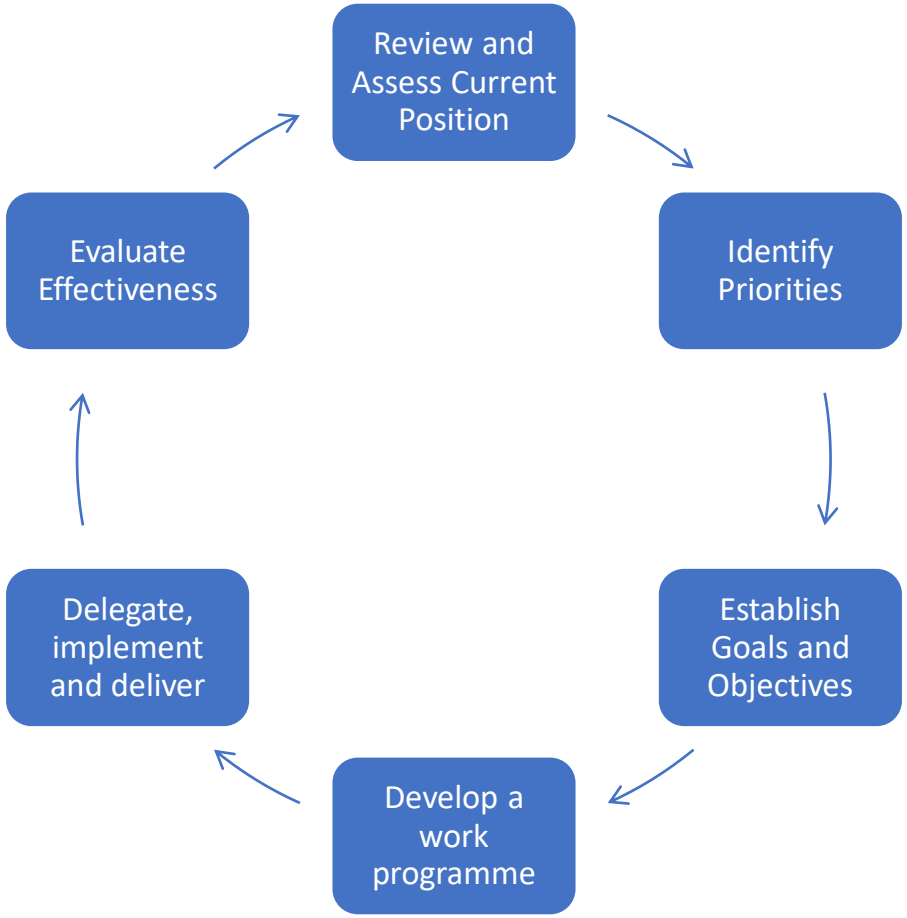
Accountability flows outwards to national healthcare regulators as well as to the public who access services locally. The Chair, Sheila Childerhouse, leads both the Council of Governors and the Board of Directors. Local accountability is the means by which Boards demonstrate their duty of care to those that use services and to their staff. The interaction between the council of governors and the board of directors is one of the most important relationships within foundation trusts.

The Council of Governors, collectively, is the body that connects the Trust with its patients, service users, staff and stakeholders in the community that it serves. It comprises governors who are elected by the membership and who represent staff and the public served by the Trust and stakeholder governors who are appointed by organisations who have an important relationship with the Trust.

As part of their statutory duties to hold the non-executives, individually and collectively, to account for the performance of the board of directors and to represent the interests of Trust members and the public, governors need to understand how the Board of Directors uses information and intelligence to understand and be assured that the people who use services, the public, staff and external partners are engaged and involved to support high quality sustainable services. This depends on a good flow of information between the Board of Directors and Council of Governors in order to support effective and informed dialogue and debate.



Establishing a Governors' Work Programme for 2021-2023



Governor Effectiveness

"The Council of Governors should assess its own collective performance and its impact on the NHS foundation trust"

Source: Your Statutory Duties: A reference guide for NHS Foundation Trust governors

"Led by the Chairperson, the council of governors should periodically assess their collective performance and they should regularly communicate to members and the public details on how they have discharged their responsibilities, including their impact and effectiveness on:

- Holding the non-executive directors individually and collectively to account for the performance of the board of directors
- Communicating with their member constituencies and the public and transmitting their views to the board of directors
- Contributing to the development of forward plans of NHS foundation trusts"

Governor Survey Process 2021	
Early September 2021	Survey sent to all governors
17 September 2021	Survey closed and results produced
22 September 2021	Highlights (highs/lows) shared at Governor training day
13 October 2021	Full report to be shared at the Council of Governors' meeting

Criteria for assessing the effectiveness of the Council of Governors

- Is the Council meeting its statutory duties and responsibilities?
- Are Council meetings effective?
- Does the Council of Governors have a good working relationship with the Board of Directors?
- How well does the Council of Governors understand the role of the Board, how it sets its priorities and manages risk?
- How does the Council of Governors assess the performance of the unitary Board of Directors? This determines how it holds the non-executives to account and what it holds them to account over
- Is the Council of Governors effective in the way it holds the NEDs to account for the performance of the board?
- In representing the interests of members and the public, is the Council of Governors sufficiently informed on the Trust strategy and what different elements of it mean for the staff, the patients, the wider public and other stakeholders affected by it?

Priorities for improvement

[Scores with the highest “disagree” or “strongly disagree” responses]

Question	Strongly Agree	Agree	Disagree	Strongly Disagree	Don’t know
The Council of Governors has been appropriately involved in the development of the Trust Strategy	13%	30%	52%	4%	-
Channels of communication between governors and the Trust are effective	10%	43%	29%	14%	5%
The Council of Governors is consulted on the development of forward plans for the Trust and any significant changes to the delivery of the Trust’s business plan	13%	48%	30%	9%	-
There is sufficient time for discussion and for governors to contribute their views at meetings and briefings	9%	55%	32%	5%	-

Council of Governors – Statutory Duties

Statutory Roles and Responsibilities of the Council of Governors		Additional Powers
General Duties of the Council • To hold the non-executive directors individually and collectively to account for the performance of the board of directors. • To represent the interests of the members of the foundation trust as a whole and the interests of the public		
NHS Act 2006	• Appoint and, if appropriate, remove the chair • Appoint and, if appropriate, remove the other non-executive directors • Decide the remuneration and allowances and other terms and conditions of office of the chair and the other non-executive directors • Approve (or not) any new appointment of a chief executive • Appoint and, if appropriate, remove the NHS foundation trust's auditor • Receive the NHS foundation trust's annual accounts, any report of the auditor on them, and the annual report at a general meeting of the council of governors	In preparing the NHS foundation trust's forward plan, the board of directors must have regard to the views of the council of governors
Amendments to the NHS Act 2006 made by the Health and Social Care Act 2012	• Hold the non-executive directors, individually and collectively, to account for the performance of the board of directors • Represent the interests of the members of the foundation trust as a whole and the interests of the public • Approve "significant transactions" • Approve an application by the trust to enter into a merger, acquisition, separation or dissolution • Decide whether the trust's non-NHS work would significantly interfere with its principal purpose, which is to provide goods and services for the health service in England, or performing its other functions • Approve amendments to the trust's constitution	The council of governors may require one or more of the directors to attend a governors' meeting to obtain information about performance of a trust's functions or the directors' performance of their duties, and to help the council of governors to decide whether to propose a vote on the trust's or directors' performance.

Source: Your Statutory Duties: A reference guide for NHS Foundation Trust governors

Council of Governors – Code of Governance Requirements

Code Requirement	Sources	How we might achieve this
Main Principles		
The council of governors has a duty to hold the non-executive directors individually and collectively to account for the performance of the board of directors. This includes ensuring the board of directors acts so that the foundation trust does not breach the conditions of its licence. It remains the responsibility of the board of directors to design and then implement agreed priorities, objectives and the overall strategy of the NHS foundation trust	Compliance with the conditions of its licence is reported to the Board annually. This can be reviewed as part of the Board papers for 25 June 2021 (Item 18.2). Trust Strategy 2021-26	Review of board papers and observation of meeting. Next report will be June 2022. Board/Council briefing on the launch of the Trust Strategy
The council of governors is responsible for representing the interests of NHS foundation trust members and the public and staff in the governance of the NHS foundation trust. Governors must act in the best interests of the NHS foundation trust and should adhere to its values and code of conduct	Trust Strategy 2021-26 Governors' Code of Conduct	Board/Council briefing on the launch of the Trust strategy to include a discussion of the Trust's values Review of Governors' Code of Conduct to ensure it reflects current Trust values and other relevant policies
Governors are responsible for regularly feeding back information about the trust, its vision and its performance to members and the public and the stakeholder organisations that either elected or appointed them. The trust should ensure governors have appropriate support to help them discharge this duty	Trust Strategy 2021-26 Involvement Committee is a committee of the Board focused on engagement and involvement with all groups of stakeholders Governors' Engagement Committee	Governor briefings on the Trust board's main priorities that are driving the business of the board Once the strategy is launched, refresh the engagement strategy based on the Trust Strategy 2021-25 and the Trust Board priorities

Source: The NHS Foundation Trust Code of Governance

Council of Governors – Code of Governance Requirements

Code Requirement	Sources	How we might achieve this
Supporting Principles		
Governors should discuss and agree with the board of directors how they will undertake these and any other additional roles, giving due consideration of the NHS foundation trust and the needs of the local community and emerging best practice	Governors' Work Programme 2021-23 (this document)	Agree the main priorities in this work programme and establish task and finish groups for key programmes of work
Governors should work closely with the board of directors and must be presented with, for consideration, the annual report and accounts and the annual plan at a general meeting. The governors must be consulted on the development of forward plans for the trust and any significant changes to the delivery of the trust's business plan	Annual Members' Meeting Trust Strategy 2021-26	Ensure the forward programme for governor meetings includes review of the Annual Report and Accounts, Trust Strategy and any plans/strategies derived from the Trust Strategy
Governors should use their voting rights to hold the non-executive directors individually and collectively to account and act in the best interests of patients, members and the public. If the council of governors does withhold consent for a major decision, it must justify its reasons to the chair and the other non-executive directors, bearing in mind that its decision is likely to have a range of consequences for the NHS foundation trust. The council of governors should take care to ensure that reasons are considered, factual and within the spirit of the Nolan principles	Decisions requiring a vote during the current term of the Council of Governors will include the following: • Approval of the appointment of a new CEO • Appointment of a new NED • Changes to the Trust Constitution	Ensure Nominations Committee is involved in the process for the appointment of the new CEO Review and update (if required) NED appointment process (Nominations Committee) Set up Constitution Committee (comprising governors and directors) to review and update the Constitution and underpinning documents

Source: The NHS Foundation Trust Code of Governance

Council of Governors – Code of Governance Requirements

Code Requirement	Sources	How we might achieve this
Code Provisions		
The council of governors should meet sufficiently regularly to discharge its duties. Typically the council of governors would be expected to meet as a full council at least four times a year. Governors should, where practicable, make every effort to attend the meetings of the council of governors. The NHS foundation trust should take appropriate steps to facilitate attendance	Schedule of meetings Attendance is recorded and reported in the Annual Report and Accounts	Council of Governor meetings 2021/22
The council of governors should not be so large as to be unwieldy. The council of governors should be of sufficient size for the requirements of its duties. The roles, structure, composition and procedures of the council of governors should be reviewed regularly	Constitution Standing Orders for the Council of Governors	Set up Constitution Committee (comprising governors and directors) to review and update the Constitution and underpinning documents
The annual report should identify the members of the council of governors, including a description of the constituency or organisation that they represent, whether they were elected or appointed, and the duration of their appointments. The annual report should also identify the nominated lead governor. A record should be kept of the number of meetings of the council and the attendance of individual governors and it should be made available to members on request	Schedule of meetings Attendance is recorded and reported in the Annual Report and Accounts	This is regularly reported in the Annual Report and Accounts

Source: The NHS Foundation Trust Code of Governance

Council of Governors – Code of Governance Requirements

Code Requirement	Sources	How we might achieve this
The roles and responsibilities of the council of governors should be set out in a written document. This statement should include a clear explanation of the responsibilities of the council of governors towards members and other stakeholders and how governors will see their views and keep them informed	Trust Constitution Council of Governors' Standing Orders Membership Strategy (reviewed 2021)	Constitution Committee to review Trust Constitution and Standing Orders Membership Committee to oversee implementation of Membership Strategy
The chairperson is responsible for leadership of both the board of directors and the council of governors but the governors also have a responsibility to make the arrangements work and should take the lead in inviting the chief executive to their meetings and inviting attendance by other executives and non-executives, as appropriate. In these meetings other members of the council of governors may raise questions of the chairperson or his/her deputy, or any other relevant director present at the meeting about the affairs of the NHS foundation trust	Schedule of meetings 2021/22	Board/Council briefing of the board priorities and principal risks for 2021/22 and ensure each is allocated a briefing session in the existing meeting programme of the Council
The council of governors should establish a policy for engagement with the board of directors for those circumstances when they have concerns about the performance of the board of directors, compliance with the provider licence or other matters related to the overall wellbeing of the trust. The council of governors should input into the board's appointment of a senior independent director	Trust Constitution	Constitution Committee to review Trust Constitution and Standing Orders

Source: The NHS Foundation Trust Code of Governance

Council of Governors – Code of Governance Requirements

Code Requirement	Sources	How we might achieve this
The council of governors should ensure its interaction and relationship with the board of directors is appropriate and effective. In particular, by agreeing the availability and timely communication of relevant information, discussion and the setting in advance of meeting agendas and, where possible, using clear, unambiguous language	Council meeting agendas and papers to include meetings planner	Approve governor work programme (this document) and Council of Governors' meetings forward plan to ensure that there is coverage of the board's main priorities and risks in the items discussed across all of its meetings and the meetings of its working groups and committees
The council of governors should only exercise its power to remove the chairperson or any non-executive directors after exhausting all means of engagement with the board of directors. The council should raise any issues with the chairperson with the senior independent director in the first instance	Constitution	Constitution committee to review existing procedures to ensure they reflect this scenario
The council of governors should receive and consider other appropriate information required to enable it to discharge its duties, for example clinical statistical data and operational data	Council meeting agendas and papers should ensure governors receive information linked to the board's priorities and risks	Board/Council briefing of the board priorities and principal risks for 2021/22 and ensure each is allocated a briefing session in the existing meeting programme of the Council Discussion to include Council of Governors' information requirements

Source: The NHS Foundation Trust Code of Governance

Council of Governors – Code of Governance Requirements

Code Requirement	Sources	How we might achieve this
Directors on the board of directors and governors on the council of governors should meet the "fit and proper" persons test described in the provider licence. For the purpose of the licence and application criteria, "fit and proper" persons are defined as those without certain recent criminal convictions and director disqualifications, and those who are not bankrupt (undischarged). Trusts should also abide by the updated guidance from the CQC regarding appointments to senior positions in organisations subject to CQC regulations	Standard declaration forms, supported by independent checks, are in place for the Board of Directors	Circulate declaration forms to governors for completion
Governors should canvass the opinion of the trust's members and the public, and for appointed governors, the body they represent, on the NHS Foundation Trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the board of directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied	Trust Strategy 2021-2026 and any enabling strategies derived from this	Engagement Committee should ensure that its work programme reflects this duty
The Council of Governors should take the lead in agreeing with the audit committee the criteria for appointing, re-appointing and removing external auditors. The Council of Governors will need to work hard to ensure they have the skills and knowledge to choose the right external auditors and monitor their performance. However they should be supported in this task by the audit committee, which provides information to the governors on the external auditor's performance as well as overseeing the NHS foundation trust's internal financial reporting and internal auditing	BDO have been the Trust's external auditors since FT status was granted. 3-5 years is recommended Audit letter 2020/21 Audit committee report into the performance of the external auditors	Auditor resignation following the 2021 requires interim appointment for 2021/22 to be made, followed by a substantive appointment process for 2022/23 to 2024/5

Source: The NHS Foundation Trust Code of Governance

Council of Governors – Code of Governance Requirements

Code Requirement	Sources	How we might achieve this
The Council of Governors should consult external professional advisers to market-test the remuneration levels of the chairperson and other non-executives at least once every three years and when they intend to make a material change to the remuneration of a non-executive	NHS Providers have just issued the latest benchmarking information for Chair and NED remuneration for 2021	Summarise NHS Providers benchmarking report for the Nomination Committee to take a decision on whether a review of remuneration levels is required
Governors should seek the views of members and the public on material issues or changes being discussed by the Trust. Governors should provide information and feedback to members and the public regarding the Trust, its vision, performance and material strategic proposals made by the trust board	Trust Strategy 2021-26 Future Systems programme	Governor involvement in the launch of the Trust Strategy Governor involvement in Future Systems programme workstreams Membership Engagement Strategy Engagement Committee meeting
The chairperson should ensure that the views of governors and members are communicated to the board as a whole. The chairperson should discuss the affairs of the NHS Foundation Trust with governors. Non-executive directors should be offered the opportunity to attend meetings with governors and should expect to attend them if requested by governors. The senior independent director should attend sufficient meetings with governors to listen to their views in order to help develop a balanced understanding of the issues and concerns of governors	Trust Strategy 2021-26 Trust Board priorities 2021-22 Regular informal joint CoG/NEDs meetings Schedule of Board and Council meetings 2021/22	Governors receive a schedule of meeting dates which include formal meetings of the Board of Directors, Council of Governors, informal meetings between the Council and NEDs and informal CoG meetings. The opportunity for the Council of Governors to observe the unitary board is limited to open invitations to attend the public board meeting, so it might be beneficial to organise joint Board/Council briefings to ensure the Council is fully briefed on board priorities and principal risks, the Council has an opportunity to feed back on those priorities and makes the delivery of those priorities the focus of holding the NEDs to account for the performance of the Board of Directors.

Source: The NHS Foundation Trust Code of Governance

Council of Governor Priorities 2021-23

- Meet Statutory Requirements and Code of Governance principles
- Establish a constructive and positive working relationship with the Board of Directors
- Improve governor involvement in and understanding of the Trust's strategic priorities, significant risks to their achievement and related plans
- Establish a post-pandemic programme of work for engaging with members and the public, linked to the launch of the Trust Strategy 2021-26 and the enabling strategies that will cascade from it

Governor Work Programme 2021-2023

Meeting Statutory Duties			
2021/22			
Timing	**Duty**	**Delegated to (with recommendations presented to full Council)**	**Working with**
Sept 2021 – March 2022	Appoint a new substantive Non-Executive Director	Nomination Committee	Chair Director of Workforce
	Approve the appointment of a substantive CEO	Nomination Committee	Chair Remuneration Committee Director of Workforce
	Review Chair and non-executive director remuneration	Nomination Committee	Chair Director of Workforce
	Review Constitution and underpinning documents	Constitution Committee (new)	Board of Directors
	Appoint interim external auditors for 2021/22	Governor representatives x 2	Audit Committee
2022/23			
April 2022-June 2022	Appoint substantive external auditors for 2022/24 to 2024/25	Governor representatives x 2	Audit Committee
	Undertake appraisals of Chair and Non-Executive Directors	All governors are invited to give feedback on 360's Nomination Committee	Chair
	Review initial draft of Annual Report and Accounts 2021/22 and draft governors statement	Governor representatives x 2	Board of Directors
July 2022-Dec 2022	Appoint new Non-Executive Directors	Nomination Committee	Chair Director of Workforce

Governor Work Programme 2021-2023

Meeting Statutory Duties (cont)			
2022/23 (cont)			
Timing	**Duty**	**Delegated to (with recommendations presented to full Council)**	**Working with**
Jan 2023 to Mar 2023	Appoint new Senior Independent Director	Nomination Committee	Chair
2023/24			
April 2023-June 2023	Reappoint external auditors	Governor representatives x 2	Audit Committee
	Review initial draft of Annual Report and Accounts 2022/23 and draft governors statement	Governor representatives x 2	Board of Directors
July 2023-Nov 2023	Appoint new Chair (Dec 2023)	Nomination Committee	Senior Independent Director Director of Workforce

Strategic Work Programme 2021-2023

Objectives

- To improve the Council's understanding the unitary Board, what it does, what it doesn't do and how it determines its priorities
- To improve the Council's understanding of Board Governance at West Suffolk Hospital NHS Foundation Trust and how to evaluate board effectiveness
- To facilitate an honest and open discussion about the Trust Board's priorities and risks for the period until the next governor elections in 2023 and beyond
- To help inform the Council of Governors' membership and engagement programme for 2021-23, ensuring it is linked to Trust priorities
- To build constructive working relationships between the Council of Governors and Board of Directors and a shared understanding of priorities, issues and risks

Suggested Approach

- Themed strategic briefings and workshops on a range of topics linked to the Trust's strategic priorities, principal risks and important current issues
- There will be a range of suggested topics and dates fixed in the calendar. However, these may be subject to change, depending on what might need to be "bumped up" the agenda (eg. Discussion of the "rapid review" report, timing of which is uncertain at present, but will be a topic of interest when it is published
- Acceptance that consensus might not be reached, but recognition that an honest debate, conducted within the framework of the Trust's values of fairness, inclusion, respect, safety and teamwork, is something to be encouraged and valued.

Strategic Work Programme 2021-2022

Strategic Work Programme			
2021/22			
Timing	**Themes**	**Rationale**	**Led by**
Oct 2021	Covid Recovery – the elective accelerator programme, what it is and what it means for the Trust, its patients and its staff	Interests of members and the public	Interim Chief Executive Chief Operating Officer, Insight Committee
Nov 2021	RAAC plank risks	Highest ranked risk in the Trust's Risk Register	Interim Chief Executive, Interim Director of Resources, Scrutiny Committee
Nov 2021	Rapid review report – next steps (timing may change depending on actual date of publication)	Important learning for culture and engagement	Chair, Senior Independent Director, Director of Workforce, Freedom to Speak Up Guardians
Dec 2021	Health and Social Care in Suffolk – Integrated Care and what it means	Interests of members and the public	Chief Executive, Director of Integrated Services, Chief Operating Officer
Jan 2022	Freedom to Speak Up Briefing	Interests of members and the public	Chief Executive, Director of Workforce, FTSU Guardians
Feb 2022	The People Plan	Interests of members and the public	Director of Workforce, Chief Nurse
March 2022 and beyond	Forward plan for 2022/Future System/ Annual Report/ Quality Report/ Agree 2022-23 work programme	Interests of members and the public	Chief Executive, Director of Resources, Trust Secretary

13. Summary quality and performance report (enclosed)

To receive the summary report

For Reference

Presented by Jude Chin

REPORT TO:	Council of Governors
MEETING DATE:	13 October 2021
SUBJECT:	Summary quality & performance report
AGENDA ITEM:	13
PREPARED BY:	Helen Beck, Chief Operating Officer Susan Wilkinson, Executive Chief Nurse
PRESENTED BY:	Jude Chin, 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 staffing has been very challenged over the last three months. Fill rates for nursing and nursing assistant shifts has declined due to a number of factors, annual leave taken over summer months, isolating of Covid contacts and low uptake of bank/agency shifts. The matron of the day ensures that staffing is mitigated in real time and short notice absences are supported by moving staff to support accordingly. Although vacancy rates have increased following the uplifts seen in April, overall substantive staff has not decreased significantly. We are increasing our international monthly nursing pipeline and proud to have retained 90% of nursing students that completed training at WSH.
Total Trust vacancy figures (August 2021):
Registered nurses: 9.7%
Nursing assistants: 6.3%

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. The steering group have worked closely with the quality improvement team to produce a project plan and fully understand drivers that will influence change interventions. The steering group has reduced to a small project group who are working to develop the assessment tool and method of delivery

Incident reporting

The Patient safety team have undertaken a detailed thematic analysis of incidents for the period April to June 2021. This will be repeated in future quarters and will form an important part of the development of future year's PSIRP and the wider safety improvement plan.

A total of 2931 incidents were reviewed and the report categorised these by location, by severity/harm, by incident type, and (for the top five categories only) by sub-category.

- pressure ulcers – note this includes the reporting of community acquired / present on admission to service PUs.
- clinical care and treatment
- medication
- slips, trips & falls
- discharge, transfer and follow up

The patient safety & quality team will be ensuring that these themes are recognised locally and incorporated into the specialist improvement plans

Falls
The number of falls reported in August was reduced compared to July. Within August the majority of the falls resulted in no harm however there were 8 with minor harm, 1 with moderate harm (C2 odontoid peg fracture) in ED, one major harm (fractured neck of femur) on F4 (on F14) and one catastrophic (acute frontal lobe haematoma) on Major Assessment Unit.

Learning from recent incidences has included the development of a policy on the use of bed rails which has been written and circulated for comment. Education and training will also be provided to staff on the use of bed rails and ensuring all staff are aware of the risks associated with bed rails.

Pressure Ulcers
Despite staffing challenges there continues to be a reduction in pressure ulcers across the acute trust. This is seen in both incident numbers and per 1000 bed days. A reduction of 20% seen in quarter two compare to quarter one. The tissue viability nurses (TVN) team have increaed their visibility and teaching sessions within the clinical environment following the reduction in covid within the inpatient areas. This has been received positively by the ward teams

Compliments and Complaints
Formal complaints have returned to pre-pandemic levels, August saw 19 complaints which is now an average monthly figure. The clinical helpline continues to be well received by ward staff and patient relatives and continues to be well utilised. The Clinical Helpline have been finalists in a number of national awards including the Health Service Journal patient safety awards. In September the clinical helpline won a Patient Experience Network National Award (PENNA) under the category of ‘Support for Caregivers, Family and Friends’.

Community 18 week performance

There are 2 services within the community division with patients waiting longer than 18 weeks for treatment. Paediatric speech and language and wheelchair services both had waits exceeding 18 weeks pre Covid and have been subject to bids to the CCG for additional resources which have been approved. The inability to hold face to face sessions and restrictions in access to schools has had a profound impact on speech and language therapy (SaLT) services although things are now returning to normal. The waiting time in August was 31 weeks an improvement form 36 weeks in July. Wheelchair services were impacted by the significant number of shielding patients. The current waiting time is 36 weeks an improvement from 40.

The aggregated % of patients treated within 18 weeks for all community services in August was 92.11% with the lowest individual service being Wheelchairs at 85.71%.

Community Activity

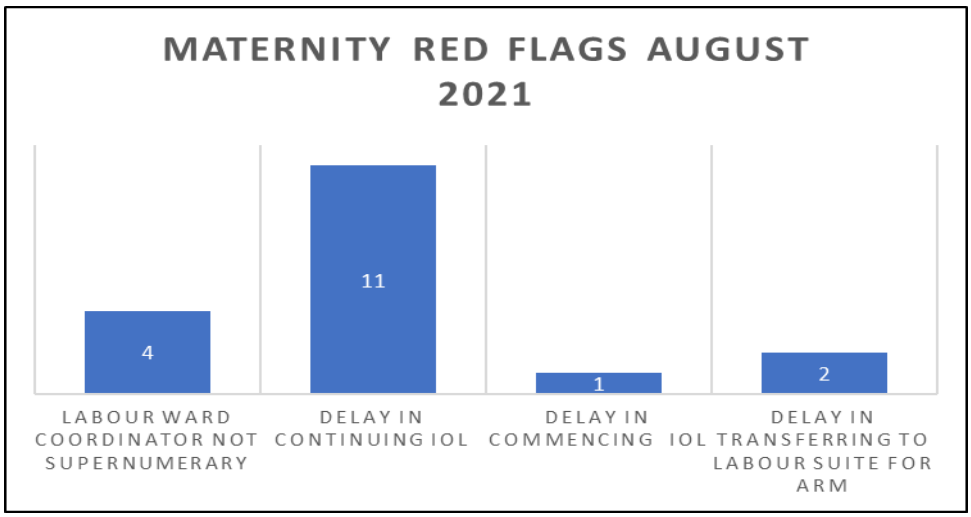
The total activity for community services has returned to pre-COVID levels and other means of contact (telephone, video and email) have altered. March - August 2021 has continued to be very busy and the combined face to face, telephone and virtual activity has been significantly above the levels in both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

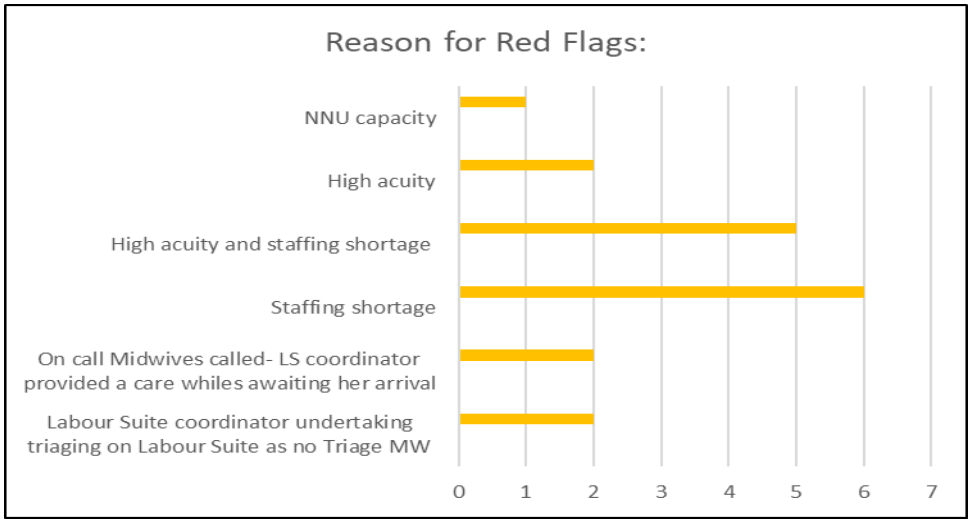
Maternity Services

Red Flag events

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

There were eighteen Red flag events in August:





No harm was recorded within Datix or found within the clinical review of these incidences.

Midwife to Birth ratio

Midwife to Birth ratio was 1:30 in August, this is higher than national average of 1:28 or Birthrate Plus recommendation of 1:27.7. There were some shortages in shifts due to Covid absences and staffing shortages that are reflected in the midwife to birth ratio, many were last minute which resulted in the shifts not being filled. Despite the increase in midwife to birth ratio 100% of 1:1 care provision has been achieved in August.

Supernumerary status of the labour suite co-ordinator

This is a Clinical Negligence Scheme for Trusts (CNST) 10 steps to safety requirement and was highlighted as a 'should' from the CQC report in 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 August 82% compliance was achieved. This was one of the lowest numbers reported this year and resulted from an increased staffing absence due to Covid 19, staffing shortages as well increase acuity over the summer period. The escalation policy was activated as required but there was a time delay from on-call staff being called to them physically being present on the unit resulted in some of the Red flags. Recruitment drive for further labour suite co-ordinators, band 5, 6 and register nurses has been on-going with interviews taking place in the next couple of weeks this will help to address some of the issue highlighted above.

Please note discrepancy between the numbers of Red Flag submitted related to labour suite (LS) coordinator status and % of the LS coordinator supernumerary status which was due to underreporting.

1:1 Care in Labour

The recommendation comes from NICE's second guideline on safe staffing in the NHS, which gives advice on midwifery safe staffing levels for women and their babies on whatever setting they choose. Maternity services should have the capacity to provide women in established labour with supportive one-to-one care. This is because birth can be associated with serious safety issues, and can help ensure that a woman has a safe experience of giving birth. Escalation plans have been developed to respond to unexpected changes in demand. In August 100% of 1:1 care in labour has been achieved.

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 a 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 and a 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

A six-month Executive review of the PSIRF was undertaken in the summer; this is a brief summary of the findings and conclusions of the review:

- Method of deciding the top risks was robust and would be enhanced in 2022/21 through more detailed quarterly thematic review of incidents (see section 1.3 of this report for Q1).
- Additional review methods working well:
  - Patient safety review (PSR) has been used by a range of staff within the divisions
  - Hot debrief + After action review used in Falls now being rolled out to pressure ulcers.
  - Patient safety audit used in pressure ulcers and, more recently, for 'near miss' wrong site surgery incidents
  - Completion of risk assessment (on Datix) where an incident (or near miss) highlights an ongoing patient safety concern

There is now a plan for 2022/23 PSIRP to be developed in early 2022 with stakeholder involvement as before and using the learning from Q1, Q2 (and possibly Q3) thematic review of incidents.

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 gradually increase between May and August with inpatient numbers reaching a high over 18 at any one time with one or two patients in critical care at any point in time. Many of these patients a unvaccinated or partially vaccinated although we have also seen some double vaccinated patients. Many of the patients admitted this time are in the younger age groups and have a shorter length of stay than during the previous wave.

In addition to the Covid numbers the overall urgent and emergency care demand reached a historic high in July with 7852 attendances. Numbers fell slightly in August to 7340 but were still significantly higher than for the same period in 2019 and 2020. This high demand coupled with the Trusts capacity challenges due to the decant programme have seen a significant increase in the number of patients waiting within ED for over 12 hours.

As part of the elective recovery accelerator programme working across SNEE we are the only system to have achieved our target levels of activity although it should be noted that these were lower than other accelerator sites due to our RACC plank issues. As a result of all this work the overall Trust 18 week compliance sites at 66% in August with medicine achieving 88.2%. Women and children and surgery continue to struggle due to the lack of theatre capacity during the decant programme and have achieved 55.5% and 56.8% respectively. We continue to work collaboratively with ESNEFT and a variety of independent sector providers to address the inequalities in waiting times between the 2 organisations.

As referral numbers are returning to pre covid levels we are seeing a rise in the overall numbers of the waiting list, however numbers over 52 weeks have reduced significantly and currently sits at just over two thousand from a high of 3400 in January 21. The challenges of theatre capacity are leading to an increasing number of patients waiting over 2 years for surgery with the highest numbers in T&O. We aim to have no patients waiting over 2 years by 31st March 22 and are exploring a variety of options to achieve this including the transfer of some patients to ESNEFT.

Structural decant programme

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

- There has been a delay to the completion of ward F1 due to additional work being identified once the contractors started on site. In addition, material supply issues will mean that we are unable to complete all of the works to the North light valley on F1 and therefore we will need to decant the ward again at some time in the next phase of the programme. The current plant sees paediatrics return from G10 to F1 towards the end of October at which point G10 will become adult decant capacity.
- Work to F7 was halted due to the operational pressures being experienced. This area will not be started until G10 is available in November and is now the only clinical ward area not to have had at least end bearing work undertaken or in progress.

- The theatre programme has been subject to significant delays due to the complexity of the work. Whilst we will gain additional theatre capacity in December we will then need to undertake the work to the recovery area which will require 2 theatres to be designated as recovery spaces. As a result, the full return of all theatre capacity plus the additional capacity provided in Th 1 is not expected to be available until mid February 2022.

The disruption to clinical and operational teams as a result of this complex and extensive programme should not be underestimated.

Winter Planning

As in previous years we have established a multidisciplinary winter planning group chaired by Alex Baldwin. The bed modelling has been updated to reflect Covid and other operational pressures as well as the reduced capacity due to the decant programme. To mitigate this shortfall plans have been developed to change Newmarket hospital to a sub-acute unit with hospital medical cover. This will replace the lost capacity on sire. We have secured funding to purchase 30 nursing home beds with social care and therapy wrap around support to replace the Newmarket capacity. whilst this is positive there is still a significant risk around winter due to the unprecedented levels of demand and ongoing uncertainty about both Covid and Flu activity levels.
We continue to monitor the demand and refine the bed modelling month on month.
There are challenges both locally and nationally about capacity in the domiciliary care market and we are working with system partners to try to mitigate this but currently this is having n impact on our ability to discharge patients who need ongoing care in a timely manner. Out new director for adult health and social care, Clement Mayowo is leading on this work in in the West.

14. Summary finance & workforce report (enclosed)

To receive the summary report

For Reference

Presented by Christopher Lawrence

REPORT TO:	Council of Governors
MEETING DATE:	13 October 2021
SUBJECT:	Summary Finance & Workforce Report
AGENDA ITEM:	14
PREPARED BY:	Charlie Davies, Deputy Director of Finance (Interim)
PRESENTED BY:	Christopher Lawrence, Non-Executive Director
FOR:	Information - update on Financial Performance

EXECUTIVE SUMMARY:

This report provides an overview of key issues during M1-5 FY 21/22 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 reported I & E position for M5 is break even, and reporting a YTD breakeven position.
- Forecast deficit of £5.0m for 2021-22
- A focus on delivery an increased level of CIP in H2.

Income and Expenditure Summary as at March 2021

We previously agreed a budget for 2021-22 to deliver a deficit of £10.5m, with a Cost Improvement Programme (CIP) of 1%. However, the funding arrangements for the first half of 21-22 are expected to facilitate a break-even position for H1.

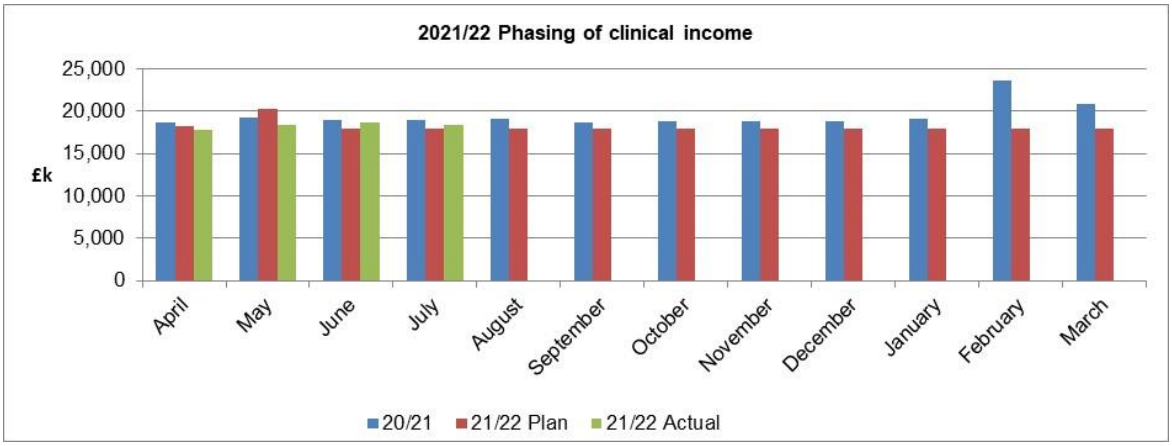
With funding arrangements for the second half of 21-22 now published, we are anticipating a reduction in our income of 1.5 – 2.5% in order to drive Cost Improvements. As a result, we believe a forecast deficit of £5.0m for 2021-22 is now realistic

Performance against I & E plan

SUMMARY INCOME AND EXPENDITURE ACCOUNT - August 2021	August 2021			Year to date		
	Budget £m	Actual £m	Variance F/(A) £m	Budget £m	Actual £m	Variance F/(A) £m
NHS Contract Income	23.1	22.8	(0.4)	118.2	116.9	(1.3)
Other Income	3.0	2.6	(0.4)	15.9	14.4	(1.4)
Total Income	**26.1**	**25.3**	**(0.8)**	**134.0**	**131.3**	**(2.7)**
Pay Costs	17.5	17.3	0.1	85.1	86.1	(1.0)
Non-pay Costs	7.4	6.6	0.8	42.8	38.3	4.5
Operating Expenditure	**24.9**	**24.0**	**0.9**	**127.8**	**124.3**	**3.5**
Contingency and Reserves	0.0	0.0	0.0	0.0	0.0	0.0
EBITDA excl STF	**1.2**	**1.4**	**0.1**	**6.2**	**7.0**	**0.8**
Depreciation	0.8	0.7	0.0	3.8	3.7	0.1
Finance costs	0.5	0.6	(0.1)	2.4	3.3	(0.9)
SURPLUS/(DEFICIT)	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

Performance against Income plan

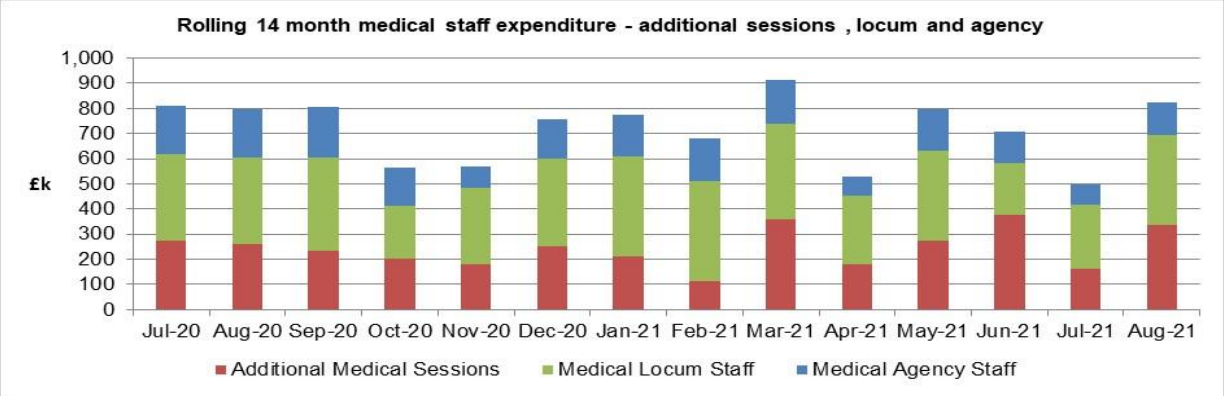
The chart below summarises the phasing of the clinical income plan for 2021-22, including Suffolk Community Health. This phasing is in line with activity phasing and does not take into account the block payment.

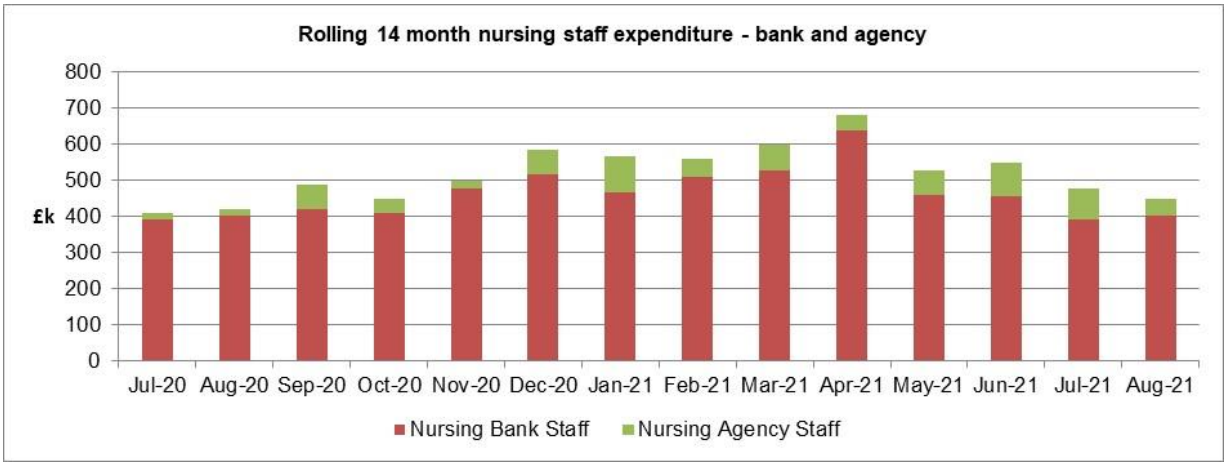


Performance against Expenditure plan – Workforce

Monthly Expenditure (£)				
As at August 2021	Aug-21	Jul-21	Aug-20	YTD
	£000's	£000's	£000's	£000's
Budgeted Costs in-month	17,459	17,051	17,459	85,064
Substantive Staff	15,478	15,517	16,993	77,284
Medical Agency Staff	128	83	194	577
Medical Locum Staff	357	255	342	1,444
Additional Medical Sessions	338	162	263	1,336
Nursing Agency Staff	48	85	20	335
Nursing Bank Staff	400	392	400	2,343
Other Agency Staff	112	96	(10)	444
Other Bank Staff	181	189	201	1,097
Overtime	122	102	76	566
On Call	167	166	82	644
Total Temporary Expenditure	1,854	1,530	1,568	8,786
Total Expenditure on Pay	17,331	17,047	18,561	86,070
Variance (F/(A))	128	4	(1,101)	(1,005)
Temp. Staff Costs as % of Total Pay	10.7%	9.0%	8.4%	10.2%
memo: Total Agency Spend in-month	289	265	204	1,356

Monthly WTE				
As at August 2021	Aug-21	Jul-21	Aug-20	YTD
	£000's	£000's	£000's	£000's
Budgeted WTE in-month	4,414.8	4,403.9	4,414.8	23,916.9
Substantive Staff	4,051.9	4,038.7	3,781.3	20,243.7
Medical Agency Staff	7.1	8.5	15.2	32.2
Medical Locum Staff	30.0	23.7	33.7	134.4
Additional Medical Sessions	5.1	4.1	7.7	26.5
Nursing Agency Staff	7.7	11.0	7.2	48.2
Nursing Bank Staff	116.3	117.1	121.1	650.4
Other Agency Staff	12.6	20.9	8.8	76.2
Other Bank Staff	68.6	75.1	82.9	429.2
Overtime	29.3	23.4	21.6	135.7
On Call	8.2	6.9	7.3	37.7
Total Temporary WTE	284.8	290.6	305.7	1,570.4
Total WTE	4,336.7	4,329.3	4,087.0	21,814.1
Variance (F/(A))	78.1	74.6	327.8	2,102.8
Temp. Staff WTE as % of Total WTE	6.6%	6.7%	7.5%	7.2%
memo: Total Agency WTE in-month	27.4	40.4	31.3	156.6





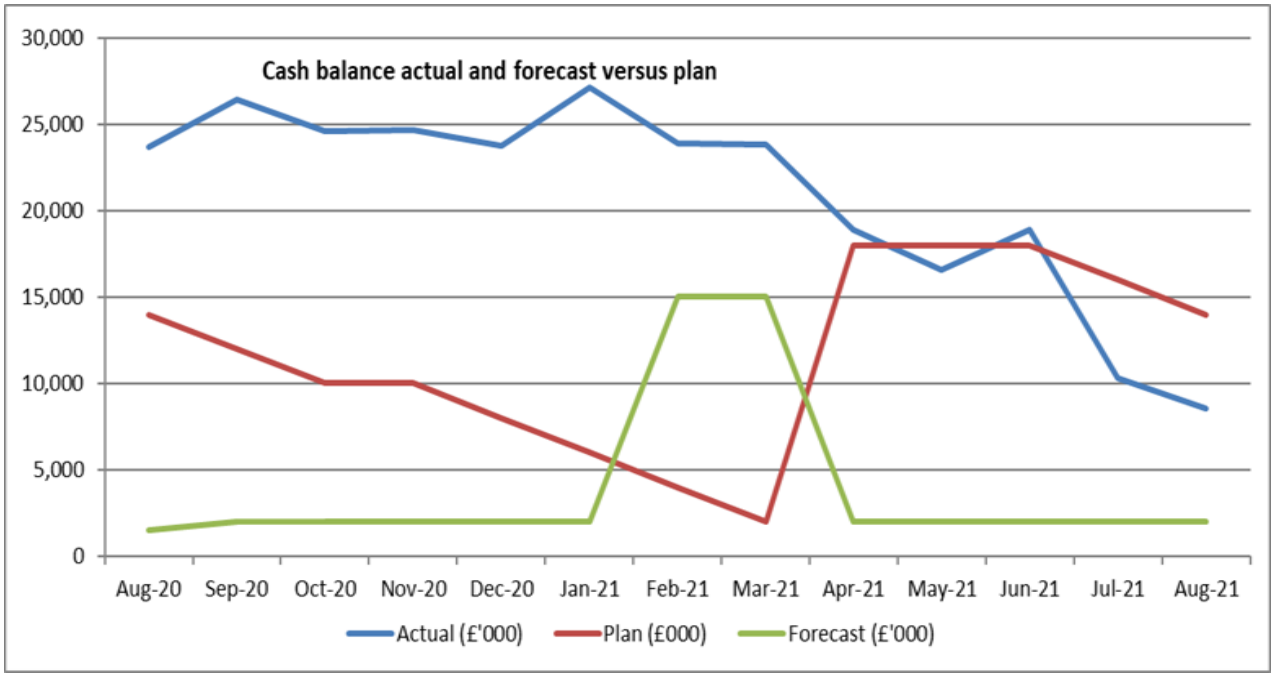
Balance Sheet

STATEMENT OF FINANCIAL POSITION

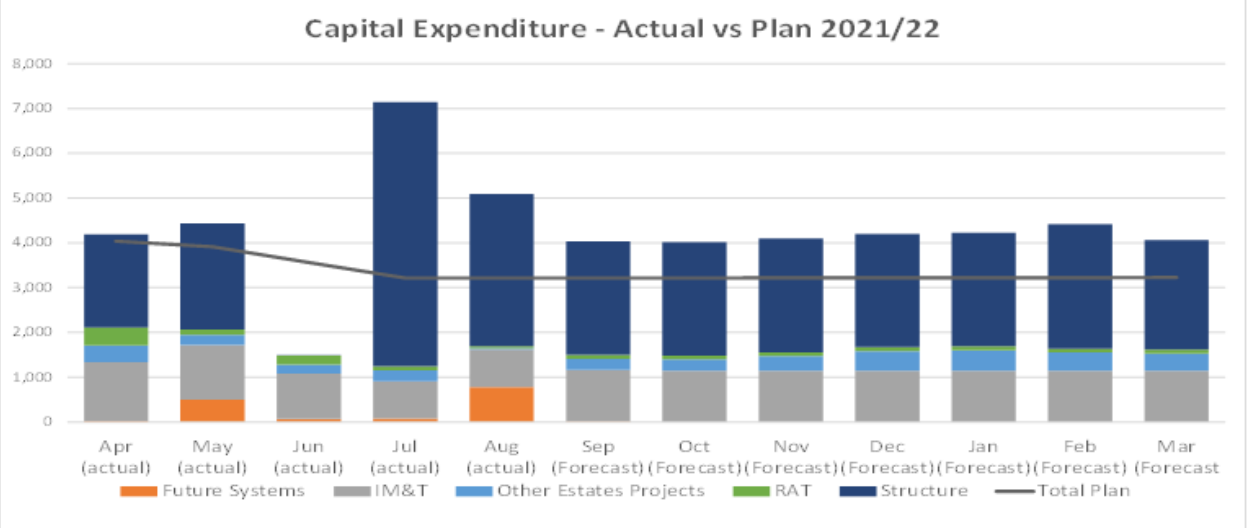
	As at 1 April 2021	Plan 31 March 2022	Plan YTD 31 August 2021	Actual at 31 August 2021	Variance YTD 31 August 2021
	£000	£000	£000	£000	£000
Intangible assets	52,198	54,398	52,998	61,925	8,927
Property, plant and equipment	137,103	168,603	148,603	146,026	(2,577)
Trade and other receivables	6,341	6,341	6,341	6,341	0
Total non-current assets	**195,642**	**229,342**	**207,942**	**214,292**	**6,350**
Inventories	3,481	3,481	3,481	3,693	212
Trade and other receivables	19,362	19,362	19,362	16,186	(3,176)
Cash and cash equivalents	23,788	2,006	14,006	8,593	(5,413)
Total current assets	**46,631**	**24,849**	**36,849**	**28,472**	**(8,377)**
Trade and other payables	(52,522)	(37,779)	(45,779)	(46,048)	(269)
Borrowing repayable within 1 year	(6,439)	(5,500)	(5,400)	(5,829)	(429)
Current Provisions	(46)	(46)	(46)	(46)	0
Other liabilities	(1,357)	(3,357)	(3,357)	(2,026)	1,331
Total current liabilities	**(60,364)**	**(46,682)**	**(54,582)**	**(53,949)**	**633**
Total assets less current liabilities	**181,909**	**207,509**	**190,209**	**188,815**	**(1,394)**
Borrowings	(47,719)	(43,319)	(46,019)	(47,710)	(1,691)
Provisions	(852)	(852)	(852)	(852)	0
Total non-current liabilities	**(48,571)**	**(44,171)**	**(46,871)**	**(48,562)**	**(1,691)**
Total assets employed	**133,338**	**163,338**	**143,338**	**140,253**	**(3,085)**
Financed by					
Public dividend capital	158,650	188,650	168,650	165,650	(3,000)
Revaluation reserve	8,743	8,743	8,743	8,743	0
Income and expenditure reserve	(34,055)	(34,055)	(34,055)	(34,140)	(85)
Total taxpayers' and others' equity	**133,338**	**163,338**	**143,338**	**140,253**	**(3,085)**

The cash at bank as at the end of August 2021 is £8.6m.

Cash flow forecast for the year compared to actual



Capital Progress Report



	Apr Actual £'000	May Actual £'000	Jun Actual £'000	Jul Actual £'000	Aug Actual £'000	Sep Forecast £'000	Oct Forecast £'000	Nov Forecast £'000	Dec Forecast £'000	Jan Forecast £'000	Feb Forecast £'000	Mar Forecast £'000	Total 2020-21 £'000
Future Systems	24	498	66	85	781	18	0	0	0	0	0	0	1,472
IM&T	1,316	1,219	1,016	825	835	1,148	1,148	1,148	1,148	1,148	1,148	1,144	13,243
Other Estates Projects	368	229	194	246	33	246	248	323	433	453	403	382	3,558
RAT	403	120	203	90	44	90	90	90	90	90	90	90	1,490
Structure	2,073	2,368	16	5,892	3,397	2,531	2,531	2,531	2,531	2,530	2,780	2,448	31,628
Total / Forecast	4,184	4,434	1,495	7,138	5,090	4,033	4,017	4,092	4,202	4,221	4,421	4,064	51,391
Total Plan	4,038	3,915	3,561	3,216	3,216	3,216	3,216	3,218	3,218	3,218	3,218	3,229	40,479

The plan figures shown in the table and graph match the plan submitted to NHSI. The 2021/22 Capital Programme has been set at £40.5m with £30m of this relating to structure works.

The prime focus of the Capital Programme is work to ensure the structure of the current hospital site is safe and can continue to be used until the new hospital is built. Within this project there are a number of schemes such as RAAC planks, roof work, electrical and water infrastructure. The other main focus of the programme is the continuation of the Ecare programme. The original plan submitted did not reflect the full plan for Ecare and at the moment this forecast to overspend the existing budget. This issue has been discussed with NHSI with the view to additional funding to support the ongoing expenditure to develop the system. The table and graph reflect this forecast overspend to the end of the year.

Recommendation:
To note the summary report.

15. Report from 3i committees (enclosed)

To receive feedback from each meeting

For Reference

Presented by Richard Davies, Jude Chin and Alan Rose

REPORT TO:	Council of Governors
MEETING DATE:	13 October 2021
SUBJECT:	Report from 3i committees
AGENDA ITEM:	15
PRESENTED BY:	Richard Davies, Non-executive Director (Insight) Jude Chin, Non-executive Director (Improvement) Alan Rose, Non-executive Director (Involvement)
FOR:	Information

The attached reports provide details of the key issues arising from the meetings of each of the 3i committees, which are chaired by NEDs;

Insight committee – Richard Davies
Improvement committee – Jude Chin
Involvement committee – Alan Rose

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

Chair's Key Issues – Insight Committee

Part A

Originating Committee	Insight Committee	Date of Meeting	6 September 2021
Chaired by	Dr Richard Davies	Lead Executive Director	Helen Beck

Agenda Item	Details of Issue	For: Approval/ Escalation/Assurance	BAF/ Risk Register ref	Paper attached? ✓
4.1	**CQC Improvement Board Plan** • Good progress has been made on completing and embedding the majority of items within the plan following the CQC report • The few outstanding items are being actioned and monitored (and completed actions audited) through the new governance framework • The Insight Committee asked for assurance and clarity as to where ongoing responsibility lay for each item within the governance structure – and this will be reported to the next Insight Committee meeting	**Assurance**		
7	**Waiting times** • Waiting times for diagnostics, and for elective and non-elective care remain a challenge throughout the Trust – and this impacts on the work of all of the 3i committees • The Insight Committee discussed particularly the challenges in endoscopy, non-obstetric ultrasound and dermatology • Use of off-site endoscopy resources as well as work on-site is having a positive effect, and the situation for endoscopy is gradually improving. It is anticipated that this positive progress will be maintained • Capacity in non-obstetric ultrasound will be increased soon with the purchase of a new ultrasound machine for use at Newmarket hospital. It is anticipated that this will have a significant impact on ultrasound waiting times. Once the purchase is completed a report on the projected recovery timescale will be presented to the Insight Committee	**Assurance**		
7.1	**Dermatology** • The 2WW figures in dermatology remain well below target, although it is re-assuring that 28-day faster diagnosis data is much better (suggesting that although many patients are missing the 2WW target – the vast majority have a clear diagnosis within 28 days).	**Assurance**		

	• A new diagnostic pathway utilising AI software to screen potentially malignant skin lesions will be in place from October • This software is in use in a few other NHS organisations and is being championed by a local Consultant Dermatologist • The new pathway will be carefully evaluated over the next few months (in terms of both safety and effectiveness) but has the potential to substantially improve the position for speed of skin cancer diagnosis locally			
6-9	**Subcommittee meetings** • All four Insight Subcommittees now have appropriate membership and terms of reference and all bar the Clinical Effectiveness Subcommittee have had at least one meeting • Reports to the Insight Committee continue to develop, utilising standard templates • The chair of the Patient Safety and Quality Governance Group was able to report that the meetings to date were felt to be effective and valuable	**Assurance**		
Date Completed and Forwarded to Trust Secretary		**6 September 2021**		

Part B

Receiving Committee	**Board of Directors**	**Date of Meeting**	**3 September 2021**
Chaired by	**Sheila Childerhouse**	**Lead Executive Director**	**Craig Black**

Agenda Item	**Record of Consideration Given (Approved/ Response/ Action)**
Date Completed and Forwarded to Chair of Originating Committee	

Chair's Key Issues – Improvement Committee

Part A

Originating committee	Improvement Committee	**Date of meeting**	Monday 13 September 2021
Chaired by	Jude Chin	**Lead Executive Director**	Sue Wilkinson

Agenda Item	**Details of Issue**	**For: Approval/ Escalation/Assurance**	**BAF/ Risk Register ref**	**Paper attached? ✓**
4.1.1	**Pressure ulcers**: A metric was needed for a level of assurance and clarification regarding flow of information to Insight/Improvement committees.	Assurance		
4.1.2	**Deteriorating patients out of hours**: It was acknowledged that deteriorating patients was not being adequately addressed. A proposal for additional resources to address the OoH escalation issues needed clear evidence to support the proposals and provide the results needed. Confirmation was needed regarding the approval process for the business case.	Assurance		
4.2.1	**Clinical audit/effectiveness**: Understanding was needed regarding how the process worked, monitoring and reporting however the work was moving forward and the appointment of a medical AD would help emphasise its importance.	Assurance		
4.2.2	**Duty of candour**: Work was in progress and the quality of DoCs was improving. Quantitative/quality work was on going for extra assurance. Clarification was needed regarding the reporting pathways.	Assurance		
4.2.3	**Community pain assessment**: Sandra Webb to detail a plan for community staff regarding documenting conversations with patients: it was believed this was happing but the process of recording electronically was still an issue.	Assurance		
4.3.1	**Never events**: Numbers had increased but there were no major themes, mitigating actions were in place and learning was shared. To move to bi-annual reporting to the committee unless there were concerns to escalate.	Assurance		
4.4	**Reporting structure/flow of information**: The reporting framework to be revisited for clarification and how it links to the other committees and governance groups.	Assurance		

5.1	**CQC assessment framework**: This was changing; consideration was needed regarding a self/peer/external assessment process and clarification needed as to where this should be reported/monitored within the new governance structure.	Assurance		
Date completed and forwarded to Trust Secretary		Monday 20 September 2021		

Part B

Receiving Committee	**Board of Directors**	**Date of Meeting**	**3 September 2021**
Chaired by	**Sheila Childerhouse**	**Lead Executive Director**	**Craig Black**

Agenda Item	**Record of Consideration Given (Approved/ Response/ Action)**
Date Completed and Forwarded to Chair of Originating Committee	

Chair's Key Issues – Involvement Committee

Part A

Originating Committee	Involvement Committee	Date of Meeting	20 September 2021
Chaired by	Alan Rose	Lead Executive Director	Jeremy Over

Agenda Item	Details of Issue	For: Approval/ Escalation/Assurance	BAF/ Risk Register ref	Paper attached? ✓
	The Committee has identified a need to **embed involvement in any change management process** that the Trust develops and notes that an involvement toolkit will be developed to support this.	Assurance	N/A	
	The Committee notes that a staff and stakeholder engagement forum will be created to support the **implementation of the People Plan** and, in particular, to ensure staff involvement in its delivery and evaluation.	Assurance	N/A	
	In the discussion of its Terms of Reference, the Committee proposes to include a **governor as a regular attendee**, to report on governor engagement and also to ensure that governors get early insight into other Trust engagement initiatives involving staff, patients and other partner organisations.	Approval	N/A	
	Learning from the maternity whistleblowing incident identified a number of actions that the Trust needs to take forward, including the need for a quicker response and engaging more widely should similar situations arise again. Processes will be reviewed in the light of this learning.	Assurance	N/A	
	In the light of the actions taken by the Trust to strengthen its controls in this area and the imminent introduction of new legislation related to integrated care systems, the Committee recommends the **de-escalation of the BAF risk "If we are not active and engaged as a key partner in the Alliance** then we will not play a part in shaping and contributing to the delivery of the Alliance strategy resulting in inequitable allocation of resources to meet the care and service need of the local community"	Approval	BAF Risk Ref 9	
Date Completed and Forwarded to Trust Secretary				

Part B

Receiving Committee	Board of Directors	Date of Meeting	15 October 2021
Chaired by	Sheila Childerhouse	Lead Executive Director	Craig Black

Agenda Item	Record of Consideration Given (Approved/ Response/ Action)
Date Completed and Forwarded to Chair of Originating Committee	

16. Future System Update (enclosed)

To receive an update on the future system project including engagement

For Reference

Presented by Gary Norgate (Programme Director)

Public Board Meeting – 15 October 2021

Agenda item:	16 (Council of Governors meeting 13 October 2021)			
Presented by:	Craig Black, Interim Chief Executive			
Prepared by:	Gary Norgate, Programme Director			
Date prepared:	22/09/2021			
Subject:	Future System Programme - Programme Directors Overview			
Purpose:	X	For information		For approval

Executive Summary

As a general indication of health, the status of those tasks within the control of Future System Programme remain unchanged as 'Green' and significant strides having been made in several key areas:

1. Work continues on the detailed environmental impact assessment (EIA) of Hardwick Manor with no insurmountable issues identified to date.
2. Co-production workshops aimed at peer-reviewing and refining the initial clinical model have been progressed and continue to benefit from significant support.
3. Given the significant impact that our forecast of demand growth has upon our future schedule of accommodation, work has commenced with other parties in the National Hospitals Programme to ensure our calculations and assumptions are sound.
4. The team found time to submit an entry to the 2021 Wolfson Economics Prize which this year asks the question, "how do we design the hospital of the future". We didn't make the shortlist of finalists, however, elements of our paper (co-production, digital, integrated approach and garden hospital design) can be seen throughout the final six entrants, indicating that we are very much on the right track.
5. Leaders from the National Hospitals Programme have reached out to us for input into establishing the National Programme Management Office. We have also now scheduled a site visit for said leaders during which we hope to cement our status as a 'fast follower' and a project that has built a strong base that underpins our readiness and deliverability.
6. Following a presentation and discussion with our colleagues at the System Executive Group it is clear that we have to work as a system to ensure we collectively and effectively tackle the growing demand for services in a way that ensures the capacity of any hospital we build is not rapidly overrun.
7. As we progress towards the submission of a formal application for planning consent, our technical team have now drawn up an illustrative design typology that displays the size, form and positioning of a hospital on Hardwick Manor that provides us with maximum configurability and that will be the basis for our outline planning application.
8. A detailed and inclusive communication plan for the socialisation of this typology has been constructed.
9. Having submitted our request for the budget required to support the development of our outline business case, we expect a formal response within 4 weeks.

Business Cases and Project Plan – Further to last month's report I can now confirm that:

As reported last month, our strategic outline case (SOC) will, along with the SOC's and Outline Business Cases produced by other HIP projects, remain 'on-ice' until the National Hospital Programme can gain Treasury sign off for its overarching Programme case. That said, the recent recruits into the NHP team appear to be finding their feet and we have now been; allocated a delivery director, asked to contribute to establishing a national PMO, offered access to the central demand and capacity modelling team; approached by the market engagement director and been offered support from the national strategic communications team. Furthermore, the national and regional delivery director have now accepted our invitation to visit West Suffolk Hospital and to personally experience the reality of our situation and the opportunities that it presents.

Our application for funding has now been formally submitted. We have requested funds that will cover all of the activities required for the production of our outline business case (OBC). These costs include those professional and administrative fees associated with our planning application and the production of outline designs of our proposed facility. The most significant lines within this request are associated with technical advisors such as architects and structural engineers. Receipt of our application has been formally acknowledged and we have been told to expect a formal response within the coming weeks.

In terms of progress against the overall project plan (summary below), our key highlights are:

Town and Country Planning (purple section) – Building Typology for planning purposes was created on time and will be discussed later in this paper.

Rationalisation of SOA (Amber section) – Clinical / Architectural Engagement workshops have commenced on time and engagement remains strong.

Strategic System Solution (blue section) – Briefing sessions have commenced on-time

Outline Business Case (green section) – Zoe Selmes has commenced work on the creation of our economic and financial cases.

Strategic Analysis Of SoA	**2.6 wks**	**Tue 06/07/21**	**Fri 23/07/21**
Issue SoA (inclusive of 2031 growth modelling)	0 days	Tue 06/07/21	Tue 06/07/21
Review / Revisit SoA in Relation to "Core" Services & Type 1, Type 2 and Type 3 Accommodation &	2.2 wks	Wed 07/07/21	Wed 21/07/21
Agree "core" Type 1, Type 2 and Type 3 SoA's	2 days	Thu 22/07/21	Fri 23/07/21
Potential "Gap" Identified (at strategic level)	0 days	Fri 23/07/21	Fri 23/07/21
Town & Country Planning	**25 wks**	**Fri 23/07/21**	**Fri 28/01/22**
Agree / Issue 100,000m2 (Max) "Core" SoA to Support Planning Process	0 days	Fri 23/07/21	Fri 23/07/21
Review Building Typologies Against 100,000m2 SoA	1 wk	Mon 26/07/21	Fri 30/07/21
Finalise Building Typology Report	0 days	Fri 30/07/21	Fri 30/07/21
Review Building Typology Report with Stakeholders	2 wks	Mon 02/08/21	Fri 13/08/21
Building Typology Agreed for Planning Purposes	0 days	Fri 13/08/21	Fri 13/08/21
EIA Progression and Planning Design	17 wks	Mon 16/08/21	Fri 10/12/21
Public Engagement (Round 2)	6 wks	Mon 01/11/21	Fri 10/12/21
Collation of Application & Legal Review	5 wks	Mon 13/12/21	Fri 28/01/22
Submit Application	0 days	Fri 28/01/22	Fri 28/01/22
Rationalisation of SoA	**19.4 wks**	**Mon 26/07/21**	**Tue 07/12/21**
Scene Setting Briefings	1 wk	Mon 26/07/21	Fri 30/07/21
Phase 3 Clinical / Architectural Engagement	14.4 wks	Mon 02/08/21	Tue 09/11/21
Review Results of Rationalisation Process and Prepare Report on SoA & "Gap"	4 wks	Wed 10/11/21	Tue 07/12/21
Real "Gap" Confirmed	0 days	Tue 07/12/21	Tue 07/12/21
Strategic "System" Solution	**47.2 wks**	**Mon 26/07/21**	**Mon 04/07/22**
Arrange / Progress System Wide Briefing Sessions to Clarify / Agree Process	6 wks	Mon 26/07/21	Fri 03/09/21
System Wide Resolution for "Gap" (as Phase 3 Clinical Engagement Emerges)	13.4 wks	Mon 06/09/21	Tue 07/12/21
System Wide Resolution / Finalisation of "Gap" including Economic Modelling (Once Phase 3 Engagement is Complete)	27.8 wks	Wed 08/12/21	Mon 04/07/22
Outline Business Case	**63.6 wks**	**Wed 08/12/21**	**Mon 20/03/23**
Prepare OBC design for "Core" Services to be Delivered on Hardwick Manor	27.8 wks	Wed 08/12/21	Mon 04/07/22
Commence Economic & Financial Modelling (based on SoA's)	8 wks	Tue 07/06/22	Mon 01/08/22
Finalise Capital Costs	4 wks	Tue 05/07/22	Mon 01/08/22
Finalise Economic & Financial Case (based on Final Capital Costs)	8 wks	Tue 02/08/22	Mon 26/09/22
Finalise OBC Drafting	1.8 wks	Tue 27/09/22	Fri 07/10/22
OBC Approvals / Governance	8 wks	Mon 10/10/22	Fri 02/12/22
NHSE/I Approval	14 wks	Mon 05/12/22	Mon 20/03/23
Full Business Case (FBC)	**99.8 wks**	**Mon 07/11/22**	**Fri 11/10/24**
Construction & Occupation	**168 wks**	**Mon 14/10/24**	**Mon 03/01/28**

Estates–

We continue to progress our environmental impact analysis without identifying any significant concerns. This work remains on track for completion in December 2021. Similarly, the translation of our agreed heads of terms covering the rental of neighbouring fields for use as a site compound and estates road into a legally binding contract is set for a timely completion in October (in time for the second phase of our public planning engagement).

That said, the most significant advancement has been in the development of our proposed site typology.

Said typology, termed “Pavilions in the Park”, has been developed considering; the outline clinical design, modern methods of construction, the ecology and profile of our site, our neighbours and the desire to provide a stunning patient and staff experience. The chosen form and massing have been specifically prepared in support of our outline planning application and provide us with maximum future flexibility. The level of detail being prepared goes beyond the minimum required for a planning application and as such is further evidence of our open / transparent / sharing approach as well as the maturity of our programme.

Clinical / Digital Workstream –

From March to July 2021, phase 2 of the clinical co-production developed the Strategic Outline Case model further to create 29 service visions. These service visions have been seen and scrutinised by the peer review panel (deputy directors), the community engagement group and the ACE learning disabilities forum.

Within the Outline Business Case plan, we have until the end of March 2022 to work up the collective system-wide plans about how to improve internal ways of working, relocate or transform services with alliance partners and the rest of the ICS, and prevent acute illness sufficiently to make a reasonable-sized, sustainable district general hospital viable.

With this challenge in mind:

- Hospital workstream – Phase 3 of our clinical co-production process seeks to rationalise and de-duplicate the service visions by exploring concepts such as ‘zonal hubs’ and assessing the ability of the latest digital techniques to improve spatial efficiency.

- Community Workstream - Our health planners Adcuris have commenced constructing a demand and capacity model for community services to help us understand the contribution an enhanced community services model could make to reducing demand for acute care, and the concomitant increase in resources that would be required to make that enhanced model possible. This is using and building upon the existing alliance work-up of the integrated neighbourhood team model (anticipatory and responsive services). The results will be ready towards the end of November / beginning of December. Alongside, the community co-production group will continue to develop the whole system service vision for the various aspects of that enhanced community model, including frailty assessment, end of life care and discharge to optimise and assess.

- Primary Care workstream – Based on suggestions that came out of phase 2, our primary care co-production leads are developing a method to co-produce viable alternatives to hospital-based care.

Alongside the individual workstreams, and incorporating intelligence from each of them, the demand and capacity model will also continue to be explored and refined. At the end of phase 3 we will bring all the outputs together into the next iteration of the schedule of accommodation.

Communications and Engagement –

Earlier this year, the first phase of planning engagement was launched in order to gather people's views about the preferred site, Hardwick Manor. In total more than 800 feedback forms were received and 150 people spoke to us both face to face and virtual events. We reached nearly 60,000 people online via organic & paid-for social media posts and adverts (59,655 to be exact) and we received nearly 7,000 hits to the website (6,681).

Feedback received from this exercise clearly highlights that the major concern among our public is ‘access’ (traffic, travel and parking).

With this in mind we have now built the content and structure for our next phase of planning engagement where we are hoping to share:

1) Our outline typology
2) Results from our traffic surveys
3) Options for site ingress and egress
4) Initial plans for parking (recognising that we will not be able to confirm these plans until our outline business case is signed off and the future of the Hardwick Lane is agreed).

Key messages for our second phase will be;

• Our project remains at an early stage of development
• We are applying for outline planning permission at this relatively early stage in order to reduce the risks of delay to future milestones and deliverables
• The illustrations and plans shown are indicative and adaptable to our changing clinical needs and provide flexibility for the future.

Our second phase of engagement will launch on Monday 1 November and run until Sunday 12 December. It will provide an update on the progression of the project and also include initial plans and illustrations setting out what might be possible to deliver on the site, as well as how feedback gathered at the first round of engagement has helped to influence and shape our early outline proposals. Our approach and methods of communication seek 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. We will employ the fullest range of digital and traditional methods for gathering feedback to ensure responses are maximised. These include;

- Face to face events planned for Bury St. Edmunds, Newmarket, Thetford, Haverhill, Sudbury and Stowmarket
- Virtual meetings held for local residents, staff and the general public
- 4-page leaflet posted to the community and feedback form for all pop-up events.
- Articles placed in established project newsletter with a circulation of more than 200 people.
- Community pop-up events in Bury St Edmunds, Haverhill, Thetford and Newmarket, Sudbury and Stowmarket (pop up events for staff are also being arranged for the Hardwick Lane and Newmarket hospital bases).
- Social media adverts to publicise the engagement events and drive traffic to the website.

- Organic social media posts.
- Stakeholder meetings with Parish Council, 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 the local planning authority. For phase 2 we have encompassed lessons learnt and will also be;

- Running additional face to face events at Brandon and Mildenhall as requested by local councillors
- Introducing a "sensory hour", this will be the first hour at each of our face to face events and include sensitive lighting, a limit on numbers and will be quieter.
- Working with our ICS colleagues to share the opportunity in primary care practices and with patients as well as the local LPC requesting they display information in their pharmacies.
- Working with students at West Suffolk College to develop promotional videos for social media

Information on the proposals and an online feedback form will be available on the dedicated website. To make sure everyone has a chance to share their views and get involved, the online form will be compatible with screen readers and the language will be able to be amended. Hard copy 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 will be provided with a return freepost address and will be available in an easy read format. For those not sent a copy, hard copy versions of the information and feedback form can be requested. Our materials will be translated into Polish and Portuguese.

This year's Wolfson Economics Prize posed the question, "how do we build the hospital of the future". With such a question in mind, our team felt compelled to submit our thoughts. Our submission had four central planks: a) hospitals should be co-produced by the community for the community, 2) a system wide approach is essential, c) we should be building garden hospitals that leverage the environment to aid recovery and d) digital enablement is key. Multi-national competition was fierce and, ultimately our submission wasn't shortlisted among the final 6, however, the ideas put forward by the finalists have several parallels to our own thinking i.e. hospitals should be; interwoven with communities, green with gardens, beautiful places to be proud of, green hospital design, the hospital imagined as the community, hybrid physical / digital ecosystem, hub models, so I am convinced we remain on the right track (hindsight is a wonderful thing, I sincerely believe that if we had chosen one of our four themes and focussed our submission around it, we would have made the final – but I would say that wouldn't I !!). More information on the finalists and the prize itself can be found at https://policyexchange.org.uk/wolfsonprize/ and copies of our humble submission are available upon request. May I offer huge thanks to those who contributed – if nothing else it was a really fun thing to do (it's not as if I'm competitive…… I just hate losing!).

Finance

As well as building our submission for funding, we are starting to build the plan for the construction of our economic and financial cases. These are the two key elements of the outline business case in which we are expected to layout which of our shortlisted options (BAU/Do Minimum (45k sqm), Do minimum plus (65k sqm), Hot site only (58k sqm + Cold site), Preferred (build a new hospital on Hardwick Manor ~75k sqm) and Do maximum (greenfield site)) makes best economic sense and how much we expect this preferred option to cost.

Creation of these cases represent a huge amount of work and needs to happen in parallel with the development of our clinical model (which will largely inform the space required), the securing of planning permission, the 1:200 design of our proposed facility, the development of our procurement strategy and our contribution to the system-wide transformation work that ensures sustainability. Busy times ahead!

All in all, this is a period in which significant progress has been made in:

- The co-production / co-refinement of our clinical design.
- Our ability to fund the development of our business case.
- The development of our typology.
- The continued engagement of our community. and
- The development of a system wide approach to ensuring a sustainable service.

Next month, we see the continuation of staff and public engagement through the execution of Phase 3 of our Co-production process, the building of momentum for an ICS solution to our growth conundrum and the start our next phase of planning engagement.

	Deliver for today		**Invest in quality, staff and clinical leadership**		**Build a joined-up future**		
	X		**X**		**X**		
Trust ambitions *[Please indicate ambitions relevant to the subject of the report]*	*Deliver personal care*	*Deliver safe care*	*Deliver joined-up care*	*Support a healthy start*	*Support a healthy life*	*Support ageing well*	*Support all our staff*
	X	X	X	X	X	X	X
Previously considered by:							
Risk and assurance:							
Legislation, regulatory, equality, diversity and dignity implications	None						
Recommendation:							

17. Annual Report & Accounts 2020/21 (on Trust website or hard copy on request)

To receive the Annual Report & Accounts for 2020/21

https://www.wsh.nhs.uk/CMS-Documents/Trust-Publications/Annual-reports/Annual-Report-2020-21.pdf

For Reference

Presented by Ann Alderton

REPORT TO:	Council of Governors
MEETING DATE:	13 October 2021
SUBJECT:	Annual Report and accounts 2020/21
AGENDA ITEM:	17
PREPARED BY:	Ann Alderton, Interim Trust Secretary
PRESENTED BY:	Ann Alderton, Interim Trust Secretary
FOR:	Information

The annual report and accounts were approved by the Board in closed session in June but could not be reported publicly until they had been laid before Parliament on 16 September 2021.

The Council of Governors is asked to receive the annual report and accounts in public session, noting that these have already been presented at the Annual Members Meeting which was held online on 21 September 2021.

The full document is available via the link below:

https://www.wsh.nhs.uk/CMS-Documents/Trust-Publications/Annual-reports/Annual-Report-2020-21.pdf

Recommendation:

To receive the annual report and accounts.

18. Trust Strategy 2021-2026 (enclosed)

To receive the report

For Reference

Presented by Craig Black

REPORT TO:	Council of Governors
MEETING DATE:	13 October 2021
SUBJECT:	Trust Strategy, 2021-26
AGENDA ITEM:	18
PREPARED BY:	Anna Hollis, Senior Communications Manager
PRESENTED BY:	Craig Black, Interim Chief Executive
FOR:	Information

Executive Summary

This report provides an update on the production of the Trust's new corporate strategy. Included here is the final draft, including case studies, which is now being designed. It has been sent to the reader panel for a second time with feedback incorporated where appropriate.

Additional staff engagement around the new direction of the strategy, its aims, ambitions and values, took place previously, with feedback and contributions incorporated where appropriate.

We also carried out a workshop with the Board and TEG previously, that considered how we would measure the success of the strategy, which have been included.

Engagement activity has included:

- All staff online briefings x 2
- Board
- TEG
- Scrutiny committee
- Involvement committee
- Trust Council
- Council of Governors
- Items in Green Sheet x 2
- Reader panel x 2

We have worked with executive chief nurse Sue Wilkinson and chief information officer Liam McLaughlin to start to map the nursing, midwifery and allied health professional (NMAHP) strategy and digital strategy respectively, to the corporate strategy. This included facilitating a nursing, midwifery and clinical council workshop giving staff the opportunity to participate in scoping out the future NMAHP strategy.

Next steps: Design of the strategy publication and accompanying animation are in progress. Indicative timelines for the design phase will be approximately 8-12 weeks.

Launch date and communications and engagement strategy to embed the strategy going forward to be confirmed.

First for our patients, staff and community

West Suffolk NHS Foundation Trust

Our strategy 2021-2026

West Suffolk NHS Foundation Trust Strategy 2021-26

Foreword from chief executive and chair

In many cases, people have the right to choose where they receive NHS treatment. In addition, NHS staff can choose where and what NHS trust to work for. Our ambition is to be the first choice NHS provider for our patients, our people and our community and to prepare for the future health and care needs of our local population.

Since we published our last strategy in 2015, Our patients, Our hospital, Our future, together, West Suffolk NHS Foundation Trust (WSFT) has changed a lot. We are no longer just a hospital; we now work across two hospitals, a wide range of community locations, in people's own homes, in a GP surgery and in a reablement unit in a care home, where we offer temporary care after you are discharged from hospital. Over the past five years, there have been many highs and lows and there are both challenges and opportunities on the road ahead.

First and foremost, we are an organisation rooted in, and faithful to, our community. We are staffed by people living and involved locally, looking after local people, doing our best for each other. It is your families and ours who we have the privilege and pleasure of caring for.

The last 18 months has been an unprecedented time for all of us. COVID-19 has turned our lives upside down and has had a huge impact on the NHS. COVID-19 is by far the worst of many events that WSFT has experienced over the past five years. For many people it has been the worst time of their lives. Yet it has shown us that we can succeed, and that as long as we work together and look after each other, we can get through the tough times. We are proud to be part of the West Suffolk team.

As we look forward to better times, we know there is a lot of work ahead. We need to recover and repair, acknowledging our high emergency department and inpatient demand alongside dealing with our elective surgery waiting lists and working through our planned estates maintenance programme.

We will listen, and keep improving. We will celebrate success, and strive to learn from the things that go wrong.

The next five years will see more change, more uncertainty, yet we have real opportunities to transform how we provide care across our hospital and community services. We are delighted that the Trust has been named as one of 40 to benefit from the Government's New Hospital Programme. With the West Suffolk Hospital coming to the end of its life, a new healthcare facility is much needed and will help us to continue to deliver high quality, safe care for our patients and our community well into the future.

As we embark upon the next five years, we set out clearly in this strategy our future ambitions and how we are going to achieve them. We are grateful to the broad range of people who helped shape this strategy, both in the Trust and more widely.

Putting our patients, our people and our community first, is what drives us. Together, we hope we will look back in 2026 and feel proud of our efforts and successes.

Craig Black, interim chief executive and Sheila Childerhouse, chair

Future direction

Vision:
Deliver the best quality and safest care for our local community

Ambition:
First for our patients

- Collaborate to provide seamless care at the right time and in the right place
- Use feedback, learning, research and innovation to improve care and outcomes.

Ambition:
First for our staff

- Build a positive, inclusive culture that fosters open and honest communication
- Enhance staff wellbeing
- Invest in education, training and workforce development.

Ambition:
First for the future

- Make the biggest possible contribution to prevent ill health, increase wellbeing and reduce health inequalities
- Invest in infrastructure, buildings and technology.

Powered by our First Trust Values
Fairness; Inclusion; Respect; Safety; Teamwork

The West Suffolk NHS Foundation Trust

The Trust in numbers [Present statistics in graphic format]

A typical year pre-Covid-19: April 2019/March 2020

- 280,000 catchment population
- 4,353 staff
- 6,296 public and 5,196 staff foundation trust members
- 2,367 babies born
- 78,892 attendances at the emergency department
- 15,594 operations per year
- 264 people looked after at the end of their lives
- 341,965 visits to outpatients
- 225,166 contacts with patients through community services (including face to face, telephone and email)

Who we are and what we do

The West Suffolk NHS Foundation Trust (WSFT) provides hospital and community services to a population of around 280,000 people. Services are delivered over a largely rural geographical area of roughly 600 square miles.

The catchment area extends beyond Thetford in the north and Sudbury in the south, to Newmarket to the west and Stowmarket to the east. It serves the population of the west of Suffolk and parts of the neighbouring counties of Essex, Cambridgeshire and Norfolk.

The West Suffolk Hospital is the location from which the Trust provides a full range of acute and secondary care services. This includes an emergency department, maternity and neonatal services, a day surgery unit, eye treatment centre, Macmillan Unit and children's ward. It has approximately 500 beds in total and is a partner teaching hospital of the University of Cambridge.

Outpatient clinics and some diagnostic services (x-ray and ultrasound) are provided from a number of outreach sites including Newmarket, Botesdale, Thetford, Stowmarket, Haverhill and Sudbury.

The Trust provides community services for the residents of west Suffolk through the West Suffolk Alliance with Suffolk County Council, Suffolk GP Federation and Norfolk and Suffolk NHS Foundation Trust. A range of nursing and therapy services and specialist services are provided in patients' own homes, health centres and community buildings. The community paediatric service operates across Suffolk. Ongoing temporary care and rehabilitation services are provided with 20 inpatient beds at Newmarket Hospital, alongside facilities for other services. A further 20 reablement beds are commissioned from Care UK at Glastonbury Court, a care home in Bury St Edmunds, and staffed by WSFT nursing and therapy teams. In addition, we can share the use of 10-14 temporary care beds at Hazell Court in Sudbury.

The Trust is one of the largest employers in the area, employing nearly 5,000 staff.

Since April 2020, the Trust has also provided primary care services at Glemsford Surgery via a sub-contracting arrangement with the existing GP partners.

Our successes and challenges

The last five years [Present in a timeline from 2015 – 2020]

2015	2015-20 strategy published
Nov 2015	WSFT is the first trust in the East of England to introduce the new role of physician associate
May 2016	eCare, our electronic patient record, goes live
August 2016	Care Quality Commission rates our quality of care as Good
Sept 2016	West Suffolk Alliance forms between Suffolk County Council, WSFT, Suffolk GP Federation and Norfolk and Suffolk NHS Foundation Trust
Sept 2016	Trust announced as one of first 12 Global Digital Exemplars
Nov 2016	Suffolk and North East Essex sustainability and transformation plan is published
Feb 2017	Kings Suite at Glastonbury Court opens to provide a dedicated rehabilitation facility
Oct 2017	Community services formally join WSFT
Jan 2018	CQC rating rises to Outstanding
April 2018	The first UK link between two hospital electronic patient records is turned on between eCare at WSFT and eHospital at Cambridge University Hospitals NHS FT
May 2018	Sustainability and transformation partnership is formalised into Suffolk and North East Essex Integrated Care System
Dec 2018	Phase 1 of new acute assessment unit opens
Dec 2018	New cardiac centre opens
May 2019	Safety alert issued about reinforced aerated autoclaved concrete (RAAC) planks used in construction of main hospital building and former front residences – thorough maintenance programmes developed in response
June 2019	We learnt about the State of Suffolk, including that by 2037, Suffolk will need nearly two more West Suffolk Hospitals if current patterns of illness continue
Oct 2019	Final phase of acute assessment unit is completed
Oct 2019	West Suffolk Hospital named as a site for investment in the national New Hospitals Programme
Jan 2020	CQC rating drops to Requires Improvement
Mar 2020	Glemsford Surgery joins WSFT, creating WSFT Primary Care Services
Mar 2020	COVID-19 hits
April 2020	The Alliance starts working with the Institute of Healthcare Improvement to continue improving quality
Sept 2020	My Wish Charity celebrates 25th birthday
Sept 2020	WSFT's health information exchange now connects health records between GP surgeries, community care and hospitals throughout Suffolk and Essex
May 2021	WSFT announced as part of Suffolk and North East Essex Integrated Care System £10m 'elective accelerator' to speed up the recovery of routine services following the Covid-19 pandemic

What our community thinks of us

In 2020, 94% patients recommended WSFT as a place to receive care

In 2020, 83% staff recommended WSFT as a place to receive care

In 2020, 74% staff recommended WSFT as a place to work

Clinical achievements

- The endoscopy, radiology, housekeeping, catering, IT department and the Macmillan Unit all hold national accreditations for excellence.
- We regularly receive top A grade in overall assessment by the Sentinel Stroke National Audit Programme.
- Best for hip fracture care 2017, 2018, 2020 (England, Wales and Northern Ireland) according to the National Hip Fracture Database.

The impact of the Covid-19 pandemic

Across the country, the Covid-19 pandemic bought the tireless work of the NHS into sharp focus.

Our staff worked in uncertain, unpredictable circumstances, going above and beyond every day. We strained every part of our systems, processes and resources to serve the sickest in our community.

What has become more apparent through this unparalleled time is our resilience and determination to look after our patients and community in the best way we can. Day-in, day-out, our staff strive to deliver the best possible care for our patients.

There is no doubt that the pandemic has taken its toll on our staff and services. For many this period has been the worst of their lives. However, despite this they have stepped up to care for the sickest and most vulnerable in our community in extremely difficult circumstances.

As we cautiously move into a period of recovery, we are working hard to restore services affected by the pandemic. Our waiting lists grew longer as we had to pause services to focus our efforts on Covid-19. We know this is upsetting for patients – as well as our staff who want to do their best for people in their care.

As part of the Suffolk and North East Essex Integrated Care System we have been awarded funding and extra support to implement innovative ways to increase the number of elective operations. This work is not just about doing more of the same, but also thinking about how we diagnose, treat, and monitor our patients in ways that maximise our efficiency. For example, rather than bringing every patient in for routine review at set periods, we may offer individual support plans with a mix of in-person appointments, online consultations, and patient-led recovery techniques and support. This is better for patients, and means our staff can focus time on the patients who need it the most. We will continue to do all we can to work our way through these waiting lists and provide the care our community needs.

[Present statistics in graphic format]

April 2020/March 2021

- 1,016 Covid-19 + inpatients
- 759 Covid-19 + patients discharged
- 257 Covid-19 + patients died*
- 16,594 telephone clinics
- 1,041 video clinics
- 102,609 telephone consultations
- 2,889 video consultations
- 1,313 laptops provided to staff to support home working
- 16,000 local health and care staff vaccinated
- 40,859 calls made via our clinical helpline service
- 48 live virtual cardiac rehab groups delivered (17 April – 10 July); continue to offer six virtual cardiac rehab groups per week

*Death was within first 28 days of Covid-19 + swab

Boxout / case study

Staff support psychology service

Looking after our staff has never been more important. The staff support psychology team, set up in response to Covid-19, provides support to people in their time of need.

At the start of the pandemic, a staff support psychology team was put in place to provide extra emotional and mental wellbeing support for colleagues across the Trust.

Led by consultant clinical psychologist Emily Baker, the team is made up of highly trained mental health workers, offering sessions for individuals and teams throughout the week.

So far, the team:

- has seen more than 625 members of staff across the Trust
- sees on average 50-60 individuals per week (some single and some repeat appointments)
- has run 150 sessions for teams or small groups
- has run a series of online 'Wellbeing Wednesday' sessions to help staff overcome emotional and mental health challenges
- has held eight informal virtual coffee lounge events for staff to drop in to say hello and be greeted by a friendly face
- is supporting several staff with long COVID, including some who are returning to work after periods of absence or shielding.

Emily Baker explains: "Our main message is that it's ok not to be ok. We are here to help staff across the organisation with their wellbeing. We offer support with issues such as sleeping or coping with negative thoughts.

"We've found that a lot of the concerns staff have are from a mixture of challenges outside of work combined with the increased demands of working in the NHS during the pandemic. Staff haven't been able to do the things they would normally to help manage their wellbeing, such as going to the gym, going out with friends, seeing family or giving loved ones a hug.

"Our team has worked with people across the Trust in a wide variety of roles. I'd like everyone to know that we're only a message away and as a Trust we're one team and in this together."

Boxout / case study

Keeping in touch service huge success

The West Suffolk Hospital's 'keeping in touch' service was launched in April 2020. The aim was to help family and friends to contact loved ones who were in hospital during the pandemic.

With lockdowns and tighter visiting restrictions, the Trust's 'keeping in touch' service used technology to bring people closer together even though they, physically, had to be kept apart.

Not only were benefits felt by patients and family members, but ward staff could see the difference the calls made to their patients.

Having fallen whilst at home, Jackaleen, 91, came into our care at West Suffolk Hospital. 3,000 miles away in the USA, her daughter Lisa, and grandchildren, Emily and Katie, were very worried.

Lisa and the family were able to have video calls with Jackaleen during her stay through our keeping in touch service. Having had several video calls during her mum's stay Lisa said: "The keeping in touch team is a gift from heaven. Everyone in the team, including Dawn, Livvy, Chloe, Lauren and Natalie, went above and beyond loving and caring for us all. They all loved my mum during her stay, they were all so wonderful.

"From the bottom of my heart, I am so thankful. The hospital where I gave birth to my daughter 25 years ago, once again came through and brought us love and brought a family together."

Boxout / case study

Clinical helpline handles more than 40,000 calls

Our clinical helpline, launched in April 2020 following the national suspension of visiting in hospitals, has taken more than 40,000 calls in its first year.

Just one week into the first UK lockdown, the patient experience team saw the difficulty visitor restrictions was causing both patients and relatives. They came up with the idea of helping loved ones stay up to date with hospital care.

Initially the service used the skill and compassion of nurses who had to stop working on the frontline because they needed to shield themselves. The team of staff, each with a clinical background, ran a virtual helpline, often from their own homes.

Ward staff were able to keep focused on caring for patients while the clinical helpline took calls from worried family desperate for an update on the wellbeing of their loved ones.

The team could access e-Care, our electronic patient record, to keep up to date with the latest diagnoses and care being provided, giving family carers, spouses, children, and other family members regular clinical updates.

Trust head of patient experience Cassia Nice said: “Our clinical helpline was a true team effort and we couldn’t have done it without our amazing helpline clinicians. It provides clinical and wellbeing information to relatives and caregivers using our live digital healthcare records and helps communication between patients, relatives, carers and staff.

“Helpline staff offer support during a time of uncertainty, assisting relatives and carers to make sense of what they are being told while also looking for gaps in a patient’s medical history or their preferences. This helps us provide better care and improve patient safety.”

A family member of one patient said of the service: “After my father was admitted with a fractured hip I was able to get daily updates on his condition and care from the fantastic helpline team. I have chatted with staff who have been so helpful and explained everything

clearly. It has been extremely reassuring. The benefits are immense as it takes the pressure off the ward staff. I, the caller, get someone knowledgeable at the other end of the phone very quickly. It has taken away a lot of stress."

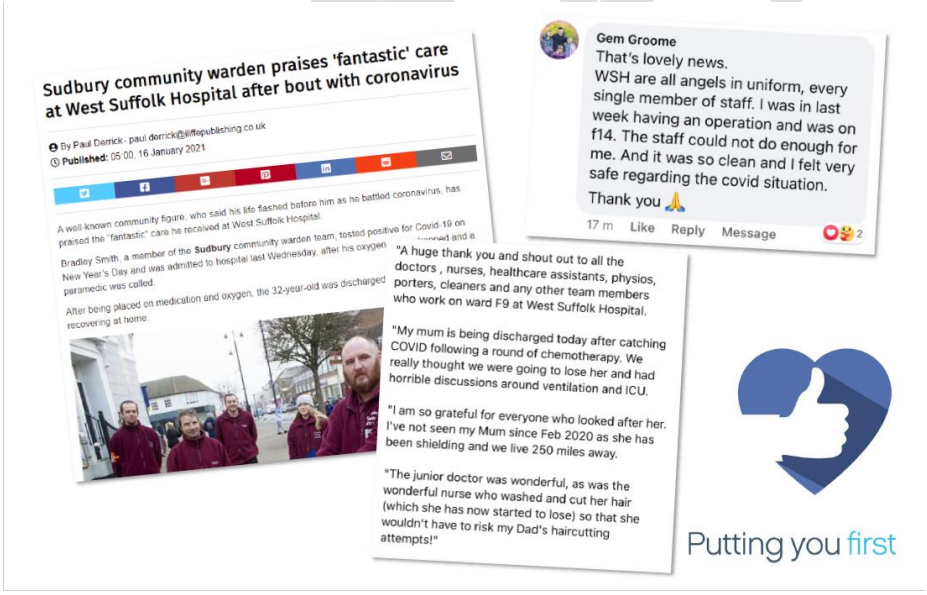
Dr Carolina Caprario, a respiratory consultant at the West Suffolk Hospital, said: "We fully support our dedicated helpline which enables families to receive regular updates and helps ease their concerns. It is a worrying time for families when a relative is admitted, especially when they are unable to visit their loved one in hospital.

"The helpline supports our frontline medical staff to focus more of their time on giving care to our patients without having to answer telephone calls. I think that even if full visiting is allowed again, our helpline will continue to play an integral role in helping us effectively deliver updates about loved ones in our care."

The success of the helpline means the Trust plans to continue with the service even after visiting restrictions have been fully relaxed.

Clinical helpline stats

Total calls received	28,785
Total calls made	12,074
Total calls handled	40,859
Total handling time	2,810 hrs 5 mins 46 seconds
Average wait time (seconds)	00:00:45



What's changed?

The national picture

Nationally, the NHS is being asked to focus on various ways to improve the care we provide and make sure that everyone gets the best possible experience of the NHS.

The NHS Long Term Plan says we need to:

1. Modernise the way we work and rely less on hospitals and giving people more control over their own health and where they receive their care.
2. Do more to prevent illness and reduce inequalities in health experienced by different groups of people.
3. Improve the quality of our care and the outcomes for the people we look after. We should especially focus on children and young people, those with cardiovascular disease, stroke, diabetes, respiratory disease, mental health problems, or cancer, and people waiting for an operation. We should use more research and innovation to get there.
4. Recruit more staff into a wider variety of jobs, and everyone needs to feel happy and valued in their work.
5. We should make the most of everything the digital world can offer us.
6. We need to keep living within our means, both in terms of money and how green we are.

We also need to adapt to the threat of new and untreatable infectious diseases ever present in the background.

To achieve all these things and more, the public, private and voluntary sector organisations which help to look after people's health, care and wellbeing, have started working more closely together. The Trust is a member of two groups in particular - the West Suffolk Alliance and the Suffolk and North East Essex Integrated Care System. Both groups have published their own strategies in the past five years. This new strategy of our own reflects the ways in which we are working with them towards two common aims: improving the health of our community and reducing inequalities.

New local partnerships - what are they?

The West Suffolk Alliance and the Suffolk and North East Essex Integrated Care System (SNEE ICS) are agreements between local organisations to work more closely together to make sure people get the best possible care. There is a long history of health and care organisations working together to make sure people get the best possible care. For example, by being a member of the East of England Cancer Alliance, we make sure our cancer treatment stays at the cutting edge. As members of the West Suffolk Alliance and SNEE ICS, we have signed up to working more closely with local organisations such as councils, volunteer groups, leisure centres and GPs. We call this 'integration' and refer to working as a 'whole system' to improve health and care. Together we consider the wider determinants of health - be that social issues, deprivation, inequalities or mental health.

The SNEE ICS covers a broader geography (Suffolk and North East Essex) and the West Suffolk Alliance focuses on a more local footprint to ensure we drive meaningful integrated services to our local population.

We know what our local people need because the Suffolk County Council Health and Wellbeing Board finds out through local health data research and engagement with local people.

[Present in graphic format – how partners link and work together]

[Present in graphic format - map our services in context of Alliance/ICS]

What does this mean for our patients?

What this means for the people we look after is that at the points in your life that you need the care of our specialists:

- We'll look after you in the way that you need, when you need it, in the place that is best for you
- We'll be as joined up as we can with everyone else who looks after you.

What does this mean for our staff?

What this means for our staff is that in many of our services we are working more collaboratively with staff from our partner organisations to provide the right service, in the right place, at the right time for our patients and members of our community. We are changing the way we are working, and joining up our care in ways that better meet the individual needs of the people we serve.

Our vision, ambitions and values

Our vision is to:

Deliver the best quality and safest care for our community

By putting our patients at the heart of our services, and working as part of the West Suffolk Alliance and the Suffolk and North East Essex Integrated Care System, we can make the greatest possible contribution to prevent ill health, increase well-being and reduce health inequalities.

This is our vision because:

- that is what our community needs and expects from us
- our staff want to deliver the highest quality care
- if we focus on quality and safety, then everything else will follow.

Boxout / case study

When we say quality, we mean care that is:

Safe – it does no harm

Effective – it works

Person-centred – it treats people as individuals and makes them feel cared for

Timely – it is provided for people at the time they need it

Efficient – there's no waste

Equitable – people get what they need regardless of their characteristics or circumstances.

Our ambitions

To *deliver the best quality and safest care for our local community* our strategy focuses on three key ambitions. They are:

- First for our patients
- First for our staff
- First for the future.

You can read more about these in the following pages.

First Trust Values

Powering our vision and ambitions are our 'First Trust Values'. They are the guiding principles and behaviours which run through our organisation and will help us deliver our vision and ambitions in the right way. We will use them to always strive to improve the services we provide to our community and the way that we work as a team and with our partners. To reflect the changes the Trust has been through in recent years, we have updated these values to reflect the evolution of the organisation, the journey it is on and the culture we are striving to create across the Trust.

They are:

Fair	We value fairness and treat each other appropriately and justly.
Inclusive	We are inclusive, appreciating the diversity and unique contribution everyone brings to the organisation.
Respectful	We respect and are kind to one another and patients. We seek to understand each other's perspectives so that we all feel able to express ourselves.
Safe	We put safety first for patients and staff. We seek to learn when things go wrong and create a culture of learning and improvement.
Teamwork	We work and communicate as a team. We support one another, collaborate and drive quality improvements across the Trust and wider local health system.

Ambition: First for our patients

Executive leads – chief nurse and director of integrated community health and adult social care

Our patients are at the centre of everything we do. The quality of care that we provide to them is our driving force. We strive to deliver the best patient outcomes and patient experience in the most appropriate setting available. We are committed to joining up services locally, collaborating with our partners and supporting our staff to make continuous improvements - no matter how big or small - that challenge us all to raise our standards.

Collaborate to provide seamless care at the right time and in the right place

- We will strive to provide a seamless experience, with good communication from beginning to end
- We will treat everyone with dignity and respect, and as quickly as possible
- We will continue to adapt to the presence of COVID so we can provide services without putting anyone at unnecessary risk of infection
- We will join up more care with our neighbouring organisations, following the West Suffolk Alliance strategy
- We will provide more care in people's own homes and in their local areas.

Use feedback, learning, research and innovation to improve our care and outcomes

- We will ensure patients and families can share their experiences, positive and negative, to help us improve through our experience of care strategy
- We will give everyone the tools and support they need to put quality and safety first, by:
    a. making sure everyone has the confidence to raise concerns and to make changes when things go wrong
    b. applying our safety and learning strategy to drive forward continuous improvement [link to document – needs publishing on website]
    c. training more staff in quality improvement methods, human factors and ergonomics
    d. sharing learning internally and looking outwards to learn from others
    e. taking care with how we use our money, staff, equipment and buildings, so we can continue to afford to invest in better care
- We will keep the good things that have come out of the Covid-19 pandemic, like the keeping in touch service
- We will do more clinical and non-clinical research, involving patients and members of the public
- We will support and celebrate new ideas and innovations in all parts of the Trust and across all teams.

Boxout / case study

Pathway achieves goals in helping patients recover at home

An innovative pathway that joins up health and care services has supported hundreds of people to be cared for at home.

'Pathway one' is an integrated way of working that helps with the safe and timely transfer of patients from the West Suffolk Hospital to their own home. Here they have an assessment of their health and care needs helping to reduce the reliance on hospital beds.

From May 2019 to March 2021, almost 1,425 patients have gone home with a pathway one referral, with their care transferred to our community therapists. Recently the service reached its target of achieving 100 discharges in a month. Overall, the pathway has saved almost 3,000 bed days at the hospital, and ensured people can achieve as much independence as possible at home whilst getting the care they need.

Responsive services team lead Jenny McCaughan explained that once wards identify a patient as being ready they are added to a dashboard providing a live list for all agencies to work from. This allows people to be discharged at a time that suits their medical needs and reduces the number of days a patient is on the ward.

"A partial assessment is done on the ward," explained Jenny, "and the team co-ordinates care and equipment requirements, but the full assessment is only done once the patient returns home. One of our community therapists and a social care colleague will assess the patient in the place where they are most comfortable." Traditionally the full assessment for therapy and care needs would have been done before leaving hospital and delayed discharge on average between one and ten days.

Jenny said: "The patient benefits under this way of working because pathway one helps as it removes steps and delays in getting patients back to their homes, and reduces risks associated with remaining in hospital. It gives the power back to the patient, and gives them a voice so that their individual needs can be met." Once at home the patient will be seen by their local community health team from day one, who regularly assess the best care for the patient going forward.

The service is a West Suffolk Alliance example of hospital and community teams working with our social care colleagues from Suffolk County Council and its Home First team for the benefit of patients.

Boxout / case study

Improvement and safety

The Trust is on a journey to develop its culture. As part of this we are continuing our work to embed quality improvement (QI) throughout the organisation.

By this we **mean the use of methods and tools to try to continuously improve quality of care and outcomes for patients.** We are creating a quality and safety framework that supports staff at all levels to build their QI skills, and explore and identify QI opportunities where they identify problems, test ideas to improve outcomes and learn from the results.

Quality improvement can be used for almost any project, big or small, clinical or non-clinical and is an ongoing process.

In addition, we are taking part in the national Patient Safety Incident Response Framework pilot, which is designed to help us further improve the quality and safety of the care we give to patients. As part of this work, we are using Trust data to help us understand and learn from the risks more common to the organisation.

We have taken on more staff to help develop our work on safety and quality improvement. With their focus, and a more joined-up approach across staff groups, we will build on work already undertaken. Involving our staff and patients in the design, management and delivery of QI, and giving them the tools and methods to do this in a more meaningful way, will help us achieve improved care, better measurable outcomes and positive patient experiences.

Boxout / case study

Research and development

Recent COVID-19 research studies carried out at the Trust recruited more than 2,700 people to take part.

Our research and development (R&D) team is funded by the National Institute for Health Research (NIHR) via the Clinical Research Network Eastern. It provides the Trust with the infrastructure to deliver high quality clinical research across the organisation.

The team consists of 10 research nurses and practitioners, supported by a dedicated office team.

Like the rest of the NHS, over the last 15 months the R&D team has concentrated on COVID-19 research, including the RECOVERY, SIREN and Clinical Characterisation Protocol studies, and the TACTIC-R trial. During this time more than 2,700 patients and staff have taken part in the various studies.

The RECOVERY trial aims to find treatments that may be help people hospitalised with suspected or confirmed Covid-19. One important discovery by the RECOVERY trial was that low-cost dexamethasone reduces death by up to one third in hospitalised patients with severe respiratory complications of Covid-19, which has been estimated to save around 22,000 lives in the UK alone.

The SIREN study looks for answers to the most important questions about reinfection and Covid-19 and how effective vaccines are. More than 600 members of staff have participated in this important research trial.

As the pandemic begins to ease in the UK and restrictions are lifted, the team is focusing on urgent Public Health research and the NIHR managed recovery programme.

Pre-pandemic, the R&D team typically participated in around 60-70 NIHR studies per year and supported NHS clinical research in more than 20 specialities.

Ambition: First for our staff

Executive leads: director of workforce and communications and medical director

We must all take good care of each other, so together we can take good care of our patients. We will strive together to build a culture of fairness, openness and learning, that is inclusive and supports all staff to be the best they can be. We want to be recognised as a great place to work.

Build a positive, inclusive culture that fosters open and honest communication

- We want everyone - no matter what role they play in the Trust - to embed a culture where everyone feels valued and listened to; where the interests of patients and staff are not at odds with one another; and where kindness, good communication and compassion towards one another are standard behaviours.
- We will deliver our first People Plan informed amongst other things by the findings of the 'What Matters To You' exercise we did with staff in the summer of 2020 [link to document – needs publishing on website]
- We will keep using this method of large-scale conversations with staff as an ongoing approach to hear how leadership in the organisation is working and how it could be better
- We will communicate and co-produce better within the Trust, with patients and families, and with the organisations we work with.

Enhance staff well-being

We knew it before - but Covid-19 has made it clearer than ever – looking after our staff is essential. Research shows that line managers play a really important role in how staff feel.

- We will do everything we can to protect and improve the health, wellbeing and safety of our staff
- We will promote the value of great line management and support and develop all our current and future line managers.

Invest in education, training and workforce development

As a learning organisation, we keep our staff up to date with best practice and train the next generation of NHS professionals. We want to help every member of staff reach their full potential in their role.

- We will maintain and build on our existing relationships with the University of Cambridge, University of Suffolk, University of East Anglia and West Suffolk College, training staff in a wide range of clinical and corporate roles
- We will provide career progression for all our staff to help them reach their potential
- We will continue to embrace new theories and platforms, such as virtual learning environments and blended learning
- We will create more new roles and use novel approaches to recruitment to reduce vacancies.

Boxout / case study

What Matters To You?

The Trust launched What Matters to You (WMTY) in 2020, a piece of work to identify how Covid-19 had impacted on our staff and ways of working. It included:

- Nearly **1,400** responses to a survey – good coverage across departments, groups, and between hospital and community staff
- **250** responses to a further survey of medical staff through our Better Working Lives Group
- **60** discovery workshops to listen further to staff experiences and ideas – good coverage across departments, groups, networks and between hospital and community staff
- More than **300** staff interactions and non-attributable feedback from our staff support psychology service.

Findings focused around five key themes:

- The importance of great line managers
- Creating an empowered culture
- Building relationships and belonging
- Appreciating all our staff
- The future and recovery.

How are we using the findings?

They have been used to inform the first West Suffolk NHS Foundation Trust **People Plan**, alongside the four priority themes of the national NHS People Plan: looking after our people; belonging in the NHS; new ways of working and delivering care; growing for the future.

The People Plan aims to prioritise the things that staff talked about, as well as identifying those actions in the national plan that will have the most positive impact at the Trust.

A central focus of the People Plan is our commitment to build an open, learning and restorative culture. The Trust is on a journey to improve and we are using the feedback from the WMTY survey and our Care Quality Commission report to guide this. We are taking steps to introduce and embed cultural change through the way that we manage employee relations and are determined to build an approach that is supportive, kind and compassionate. We believe in an open and transparent culture that supports staff to contribute freely and play a full part in our improvement. We want our colleagues to be confident to speak up and raise concerns about the care we provide, and confident that they will be treated fairly and given the time to learn from and heal when involved in patient safety incidents. There is more we can do. Over the coming years we will be working closely with staff to bring about change, for example through initiatives with our Freedom to Speak Up Guardians, the national Patient Safety Incident Response Framework, and bringing in new and improved HR policies and incident review processes. We will use findings from both the annual and quarterly NHS Staff Surveys to monitor progress.

Boxout / case study

Trust wellbeing resources for staff

The mental and physical wellbeing of our staff is a priority for the Trust.

Our occupational health team is a service supporting the health, safety and general wellbeing of all our staff in their working lives, including the annual free influenza vaccination programme. Health checks for the over 40s have also re-started. In December 2020 the Trust started to develop our vaccination drive against COVID-19, offering the first and second vaccinations to our staff and other health and social care workers from January 2020. More than 32,000 vaccines have been delivered.

We boosted our staff support psychology service, helping them to be there for anyone in need. The communications team ran a series of virtual events, from Pilates to cooking, in the first “Love Yourself Week”, an initiative that is set to continue.

The Trust has partnered with a local leisure company, Abbeycroft Leisure, to offer all staff free access to exercise classes and facilities. We have a staff physiotherapist for those needing consultation and treatment; and our education and training team ensure colleagues have access to learning about best practice to stay safe at work. We support the NHS cycle to work scheme, and encourage staff to walk or cycle to work where possible.

As well as our human resources team, there are peer support services available such as the trusted partners. Staff networks for black and minority ethnic; lesbian, gay, bisexual and trans people; people with disabilities; and those going through the menopause have been established. Access to counselling and support via Care First is available to all employees, covering a huge range of issues.

My WiSH charity has provided a range of benefits to staff, including welfare packs. Calm rooms and two marquees were furnished by the charity so that staff had somewhere to go to relax during the pandemic. Lastly, the Chaplaincy team offers friendship and support to our whole community, regardless of whether they identify as having a faith.

Boxout / case study

Investing in our staff

For Archie Libero, an endoscopy staff nurse, being a nurse was a family affair. She proudly followed in her mother’s footsteps – but that doesn’t mean it was an easy path.

Moving between the Philippines and the UK meant that although Archie completed her university nursing degree she wasn’t able to get the post-registration experience she needed to finalise her qualifications.

“Despite this,” she says, “I continued to work in healthcare. I worked in a dementia care home as a carer, then a team leader for three years until I got a job in the West Suffolk Hospital endoscopy unit as a senior endoscopy assistant.

“The education team in the Trust and my manager have been very helpful and supported me to become a UK registered nurse. Eventually, I was able to qualify for a two-year nursing degree apprenticeship programme.

“It was a very long process but the experience, skills and knowledge I have gained through the years has been invaluable to me in providing the best quality and safest care for my patients.

“The nursing profession is extremely rewarding, knowing that we are making a difference to people’s lives. I like how every day is different and love how I can help a patient get through their day. However, it can also be tough mentally, physically and emotionally.

“In early 2020 I moved to help on the winter escalation ward that was only meant to open until March, but we had to extend due to the pandemic. We were one of a few wards looking after non-Covid patients because many wards became Covid wards. There was a lot of anxiety because staff were also getting ill.

“Working through my dissertation and assignments while working full time during the pandemic was stressful but definitely a learning experience. Becoming a registered nurse has opened up a lot of opportunities for me in the nursing field. I one day hope to become a specialist nurse or a clinical nurse endoscopist.”

Ambition: First for the future

Executive lead – director of resources and chief operating officer

Advancing our digital and technological capabilities to better support the health and wellbeing of our communities is vital. We want to be at the forefront of these changes and have an opportunity to progress this through the planning of a new healthcare facility. Together with patients, public and staff, we will shape health and care services that are fit for current and future needs, helping people to stay well and get well.

Make the biggest possible contribution to prevent ill health, increase well-being and reduce health inequalities

By well-being we mean looking after the community's physical, mental, emotional, social, and economic needs. We're here to help make you better when you are ill, and to support you to help keep yourself well in the first place.

- We will adapt our services to do more to increase everyone's well-being and prevent ill health
- We will recognise and value the role you play in managing your own health and wellbeing, involving you in conversations and decisions about your health and care, moving from 'what's the matter with you?' to 'what matters to you?'
- We will maximise our social impact as an anchor institution rooted in our local community – providing training and employment opportunities for local people, buying from local businesses, supporting local charities and community groups
- We will minimise our environmental impact with our Green Plan. [link to document – needs publishing on website]

Invest in infrastructure, buildings and technology

With the expansion of our services over the last five years we now operate from just under 100 premises across Suffolk. Our main hospital building on our Hardwick Lane site is nearing the end of its life and the facilities we can offer vary considerably across our total estate. We need safe, modern, accessible buildings and the best technology to help us work well.

- We will maintain all our buildings, facilities and equipment to the best possible standard and make sure everyone has a comfortable environment to be cared for and work in
- We will finalise planning permission and detailed designs to progress the replacement of West Suffolk Hospital under the national New Hospital Programme
- We will make optimum use of the digital and medical technologies we already have available, and continue to be at the forefront of digital healthcare in the UK
- We will always have a non-digital offer for those that can't or don't want to use digital solutions
- We will sensitively, securely and responsibly use the wealth of data and information we have at our fingertips to understand quality and outcomes and tailor our care to people's needs.

Boxout / case study

New healthcare facility

In September 2019, the Government announced its Health Infrastructure Plan, which aims to deliver a long-term programme of investment in health infrastructure, including funding for 40 new hospitals.

The West Suffolk NHS Foundation Trust (WSFT) was named as one of 40 new hospitals and has started work on planning for a new healthcare facility.

This is an exciting opportunity to change the way healthcare is currently delivered in the west of Suffolk. We want to create a state-of-the-art healthcare facility that provides modern care that is fit for the future; makes the best use of digital technology throughout the building and in delivering better clinical care; and reduces our impact on the environment. This will be better for our patients, community, staff and partners.

The Trust and its partners within the local integrated care system (ICS) and West Suffolk Alliance are at the beginning of this project. We want to involve as many people as possible in the design and planning of the new healthcare facility.

At the end of 2020, we confirmed that the recently purchased Hardwick Manor had, following an extensive appraisal process, been selected as our preferred site for the new facility. The main benefits of the Hardwick Manor site:

- It is owned by the Trust
- It minimises disruption caused by re-location and allows us to continue using modern buildings on our current site, such as the Education Centre and Quince House, ensuring the best use of public funds
- It means we can still be close to co-located partners such as St. Nicholas Hospice and mental health provider Norfolk and Suffolk NHS Foundation Trust.

Next steps

We are now starting to look at how we will provide our services in the new healthcare facility – this is called the ‘clinical model’. We are also doing in-depth work to look at how a new hospital on Hardwick Manor would affect our local environment – this is called an ‘environmental impact assessment’. This work will inform our outline hospital designs and an application for planning consent.

The programme is overseen by a Board from across the Suffolk and North East Essex ICS. We have promised to make the new facility the most co-produced in the country – meaning that it will be designed by our people for our people.

For further information please visit https://www.wsh.nhs.uk/New-healthcare-facility/New-healthcare-facility.aspx

Boxout / case study

Sustainability

As an NHS organisation and a spender of public funds it is important that we work in a way that has a positive effect on the communities we serve. Sustainability means spending public money well, the smart and efficient use of natural resources and building healthy, resilient communities.

The Trust is currently developing its Green Plan, which replaces our current Sustainable Development Management Plan.

We will be following the NHS Green Plan guidance and addressing important issues such as reducing our carbon emissions and working towards net zero; lowering air pollution; looking at the direct impacts of our actions and the potential to improve our environmental sustainability across many areas; and our influence on local supply chain and our communities.

Some recent successes include:

- Generating energy via **Photovoltaic Panels** on our Quince House office building and our three accommodation blocks – in 2020/21 we generated 27,036 kWh and an income of £1,081.44
- Installing **LED** lighting across the main hospital and in new buildings and projects in the future. The LED lighting has improved the quality of light across the Trust, which also supports patient care. Since December 2019 we have saved 230MWh of electricity to date and £28,580.97 on our electricity bills.
- **Introducing reusable coffee cups.** As part of our response to staff wellbeing during the pandemic, free hot drinks are available for all staff based at West Suffolk Hospital. Waste data for 2020 shows that 480,000 single use cups were used at a cost of £25,910. In addition, this generated 7.68 tonnes of waste and 29 tonnes of CO2e with a disposal cost of £1,035. In March 2021, our hospital charity - My WiSH – worked with our catering department and estates energy and waste officer to distribute 5,000 reusable coffee cups, one for each member of staff. Single use coffee cups were removed from drinks machines around the hospital, but are still available in the staff restaurant. The impact on the volume of single use coffee cups is being monitored throughout 2021.
- The roll out of our **food waste scheme** (2020/2021), which diverted 33 tonnes of food waste originating from kitchen waste through the process of anaerobic digestion to create renewable energy. Not only has this led to environmental benefits, but we have also saved £1,771.25 on our waste costs.
- **Recycling** 11.28 tonnes of **plastic bottles** (2020/2021), an increase of 5.76 tonnes on the previous year. This is due, in part, to a further roll out of plastic bottle collection points in the Trust, with additional collection points planned for 2021/2022.

How we will know when we've got there?

One of the principles of continuous improvement is using measurement to know how we're getting on.

We will measure the progress we make against this strategy. We will need a wide range of measures to understand what is going well and what needs to change. We already use a lot of markers to show ourselves, our community and our regulators how we are doing, but they don't always all feel meaningful. To bring this strategy to life and to show how it relates to the people who are most important to us, we are going to focus on three key measures, one for each ambition, as well as our combined quality rating for our Care Quality Commission (CQC) assessment. This is in addition to the usual Board key performance indicators that the Trust works to.

In 2020 we were rated as requires improvement by the CQC.

We will aim for a combined CQC rating of good by 2026.

First for our patients

The Friends and Family Test is one of the ways that we ask for anonymous feedback from our patients or their carers. The test has one question: "Overall, how was your experience of our service?" Patients can rank their answers from "very good" to "very poor".

In our most recent score, 94% of people said their care was good or very good. That means 6% didn't.

We will aim for 95% of patients to recommend us as a place to receive care by 2026.

In the annual NHS staff survey, our staff are asked to rate our care against the question: "If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation".

In 2020, 83% of staff said they would recommend us as a place to receive care. That means 17% wouldn't.

We will aim for 90% of staff to recommend us as a place to receive care by 2026.

First for our staff

In the annual staff survey, our staff are also asked to rate the Trust against the question: "I would recommend my organisation as a place to work".

In 2020, 74% of staff said they would recommend us as a place to work. That means 26% wouldn't.

We will aim for 81% of staff to recommend the Trust as a place to work by 2026.

First for the future

This ambition is harder to measure. We haven't got a good measure at the moment to rate our progress against all the different things we want to achieve. Many of the plans we have for the future rely on our relationships with our partner organisations, especially the members of the West Suffolk Alliance. The plans under this ambition also mean a lot to local

people and communities. To measure progress against this ambition, we will ask our Alliance partners and our community to help.

We will ask a panel of local representatives to score us once a year on how we are doing. We will work out a scoring system with their help and as soon as we have done that, we'll set ourselves an aim for what we want to achieve by 2026.

Boxout / case study

While we will always do our best to strive for 100% in scores, we have worked with our staff and Board to identify what we think are realistic targets to drive improvements, that consider previous trends and acknowledge the pressures we are facing as we emerge from the pandemic.

19. Report from Nominations Committee (enclosed)

To note a report from the Nominations Committee meeting of 24 June 2021

For Reference

Presented by Sheila Childerhouse

REPORT TO:	Council of Governors
MEETING DATE:	13 October 2021
SUBJECT:	Report from Nominations Committee meeting, 24 June 2021
AGENDA ITEM:	19
PRESENTED BY:	Sheila Childerhouse, Chair
FOR:	Information

BACKGROUND

The following summarises discussions that took place at the Nominations Committee meeting on 24 June 2021:

- The 360° feedback reports for Richard Davies, Louisa Pepper, Alan Rose and the Chair were reviewed. The committee agreed significant emergent themes, areas of strength and identified opportunities to increase impact and effectiveness, for discussion at their appraisal meetings.
- The resignation of David Wilkes had created a vacancy which meant that the Trust was currently non-compliant with the code of governance and constitution. The constitution did not require the Trust to have an associate NED but it could appoint one if there was an appropriate candidate.
- The proposal was for an interim, short-term appointment of a person with particular competencies. With the challenges that the Trust would be facing in the coming months it was agreed that it would be preferable to appoint someone with NHS NED experience
- Whilst an interim was in post there would be the opportunity to consider what skills and experience the Trust would be looking for in the future, taking into account the changes to the way of working across the system and wider health care. There was also a need to increase the diversity of the board.

RECOMMENDATION

The Council of Governors is asked to:

i) Note the report from the meeting of 24 June 2021

ii) Note that at its meeting in October the Nominations committee would be reviewing the following for recommendation/reporting to the Council of Governors:

- Remuneration of Chair and NEDs
- Appointment of substantive NED
- Governor involvement in process for recruitment of Chief Executive

20. Lead Governor report (enclosed)

To receive a report from the Lead Governor

For Reference

Presented by Liz Steele

REPORT TO:	Council of Governors
MEETING DATE:	13 October 2021
SUBJECT:	Report from Lead Governor
AGENDA ITEM:	20
PRESENTED BY:	Liz Steele, Lead Governor
FOR:	Information

I must begin by saying how good it was to meet you at our training session. It made the purpose of the training easier as working in 'break out rooms' never seems the same on Teams. For those of you unable to join us I hope you have received the presentations and are able to gain some insight into the day. Not only did it give us the opportunity to meet face to face, it gave us a chance to hear examples and expertise from NHS Providers but also from those within the hospital trust.

It appears so long ago that we met that I had to load up Convene to check the date. It was however in June the full CoG meeting and then a closed meeting in August.

One of the tasks I undertook was to give a report at the Annual Members meeting. This was the first time this has taken place and sadly it was again via online streaming but I do hope you feel that my report represented the challenges we have and those we have overcome. It also highlighted that we were still very active and carrying on our duties as well as we can with the restricted circumstances.

We are all very eager to get back to our work within the hospital, but this has to be guided by the situation and caution obviously necessary. Following several meetings to organise a new approach to Quality Walk Abouts we have begun to take part in these. There are still several areas that need to be worked out and one of these is how the findings can be fed back to governors. This I will be addressing at our next planning meeting.

Meetings etc.

17th June	Quality Walk About meeting
24th June	Nomination Meeting
25th June	Trust Board Meeting
29th June	The Chair's appraisal
13th July	Meeting with Sheila and Florence
15th July	Quality Walk about meeting
15th July	Informal Gov/NEDs meeting
21st July	Nominations' meeting
22nd July	Engagement Meeting
28th July	N.E.D. interviews
29th July	Chief Operating Officer Interviews
30th July	Trust Board Meeting
3rd August	Closed Board meeting briefing
10th August	Meeting with Sheila and Florence

11th August	Quality Walk about meeting
26th August	Patient Portal Meeting
3rd September	Board Meeting
8th September	AMM planning meeting
8th September	Meeting with Sheila
10th September	Lead governors meeting
20th September	Quality Walk about meeting
21st September	Annual Members meeting
22nd September	Full day training
30th September	N.E.D and Governor informal meeting
5th October	Staff Governor Meeting
12th October	Meeting with Sheila

I have taken part in a number of the Consultation meetings regarding the Future systems:

Paediatrics
Endoscopy
Pathology and Mortuary
Diagnostics

As well as these meetings I have met with Florence at least once a month to update her and I have had conversations with the Chair on a regular basis. I have met with Richard Davies to discuss the Appraisal of the Chair.

You will all have received an invitation to have your covid booster and flu vaccine at the hospital. This will be well received by us all, I am sure, as we will be carrying out 15 Step Walk abouts and we will be in ward situations. I would like to thank the hospital for this opportunity.

If you were unable to tune into the Annual Members' meeting, then I am sure it is still available. I will get an update on this.

I would like to conclude my report by saying a huge thankyou to you all. You have been very patient about the ability to meet face to face. I am still hoping that having met face to face for training that we will be able to have our meetings very soon in this way.

21. Staff Governors report (verbal)

To receive a report from the Staff Governors

For Reference

Presented by Martin Wood

22. Dates for meetings for 2021/22:

Thursday 16 December 2021

2022 – tbc following confirmation of Board dates

For Reference

Presented by Sheila Childerhouse

23. 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